

## APPENDIX B

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### Is Intention Placebo?

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I want to put forth some ideas about intention and the healthcare system. What is intention? Is it important for the healthcare provider? Is intention important for the patient? What is placebo? Is intention anything like placebo? Are intention and placebo documented and defined in other cultures, medical specialties or research? Can a placebo effect be cultivated by intention? Are the body/mind connection, intention and placebo all the same thing?

I believe intention is the most powerful influence in manual therapy, particularly in the lightest of touch work: CranioSacral Therapy. And in terms of intention, clarity of thought is the vital component that makes intention a therapeutic tool in the healing environment. Intention is the underlying meaning of most of our words and deeds in our lives. It is elementally causative for what we say and do. And, just as in the fundamental flow of the rhythms of life, it contains yin and yang. That is to say, it has positive and negative potential. Reducing it to the simplest terms, it contains either love or fear. This is my right-brained supposition, and the intention of this paper.

In our left-brained context, Webster's Dictionary defines intention as "direction of mind, purpose." *Taber's Cyclopedia Medical Dictionary* defines intention as a natural process of healing, goal or purpose. The Latin comes from *intensiō*, meaning "a stretching."

Placebo literally means "I shall please" in Latin.

Originally, the term "placebo" was applied to a relatively inactive substance, such as a sugar pill, given to placate a patient who demanded medication. Placebo is now one of the standard ways to test pharmaceuticals and other therapies of the allopathic model. It is often done by double-blind study. The subjects being

top vertigo specialists in the country. I even traveled to Jupiter, Florida, to see a doctor who put me in a machine called a Space-ball. I hung upside down and was spun around to try to correct the inner-ear problem. After the shock of hanging upside down in this machine, I remember thinking that it looked like the time machine in the television program I had watched as a child. Now, at the age of forty-seven, I was wishing that we had the technology to travel back in time. I would go back to the hour before my dental appointment and change my mind about walking in the door.

But of course this isn't possible. And others have experienced far worse fates than mine, and have had to live with much greater dysfunction. I'm sure that I'm not alone in my prayers to return to normal.

Now here I am, fourteen months later, lying on the table of a physician, healer and jazz musician, getting ready for our work together. Today, I feel like a saxophone, and other days a piano or trumpet. Always a musical instrument as he begins, one note at a time, feeling his way until the improvisational song of the body begins to emerge. Like Pythagoras, the famous mathematician and musician of the Greek period who made great discoveries because of his ability to find harmony in what seemed like disharmony.

John Upledger is a genius of the body because, like all great artists, he merges with the instrument, always asking to be led to the next note, never assuming the composition is already written. Artists are geniuses, not only because of their knowledge but also from their ability to become completely absorbed in the moment of their craft. Like the ancient Chinese story of the woodcarver who, even under the threat of death, was able to allow all of his physical, intellectual and spiritual energy to come into a one-pointed flow that created the most magnificent bell stand in the land. This kind of artistic genius cannot be emulated, as we must each find our own inner wellspring of creation and allow this to burst forth from this place of spontaneity and love.

I am constantly amazed. How does he know today that there is a pain in my second cervical area and my left sternum region, when there is a whole body of possibility? Where does this knowledge come from? Is it psychic? Is it a photographic memory of the anatomy of the body? Or is it years of experience with thousands of individuals? I suspect it is a combination of all of these. And of course, the mystery of healing.

I used to think I had some idea of what was required for healing, or at least



intentioned touch therapy, the method is fully discussed and explained to the patient, and the patient knows the intentions of the therapist.

The study conducted by Beecher points to the fact that reactions to placebos can be positive or negative. If the patient has faith in the drugs or the doctor (good intention), the effects can be highly positive. But when the patient is fearful, hostile or antagonistic to pill-taking, the effects may be negative.

I have seen this many times in my own practice. If a person comes in convinced he or she cannot be helped, or a lawyer wants the patient to be on record as having tried everything to get well in order to build a better legal case, results are often not effective. Essentially, if a person's purpose (intent) in receiving treatment is other than healing, then healing doesn't take place. So intention, or the lack of it, can have positive and negative effects as well. Yet the negative effects of intention are only identifiable in the treatment session as having no effect.

The fact that intention is so fundamental and essential in the delivery of many forms of bodywork (CranioSacral Therapy, Visceral Manipulation, Zero Balancing®, Mechanical Link, Lymph Drainage, massage, Myofascial Release, physical therapy and occupational therapy, to name a few), it is impossible to tell the therapist not to use intention without the therapist's knowledge, as in a double-blind placebo study. How can a massage therapist, for example, put his hands on a patient, and *not* deliver a massage, and then not know he is not delivering a massage? This is why testing of hands-on techniques should be outcome-based, and cannot fit into the double-blind testing method.

A placebo is a substance, a treatment or a product that is supposed to have certain properties but does not. The person taking the pill, treatment or product believes, as advertised, that the placebo has certain properties. It is because of this belief (or intention) in the person taking the placebo that it has the intended effect, at least part of the time.

Why is that? What makes the placebo work at all? I think what makes a placebo work is intention. And I think it's fantastic that only a moment's effort of directed intention can have an effect. It confirms that intention is a viable influence. It is not just in a placebo effect that integrative services work. It is a miraculous body/mind event, similar to the mental energy that makes placebo work, that fosters self-healing with well-intended bodywork.

What would happen if a person was trained to initiate his intention? Suppose



he was encouraged to focus on intention, not for a moment but for many minutes, half an hour, or even an hour? What would happen if another person (we'll call that person a therapist) also placed his hands on the patient and concentrated his intention to have a positive effect occur? And just to push your imagination a little further, suppose we put two, three or four therapists together, with hands on the person. (Oschman & Oschman, 1997).

In Jim Oschman's book *Energy Medicine*, he has a chapter on Energy Circles. In it he talks about actively engaging the participants in their own energy by having them rub their hands together and breathe in unison to bell sounds. They are all asked to visualize a time in their lives when they were exceptionally happy, and concentrate on that. At the same time they are asked to turn ninety degrees to the right and place their hands beside, but not on, the next person in the large circle of people forming their group.

A person is then placed on a table, and one person from the group puts his or her hands by that person's feet. Another person puts his or her hands by that person's head. In this way, the person on the table becomes part of the circle of people and is engaged from a position of hands near the head and feet, with the rest of the people (sixteen to eighteen) standing, making up the circle. Those in the circle then simply concentrate "healing energy or intention."

The person on the table was selected due to a current malady or medical problem. Typically the problem improves, much to his or her surprise. Oschman's explanation is that there is a composite flow of biological energy in groups of people that can be used to encourage the body to repair itself.

I think the fact that we have placebo effect so well-documented in Western allopathic medicine (every drug manufactured in America has a placebo-effect comparison listed in the side effects and risk-factor disclosure) confirms the existence of a body/mind effect in health. If we can extrapolate that effect with more concentration and with the added good intention of a therapist or two, the potential for healing is great. Suppose Western medicine prescribed a medication and then added the dimension of hands-on good intention? Would that metabolize the medication and increase potency?

While working years ago as a chief therapist in a local hospital, I was sent a patient from the emergency room who had been involved in a motorcycle accident in which he had been thrown from his bike. He had multiple pieces of gravel embedded in his shoulder and upper back. He was agitated and in pain,



and the ER physicians suspected he may be on a chemical or drug that would interact with any pain medication they might give him.

So they sent him to me, a physical therapist with a whirlpool and sterile-dressing ability (for burn and wound care). The idea was that I could place him in a whirlpool. Then the water could soften and swell his soft tissue enough so that I might be able to remove the multiple pieces of fine gravel embedded in his skin.

With great effort and drama we got him into the whirlpool, but he wouldn't let me touch his arm or shoulder, saying he was in intense pain and could not stand the light touch of my forceps. After several trials, long conversation and the patient's further refusal, I got the referring ER doctor on the phone. I told him the patient was unwilling to let me touch him due to pain. Cognizant of not risking drug interaction, I asked if it would be possible for the ER doctor to come to my whirlpool room and administer five to ten cc's of saline solution (salt and water) and say it was a heavy narcotic.

The ER doctor agreed. He came down and told the patient he was getting a heavy-duty shot for pain. The patient got the shot and the ER doctor left. I let the patient have about five minutes of quiet time in the whirlpool, with the water jets gently swirling the water all around him. Then I came in and asked, "How's that heavy medication working?" To my surprise and relief, the patient (a lean, bearded, muscular biker) said, "Ah man, that shot was awesome! I'm feeling no pain now, man." He closed his eyes and I removed some two-dozen pieces of BB-sized gravel bits from his shoulder, scapula and upper left arm without further incident. This was my early lesson of the power of the mind on the body. Some call it a placebo. I call it intention, and a blessing.

Where did this idea or purposeful plan come from? I had an idea that an injection of saline could be thought of as a powerful painkiller. The patient did also, and activated and directed that energetic notion to occur in his body. Where did the patient's sedative reaction come from?

Candace Pert, Ph.D., in her book *Molecules of Emotions*, wrote: "According to Western medical terms, energy is produced strictly by various cellular metabolic processes and the idea that energy could be connected to emotional release is totally foreign to the scientific mind. But many ancient and alternative healing methods refer to a mysterious force we cannot measure with Western instruments, that which animates the entire organism and is known as 'subtle' energy

by Meta-Physicians, prana by Hindus, chi by Chinese. Freud called it libido, Reich called it orgone energy. Henry Bergson called it *élan vitale*. It is my belief that this mysterious energy is actually the free flow of information carried by the biochemicals of emotion, the neuropeptides and their receptors."

In *Body Electric* by Robert Becker, he suggests that living organisms get energy from the electromagnetic energy of the Earth, and the lack of it causes tissue and function break down. Are we, as therapists directing energy to the patient, intending healing to occur?

In order to form an understanding of energy we need some definitions. Here are a few:

- What is *energy*? "Energy is the power to do work." (*Thorndike Barnhart Comprehensive Desk Dictionary, Taber's Cyclopedic Medical Dictionary*)
- What is *work*? "Work is the transference of force, one body or one system to another." (*Thorndike Barnhart Comprehensive Desk Dictionary*)
- What is *force*? "Force is the cause that produces change, initiates, stops or alters the motion of the body."

If we can agree that there is an effect on the body by the mind with the power of a placebo called intention ...

... and if we can agree that the effect is a form of energy...

... and we know that energy is the power to do work...

... maybe we can come to the understanding that intention is the conscious direction of energy.

What I suggest is that our energy, in the form of one therapist putting his or her hands on a patient, is enough to cause a powerful force to encourage the body to heal itself. The work is to transfer force from one body (therapist) to another (patient). The force is intention. The result is to cause change in the patient's body.

*Intention* is defined as: purpose, design or plan. This comes from the root word *intent*, which means earnestly engaged, very attentive. (*Thorndike Barnhart Comprehensive Desk Dictionary*)

In order to complete our understanding, the definition of *earnest* is sincere, zealous, firm in purpose, serious; and important: life is real, life is earnest.

Earnestness is important and basic in our understanding of intention. It is the underlying element after intent, force, work and energy. Confucius (551–479 B.C.) writes, "To be able to practice five things everywhere under heaven con-



stitutes perfect virtue . . . [They are] gravity, generosity of soul, sincerity, earnestness, and kindness." (*Bartlett's Familiar Quotations*)

In contemplating the essence of putting hands on the body for the purpose of healing change, I have found four tenets essential to constructive work. These were told to me in a conversation I had once with John E. Upledger, D.O., O.M.M. They are that we, as therapists, must remain impartial, non-judgmental, ego-subordinated, and unconditionally present during each therapeutic session. This is our earnest and sincere intention or purpose.

Many therapeutic schools emphasize the importance of intention. Intention seems to be all the more effective when the client participates in it, as in directed-movement therapies or image-based cancer treatments (*Energy Medicine* by James Oschman). Oschman goes on to say, "Intentions are not trivial, because they give rise to specific patterns of electrical and magnetic activity in the nervous system of the therapist that can spread through their body and into the body of the patient."

In Kenneth Cohen's book *The Way of Qigong*, he defines Qi as the Chinese word for energy. Gong means work. Qigong means working with the life energy. He uses great detail to define Qigong practice as the patient learning to use physical movements and respiratory techniques (and intent) to move Qi. He also notes that it is used as complementary medicine in China alongside allopathic Western medical techniques.

Cohen quotes Dr. Larry Dossey's article in *Subtle Energies* V:I (1994), in which Dossey writes that most scientists investigating complementary healing methods such as Qigong assume that healing occurs because energy travels from point A to point B within the body, as in Qigong self-healing, or between a healer and a patient. According to the laws of physics, it should take a specific amount of time for energy to bridge the distance between two points, diminishing in intensity as it travels. Electricity, biochemical changes and light are measurable energies correlated with Qi. Dossey asks us to consider the possibility of another, immeasurable correlate that does not behave like energy. That is consciousness itself. The term consciousness connotes awareness, mindfulness and intent, or volition. Volition: volitio (Latin) = will, the act or power of will or choosing. (*Taber's*)

Elmer Green, Ph.D., of the Menninger Clinic in Topeka, Kansas, suggests that the mind is not in the brain, but rather the brain is in the mind, meaning the

brain is merely the translator of a signal generated by intention of consciousness.

Since 1979, Robert G. John of the Princeton Engineering Anomalies Research program has been investigating the ability of consciousness to influence Random Events Generators—electrical, mechanical, optical and acoustical machines that produce ones and zeros in random sequences. Research subjects sitting in front of the various machines, without physically contacting them, have, according to their pre-stated intentions, been able to influence the machines to increase, decrease or maintain their output. From 1979 to 1995, approximately fifty million experimental trials were performed. The probability of the documented human/machine correlation being due to chance is approximately one in a billion.

Robert John asks this question: "If consciousness, via its own expressed desire, can bring some degree of order into a simple random string of ones and zeros emerging from a rudimentary machine, is it unreasonable to suspect it can involve similar processes to influence the informational processing systems that underlie its own health?" ("Consciousness, Information and Human Health," *Journal of the American Society for Psychical Research*, 89:4, 1995, pg. 310)

The greatest therapeutic secret is that intention directs the consciousness of the therapist. John Upledger has been preaching this for more than twenty years. As it relates to craniosacral rhythm, we palpate the cardiac rate, then change our intention and tune it out. We palpate respirations, then change our intention and tune them out. What remains is the craniosacral rhythm, and we can focus or set our desired plan of action (intention) to tune into the rhythm, evaluate it and encourage it to change. Intention is the prime mover in SomatoEmotional Release®, as the purpose of hand placements, and the order and tone of questions in dialogue, as defined by the therapist's intention, either sets up an arena for trust and change, or not.

John Upledger says about intention: "The longer I practice, the more I realize the power of intention. The intention I use is the intent to support whatever that patient's inner wisdom wants to do at the time. My first intention is to let the patient know that whatever he or she wants to do is okay with me. In practical terms, what I have just said means that when I first put my hands on a patient, I silently say, if you want to do CranioSacral Therapy, that's what we'll do. Show me where to begin. If you have a pressing issue with an Energy Cyst, that's okay, we'll do that. Show me where you would like me to be. If SomatoEmotional Release is what you want to do, just start and I'll be with you. We'll dialogue



anytime you want to, just let me know when you are ready. Let's do it." (*Somato-Emotional Release and Beyond* by J.E. Upledger)

Therefore, is it possible for one person to use good intention to direct healing energy to another person? And is it possible for that person to intentionally receive it?

I propose that the answer is yes, and that this phenomena exists throughout the natural world in the nurturing, procreative and survival behavior of many species. It is particularly evident in the behavior between human mother and infant. And this interaction and energetically spawned change in the human condition can be facilitated by intention. When there is no action between two humans except unconditional touch, and healing occurs, I believe it is by way of intention. I further propose that cultivating positive intention should be the underlying plan of action of every healthcare delivery system. Any and every allopathic reaction anticipated on a human subject can only be enhanced by the active application of good intention. Any delivery system without the margin of good intention is subject to a result that is at least less than equal to placebo. In other words, in all methods of hands-on bodywork, intention governs hand placement, manual force, direction of movement, and the eventual outcome by at least a factor of placebo.

So we have this energetic opportunity and human experience. We can fear it and deny it, or we can look at it and cultivate a sense of its potential. We interact with each other from a place of fear or love. As healthcare providers working with suffering people, from which place do you come? Is all placebo intention? Yes it is. It is intended to do something *it is not*. It works because the power of the mind makes it work.

Is all intention placebo? No it is not. Intention *is* the purposeful activation of the mind, but as intended. Both placebo and intention are examples of body/mind energy that can be accessed to enhance healing change. With placebo effect so well-documented universally in all allopathic medicine, maybe it is a useful exercise to look at the outcome results of complementary and integrative therapies like CranioSacral Therapy, massage, physical therapy, Visceral Manipulation and Lymph Drainage Therapy to evaluate the potential health benefits of utilizing positive intention. Intention has an important, powerful place in medicine as we merge our current medical model with the new ideas of body/mind energy in healthcare.

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