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CLINICAL RESEARCH

The Effects of Intention-Broadcasting on Caregivers of Subjects Diagnosed with Autism Spectrum Disorder: Part II—A proof of concept study

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ABSTRACT

Introduction:

In a previous article by this author and his colleagues, pilot data were presented demonstrating the merit of a novel health care intervention, the Intention-Broadcast (IB), for subjects diagnosed with Autism Spectrum Disorders (ASDs) In our pilot study a specifically devised concurrent IB was offered to parents of the autistic subjects over a period of one year. In this article, we present data that were obtained in parallel to the data presented in the previous article.

Methods:

A total of thirty-eight adult subjects enrolled in our study. The Zung Self-Rating Depression Scale (SDS) was completed at baseline and at monthly follow-up intervals for twelve months. The intention was broadcast from a single location in Arizona to subjects physically located around the globe. The objective was to assist the parents with the stress that ensues as a result of parenting children with ASDs.

Results:

Statistical analysis showed a significant overall time trend ($p = .004$). When contrasted with SDS baseline scores, posthoc pairwise comparisons reveal that the intervention elicited a significant decrease in means scores after the end of the fourth month ($p = .003$), the seventh month ($p = .005$), and at the conclusion of month nine ($p = .015$). At the end of the one-year intervention period, however, no mean differences were detected ($p = .770$). A statistically significant strong negative correlation between children's ATEC total scores and SDS scores, $r(13) = -.631$, $p < .05$, indicates that as children improve, SDS depression scores decrease.

Conclusion:

From this first pilot observational study, it is unclear whether Intention-Broadcasting is an effective intervention for the reduction of stress and depression in caregivers of children with Autistic Spectrum Disorders. It is a shortcoming of this study that no follow-up assessments or control groups were implemented. Thus the interpretation of our results can only be provisional.

The results show a proof of concept of human intentionality efficacy and build upon the biomedical and mind-body approaches to medicine.

Key words: Intention, consciousness, autism, therapy, Intention-Host Device (IHD), depression.

Abbreviations: SDS, Self-Rating Depression Scale; IB, Intention Broadcasting; IHD, Intention-Host Device; ASD, Autism Spectrum Disorder.

Conflict of Interest: None

Introduction

Based on the present medical paradigm, the conventional view is that humans cannot meaningfully impact, via their intention, physical, emotional, or mental variables in target experiments. Moreover, this paradigm would assert that human intention cannot be embedded in a simple electronic device that then effects changes in a well-defined target in the immediate vicinity of such a target experiment or at distance.

Over the course of the past twenty-five years, W.A. Tiller and colleagues have conducted distinct experiments that challenge the aforementioned conventional viewpoints. In order to operationalize and objectify the use of human intention in

experiments, a technology was developed wherein intention can be imprinted into a simple electronic device, the Intention-Host Device (IHD). This procedure has been successful with four uniquely different target experiments: (1) increase the pH of highly purified water by one pH unit (Dibble & Tiller, 1999), (2) decrease the pH of the same type of water by one pH unit (Dibble & Tiller, 1999), (3) increase the in vitro thermodynamic activity of the liver enzyme alkaline phosphatase (ALP) by 25% (Kohane & Tiller, 2001) and (4) increase the in vivo [ATP]/[ADP] ratio in the cells of fruit fly larvae by 15%, thereby reducing the larval development time to the adult fly stage (Kohane & Tiller 2000, Tiller, et.al., 1999).

These experiments were carried out with the IHD being turned on in a vicinity to the target experiment. Replications of the $\Delta\text{pH} = +1.0$ pH-unit experiment have been successfully conducted in four U.S. laboratories. In addition, concomitant information entanglement with seven other U.S. and European laboratories was demonstrated (Tiller et al., 2004, Tiller et al., 2004, Tiller et al., 2005, Panjunen et al., 2009). In other words, robust results in accord with the intention were also obtained in experiments in which the IHD was thousands of miles away from the physical and biological target variables.

In order to ascertain if these results could be extended to humans, Reed et al. (2022) conducted an experiment utilizing an IHD to broadcast intention to reduce anxiety and depression in adults located throughout the Central United States, Canada, and Mexico, while Hilberg et al. (2022) utilized broadcast intentions to increase self-compassion. Intention-Broadcasting (IB) is a form of “distant intentionality” (Schlitz et al., 2003, Zahourek, 2020) implying that all known causal pathways of human interaction are excluded, such as psychological and physical agents. Thus IB distinguishes itself

from both biomedicine (Era I) and mind-body therapies (Era II), inasmuch as the IHD is not in touch with or in close proximity to the “target” living system, which is customary in Era I and Era II medicine (Dossey, 1999, 2009). Reed’s results suggest that broadcasted intention significantly reduces anxiety and depression at the 3-month and 8-month stage. This further underlines that physical contact is not necessary between the healer and the patient, with the imprinted IHD carrying the information to the recipient. In our previous paper, we presented the first pilot study utilizing Intention-Broadcasting for reducing symptoms of Autism Spectrum Disorders. In this paper we present data concurrently collected from the parents of the autistic subjects who received, in parallel, an intention specifically broadcasted to them.

Methods

The objective of this pilot study was two-fold: First, we wanted to ascertain what impact, if any, an intention broadcast from an imprinted Intention-Host Device (IHD) has on the improving symptoms of autism in children. The pilot data were presented in the previous paper. Second, we broadcasted intention from a second IHD, in parallel, specifically devised for the caregivers of these children. We assessed depressive symptomatology present in caregivers over the course of a 12-month broadcast interval. The study is unique in that two distinct intentions were broadcasted from two separate IHDs to each cohort, respectively. The specific intentions statements that were imprinted in the IHD were in accord with the needs of that population. In the present paper, only data from the caregivers will be presented.

Subjects

Our study enrolled 43 caregivers who were invited and recruited by an autism expert and speech therapist, Suzy Miller. Most of them were acquainted with her through her autism education programs. During the course of the study, 5 families withdrew, and 38 caregivers completed the study (11.6 % drop-out rate). Reasons for withdrawal were: a) not noticing change quickly enough; b) confusion as to the length of the program, c) having the conviction that they can set the intention by themselves without participating in the broadcast; d) reason unknown (payment stopped). The primary caregivers were exclusively females (n=38) out of which 29 resided in the United States, 3 in Australia, 5 in Canada, 1 in Finland and 1 in Japan. Whilst there was no requirement that both parents participate in filling out the questionnaires, in 13 cases both mother and father provided monthly reports on self and child over the course of a 12-month intervention period. Only data for female caregivers were analyzed.

In order to receive the 12-month broadcast, participants made payments via Paypal or by check for the amount of \$250.00 for one child and one parent.

Informed consent was obtained from the caregivers and, when possible, from the child. Each subject was adequately informed of the aims, methods, sources of funding, any possible conflicts of interest, institutional affiliations of the researchers, the anticipated benefits and potential risks of the study, and their questions were answered. Subjects were informed of the right to withdraw consent to participate at any time without reprisal. Patients received no compensation. Since this is the first pilot study targeting this population, none of the subjects had previously participated in a study of this sort. Neither investigators nor participants were blinded and no randomization of subjects took place. Participants were also given details of the unique design in that they

would not come into contact with the device itself, which was housed for the duration in Arizona, USA. No IRB protection or ethics committee approval was sought, as there are no known side effects of IB.

Study Design

One outcome instrument, the Zung Self Depression Rating Scale, was used to assess parental progress over the one-year intervention period. The primary participating caregiver was required to complete outcome instruments at baseline on November 27, 2012 and at the end of each month thereafter until the end of the intervention period (Nov. 2013). Parents were alerted during the last week of each month and forms were due on the 5th of the following month.

Self-Rating Depression Scale (SDS).

The SDS is a well known, short, and easy self-administered self-reporting instrument which assesses and quantifies depression. It was developed by Duke psychiatrist William W. K. Zung (Zung, 1965) and consists of a scale of 20 items. There are ten positively worded and ten negatively worded questions covering affective, psychological, and somatic symptoms. The patient specifies the frequency with which the symptom is experienced (that is: a little = 1, some = 2, a good part of the time = 3, or most of the time = 4). The minimum raw score is 20 and 80 is the maximum score. The SDS index can be calculated by dividing the raw score by 80. People with a depression score below 50 (SDS index 0.62) are considered normal. Subjects exhibiting scores between 50–59 (SDS 0.62–0.74) are considered to suffer from mild depression; 60–69 (SDS 0.75–0.86) is considered moderate to marked depression, while with a score of 70 or above depression is considered to be severe.

The reliability and validity of the SDS has been studied in a variety of populations and in a variety of countries (Jokelainen et al., 2019, Leu et al., 2015). The SDS was able to discriminate between depressed patients and normal comparison subjects. It was concluded that the SDS rates well in terms of internal consistency, reliability, and construct validity (Jegede, 1976, Gravesande et al., 2019).

Intention Statements.

As there are differing needs for both populations, two specific intention statements were devised and imprinted into two separate IHDs: one for the thirty-nine autistic children (IHD-C) and one for the parents of the children (IHD-P) (n=38). Intention statements for autistic subjects were described in our previous paper. The intention statement for the parents was specifically designed to reduce stress relative to parenting these children.

Imprint Procedure.

For a specific medical challenge, a carefully designed intention statement is prepared. A team of meditators then (a) sit together quietly around an unimprinted device, plugged into a wall socket, (b) go into a deep meditative state after first developing a state of coherence with each other and with colleagues from unseen, higher dimensional domains, (c) internally (emotionally, mentally and spiritually), with strong emotion, focus on a reading of the specific intention statement designed for this imprinting until (d) it feels as if this particular creation process is complete, the reader states “so be it, Thy will be done!” and, finally, a secondary imprint statement is given to seal the primary imprint into the IHD so that it is protected against all outside interference and entanglements, followed by “so be it, Thy will be done!”. This then is

taken to the lab and placed near the computer scrolling the subjects name and addresses and plugged in, until the end of the experiment.

Material.

Each intention host device consists of a physical case, measuring 7 inches by 3 inches by 1 inch, that houses the electronics. The electric circuits are simple, involving only an EEPROM (Electrically Erasable Programmable Read Only Memory) component (not conventionally connected to the circuit), an oscillator component (1-10 MHz range), a few diodes, resistors, capacitors, and a battery power supply. The radiated electrical power of this device, claimed by the manufacturer, is less than 1 microwatt and the device is generally placed 3-6 inches from the target which, in this study, was the computer that had the names of the parents scrolling continuously. At present, there is no known risk associated with the usage of the device.

Imprint Protocol.

Both IHDs were imprinted by four experienced meditators. For the sake of convenience, the IHD for the children will be called, IHD-C, and the device imprinted for the parents, IHD-P. The broadcast commenced on 12/03/2012 and ended on 01/15/14. Both IHDs were imprinted on 12/03/2012. and re-imprinted in intervals of 2 to 3 months (first re-imprint: 3/5/13; second re-imprint 6/4/13; third re-imprint: 8/2/13; fourth re-imprint: 10/22/13) (see Figure 1).

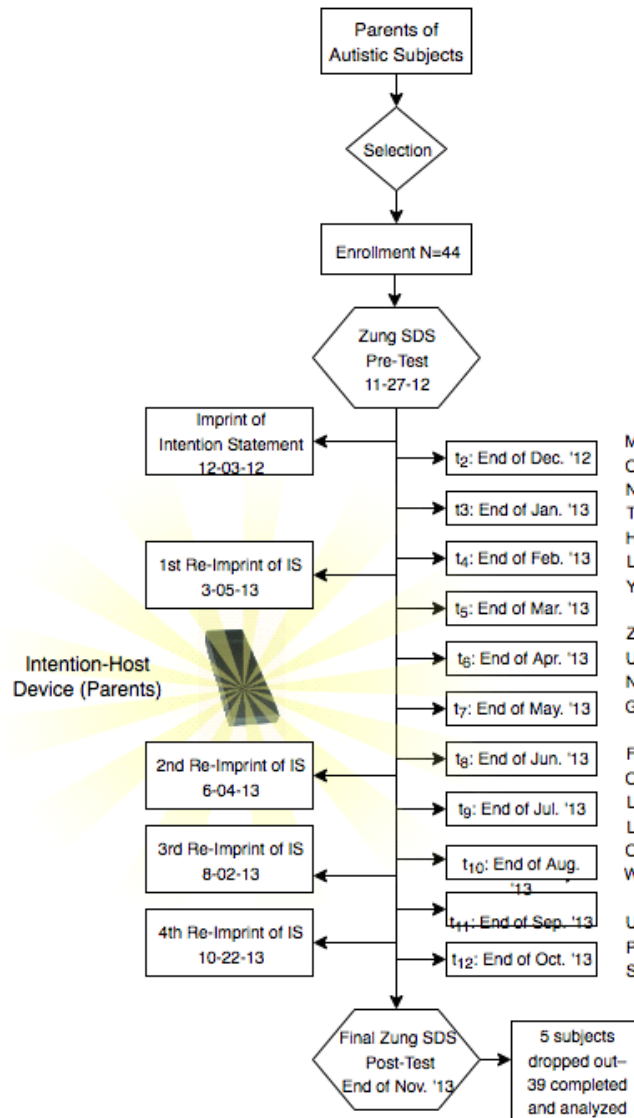


Figure 1: Schematic representation of the study design showing data time-points and imprinting timeline.

The names and addresses of the study participants along with the intention statement were on a password-protected computer disk. Two computers were also programmed to continuously scroll the names and addresses in two separate locations and two Intention-Host devices (IHD-C; IHD-P) broadcast intentions to both target groups (see Figure 2). The IHD-C was located in the vicinity of the computer which scrolled the

group demographics (names and addresses) of the children, while the IHD-P was located in the proximity to the computer scrolling names, addresses, and intentions for the parents of the children. The cycle scrolling time for the parents was 38 minutes so that each name and address is exposed for 1 minute per cycle.

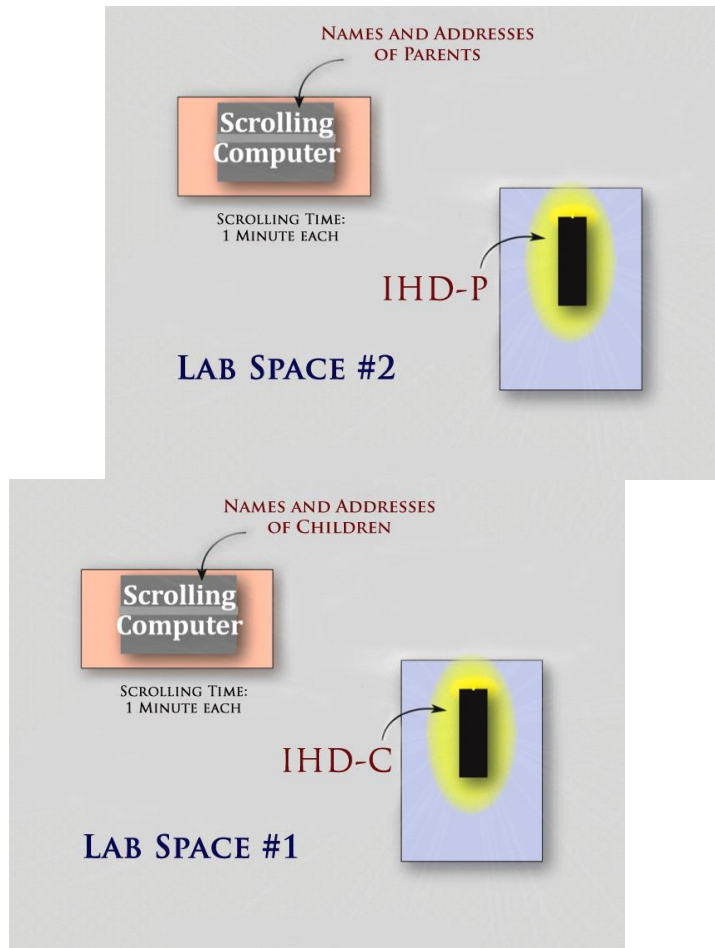


Figure 2: Schematic representation of continuous intention broadcasting to parents at their global postal address

To address potential entanglement of the IHD-C and IHD-P, each IHD was housed in separate lab spaces about 100 feet apart in the Tiller, 2.6-acre property in Payson, Arizona, and shielded from each other with aluminum foil. As an additional protection, all devices used at all locations were locked in offices or rooms with secure

access. The names and addresses were in a program that ran under macro-commands that booted up automatically, so that no names or other information were visible on the screen.

Results.

Our data validated our hypothesis that mothers of children diagnosed with ASD would show significant improvement as measured by the SDS as a result of receiving the intention broadcast. Subjects showed a significant time trend improvement on each time-point when contrasted with baseline assessment. Linear Mixed Model analysis (LMM) determined that SDS mean scores differed statistically between time-points $F(12, 37) = 3.12, p = .004$. When contrasted with SDS baseline scores ($M = 38.33, SD = 7.51$), post-hoc pairwise comparisons reveal that the intervention elicited a significant decrease in means scores after the end of the fourth month of treatment, $p = .003, d_z = .52, 95\% \text{ CI } [.18, .85]$, the seventh month ($p = .005, d_z = .49, 95\% \text{ CI } [.15, .82]$) and at the conclusion of month nine ($p = .015, d_z = .42, 95\% \text{ CI } [.08, .74]$). Whilst our omnibus statistical test showed statistically significant results, the fact that at the conclusion of the one-year intervention period the mean difference is merely $M_d = -.45, 95\% \text{ CI } [-3.52, 2.63], p = .770$, puts a less favorable light on the progress noted during the months that preceded it.

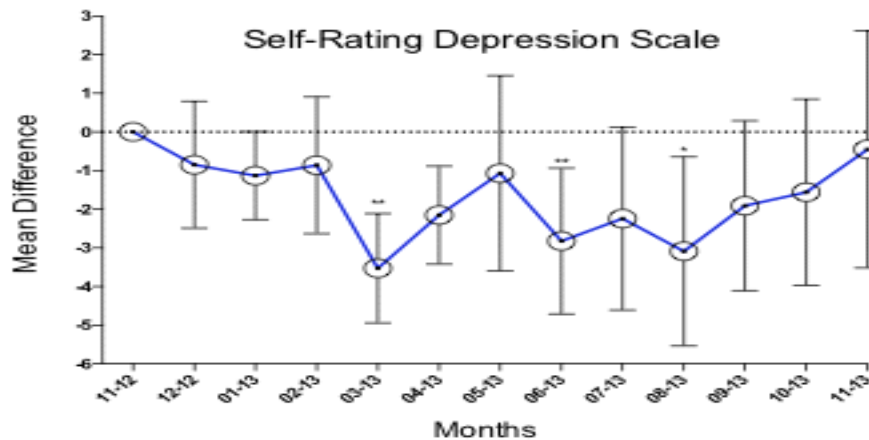


Figure 3: Paired Difference Mean Scores of Mothers ($n=38$) and 95 % CI for the SDS Across All Time-Points. An increase in mean scores denotes a decrease in depression. Note: “*” indicates that the mean difference is significant at $p < .05$; “***” indicates that the mean difference is significant at $p < .01$.

To assess the relationship between outcomes of caregivers (Zung SDS) and their children (ATEC), a Pearson's product-moment correlation was run on mean scores across thirteen time-points. As appears in Figure 4, there was a statistically significant strong negative correlation between ATEC total scores and Zung SDS scores, $r(13) = -.631$, 95 % CI [-.877, -.123], $p < .05$. As symptoms of autism in the children improve, Zung SDS depression scores decrease. The coefficient of determination, r^2 is .40, 95 % CI [0.05, 0.75], suggesting that 40 % of variance in one variable is statistically, not causally, explained by the other variable.

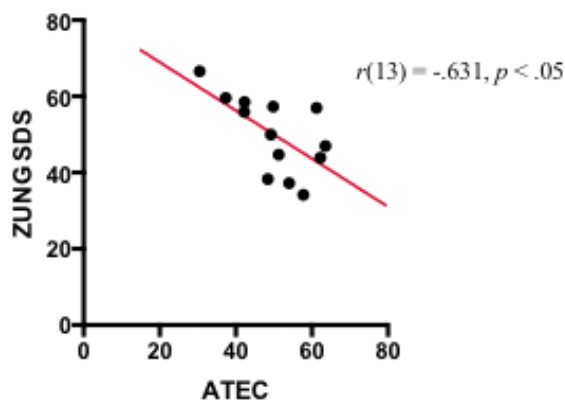


Figure 4: Scatterplot With Slope Indicating Correlation Between ATEC and Zung SDS.

Note: For illustrative purposes, raw scores were transformed into t-Scores.

Discussion.

Improvements in primary caregivers were less consistent when compared with the results obtained from their children in the previous paper. SDS mean differences showed more inconsistent progression and greater fluctuation across time. Particularly, the results from the last three months of the one-year intervention period put a less favorable light on the progress noted during the months that preceded it. The anecdotal information that was provided by mothers (in the optional comments section of the questionnaire) during the last three months of the intervention seemed to echo the results obtained from the SDS. Parents reported, “being on an emotional rollercoaster,” “depressed, moody, angry,” “feeling blue,” “physical complaints,” “relocation, “career problems,” “spiritual disconnection,” “insomnia,” and the like.

It is a shortcoming of this study that no follow-up assessments were implemented after the conclusion of the intervention period. With the present pilot study, it cannot be demonstrated that the effects are sustained after the conclusion of the intervention. Moreover a wait-list control condition or true control condition was missing. Thus the interpretation of our results can only be provisional.

Conclusions.

Our pilot data indicate that the novel strategy of intention broadcasts merits study by means of more rigorous trials.

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Bio

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