

**By Dr Tam Llewellyn-Edwards**

## **Introduction**

This article is controversial – and is intended to be so. However, it is not written simply to cause controversy but rather to stimulate thought and to draw practitioners, whatever their preferred therapeutic modality, to re-consider their treatment of patients, and the system they use to apply that treatment.

Read it through fully and think about it before condemning it.

The article makes the hypothesis that the method and modality used in treatment is not of great importance, and may not even be

relevant.

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her, it is suggested that the success of any particular treatment rests not on the treatment given, but in part (if not entirely) on the intent of the therapist.

The reader may think that this is an irrelevancy, as all treatment is carried out with the intent of healing the patient. But is it? How often is the form and regime of the treatment not based on an intent to heal the patient, but on an aim to comply with the protocol of the therapists chosen modality or to

provide therapy as it would have been provided by the founder of the therapists therapeutic school, or by some revered earlier therapist or teacher.

It is true that therapists strives to comply with the letter of

their particular modality's method in the belief that it is the best (or even only) way to help the patient, but the intent is not to heal the patient, but to comply with the 'method' – granted for what is perceived as the patients highest good. These are not the same.

Think about it

At first this may seem to many as a novel and revolutionary idea (after all we were all taught that the method is the thing), but it is not the writer's own idea – nor is it a new one. I offer the quote :-

*“The therapist's attitudes and feelings are more important than their theoretical orientation, procedures and techniques.....”* This is a quotation from Carl Rogers in ROGERS (1958)

Let us continue by looking at a whole range of therapeutic modalities and considering the effectiveness of the therapists' intent to heal, rather than to apply the concepts of the chosen modality. We will start with conventional medicine, where the insistence of complying with set protocols is strongest, and work through various well known therapies to the more recent 'New-Age Therapies', where the concept of intent is often basic to the treatment.

In passing we will look at some of the current energy therapies which are developing so quickly that it is possible to measure their evolution

against the concept of therapists' intent to heal being paramount.

## **Conventional Therapy**

Conventional Therapy, by its very name is governed by the need to do things in a conventional manner. Further, it is a very heavily regulated form of therapy and subject to the threat of expensive litigation should a practitioner err from the perceived norm and produce an undesirable

result. Conventional therapists also have the weight of powerful governing bodies hovering over them – bodies with immense power and the ability to end therapists' careers should they be seen as stepping out of line.

To a great extent, Conventional Therapy works along fixed lines within this inflexible system. A presenting patient is examined and a diagnosis is made based on standardised investigation and

tests - such as blood studies and the culturing of the patients sample.

Once the diagnosis has been made treatment mostly takes the form of the application of standard drugs at strictly controlled doses under conditions and regimes that have been developed during extensive trials, and which allow little variation.

Given the above, it is clear that the Conventional Therapist's intent is,

mainly, not based on the healing of the patient, but on compliance with the standard procedure (which themselves are intended to heal). This is not to decry Conventional Therapy, as the standard procedures have been set up to ensure that the treatment given is the best possible and such therapy usually is extremely effective.

But does the Conventional Therapist's intent to heal play any part towards the success of the therapy? At first impression the answer is that it does not, as a



good practitioner is simply one who is well enough versed to apply the 'system'. As, undoubtedly, the vast majority of Conventional Therapists are extremely well taught and effective in this area it could be assumed that the cure rate would be more or less constant for a particular ailment.

However, this is clearly not the case.

Cure rates are extremely variable and there is plenty of anecdotal

evidence (but few hard statistics) suggesting that some individual doctors are far better healers than others.

It is difficult to suggest that these better healers are simply better trained as in many cases it is the older practitioners, said to have a 'better bedside manner' that are amongst those who produce the better results.

They are probably the poorest trained in the use of current techniques.

Could it be that they have the  
'intent to heal' more to the fore in  
their treatment

**and**

the ability to apply the wonders of  
modern medicine in the pursuit of  
this intent?

In some sectors of  
Conventional Therapy this is  
not the case. Therapeutic  
Touch (TT) is a therapy used  
widely by nurses in a  
conventional medicine setting,  
and in it the concept of 'intent to

# heal' is fundamental (FRANK1961)

Conventional therapy does provide us with a number of experimental investigations into the power of intent. One of relevance to this paper is by Dolores Krieger of New York University, who is a teacher and a nurse.

In an experiment on patients in

a hospital setting she demonstrated that when nurses did a laying on of hands (without actually touching patients) with the 'intent to heal' there were measurable improvements in their haemoglobin values compared with a control group with whom nurses simply spent time. This is reported in MILSHLOVE 1998.

# Homeopathy

Classical Homeopaths are, if anything, more 'stuck in their ways' than Conventional Therapists. The basics of Classical homeopathy were set out by Hahnemann in his Organon (HAHNEMANN 1810) which was published

almost 200 years ago. Even though it went through six editions, the latest although published posthumously in 1921 was written in 1842.

The basic concepts of “Classical Homeopathy” still rest on this work. To this day it is the Classical

Homeopath's aim to stay closely to the methods and techniques of Hahnemann as they were 200 years ago.

It is certainly the Homeopath's aim to cure, but it is their intent to do as Hahnemann or Kent (another eminent 19<sup>th</sup> century homeopath) would



have done.

Again it must be emphasised that this does not belittle the work of the homeopath (the writer is, himself, a Classical Homeopath) and it is clear that homeopathy, carried on in this way, produces successful cures in many cases. A homeopath works along these lines as they

know, or have been taught, that is the best way to treat the client.

To move the hypothesis that the *intent not the method is the important thing* along, we must look at non-Classical forms of

# Homeopathy.

In HANHEMANN (1810) the method used for the preparation of homeopathic remedies is set out and they are still used almost without variation today, by homeopathic pharmacies.

However there are a growing number of otherwise 'Classical Homeopaths' who employ quite different production methods involving energy fields, which seem to produce active and effective remedies.

On the outer limbs of

homeopathy are found therapists who claim an effective remedy can be produced simply by writing the name of the remedy required on a tube of blank pills.

It is even suggested that simply writing “What is required” on the tube will work equally well.

For a classically trained homeopaths the surprise is that these remedies made using energy methods (and even those simply made by intent in

writing out the name),  
actually work. This  
leads to the suggestion  
that all that is needed is  
to have intent to  
produce healing.

Other aspects of the  
treatment may not be  
needed or may be  
needed for some other

reason.

# Energy Medicine

When discussing this  
hypothesis with  
therapists of some



modalities it is it is reported by them to be a basic self evident fact, and is not disputed in any way. Reiki adepts report that, although healing can be produced without healing intent, the easiest and most

successful healing takes place when the Reiki Master places hands on the patient with the specific intent of healing.

In Reiki there is still an insistence on 'attunement' and for

the need to work through set routines of treatment, but these can be seen as the adjunct to the basic healers intent to heal rather than the fundamental method of healing.

(see MORRIS 1999)

A similar situation is found in the ancient Chinese Healing Art of Qi Healing (Qi Gong). Here a considerable part of the teaching of the Art is the development of the skill of producing

an 'intent to heal'.

This is presented in a simple and lucid way in MOONEY (1998)

Thought Field Therapy (TFT) is one of the more recent energy therapies,

developed by Dr  
Roger Callahan, an  
American  
Psychologist in the  
1980's. (CALLAHAN  
1986 & 1996). In its  
original form TFT  
therapy was carried  
out by reference to a  
'manual'.

Once the problem had been diagnosed the therapist tapped on the patient's acupoints in a very strict routine, with a set number of taps and a set sequence of tapping depending

on the script found in the manual.

Clearly the therapists' aim was to heal the patient but the intent was to do so by rigidly complying with the routine specified.



TFT was complex in form and application and a number of other simpler therapies developed from it. One, Emotional Freedom Techniques (EFT), was developed by Gary Craig in the

1990's (CRAIG  
1999). In  
this therapy a single  
tapping routine stood  
to deal with all  
classes of problem.

As the therapy  
developed the  
sequence of tapping

was found to be irrelevant to the success of the therapy, and more recently parts of the tapping routine were omitted without any detriment to the success of the treatment.

The latest developments in Australia seem to indicate that the tapping is not necessary at all and in US Gary Craig, in his workshops is talking more and

# more about intent.

Another  
development from  
TFT is Be Set Free  
Fast (BSFF), which  
was developed in

America by a  
Clinical  
Psychologist, Larry  
Nims. This form of  
therapy was  
developed along  
side EFT (but  
distinct from it) and  
is particularly

interesting as its development is particularly well documented in NIMS (2001).

In its original form, BSFF required the therapist to have

the patient tap on various parts to their body, while reciting a set of phrases.

Nims, while continuing to require the tapping



sequence was soon suggesting that it did not matter where on the body the patient tapped as long as the intent was there , and he even suggested that the

patient could tap on anything as long as they tapped and had the intent.

In the latest form of BSFF, Nims has done away with both the tapping

and the phrases by simply having patients install a 'key word' in their unconscious mind and installing the unconscious instruction to clear the problem in mind

whenever the 'key word' was uttered.

He claims equal success with this non-scripted form of his therapy and this would appear to be a completely

protocol free  
therapy relying  
solely on ‘intention  
to heal’. Nims  
claims (NIMS2001)  
that he no longer  
need to even teach  
the patient the  
original procedure

as they do not need  
to even be aware of  
the original protocol  
when using the key  
word

## **New-Age Therapy**

Before concluding  
it is worth looking

# at the ‘New-Age’ Therapies.

In recent year  
there has been a  
large number of  
‘New-Age

Therapies'  
springing up. Ma  
ny claims to be  
re-discoveries or  
re-inventions of  
earlier healing  
modalities, and  
some have links



with other  
movements.

A commonality  
runs through  
them in that they  
are often effective  
and that the idea

of 'intent to heal'  
being all  
important.

Healers simply  
lay on hands or  
touch the effected  
part with the

intention of  
healing and  
healing takes  
place.

Others evoke the  
help of guides or  
angels and claim

that nothing more  
is required to  
affect a cure than  
intention

**Conclusions**

Where has all this led us? It is certainly not proof (in the scientific sense) that the healing protocols in our modalities are

irrelevant, but it may cause us to re-evaluate their importance.

However, as

such protocols  
are so widely  
employed  
across most  
modalities, it  
could be argued  
that they must  
have some

significance. It is not suggested that we all drop our protocols.

It is difficult to see a patient accepting a



therapist simply  
doing nothing  
during a therapy  
session except  
saying,

*“Trust me. I am  
a therapist and  
it is my intention*

*to heal you”.*

Perhaps here  
lies the key.

Perhaps it is not  
only that the  
therapist needs

to have intent to  
heal, but that  
our patients  
must also have  
a belief that we  
intend to heal  
them and can.

Are our complex  
protocols simply  
to  
impress/re-assu  
re the patient?  
This concept is  
also explored in  
FRANK 1961

This article was not intended to condemn the use of protocols nor was it to belittle any therapy. If any process is seen

to work for the  
good of the  
patient do it, but  
as we seek to  
apply our  
therapies, it  
would be  
interesting to

think, “

*Is my intent to stick to the agreed protocol in order to heal the patient or is it simply to heal the patient”.*

The two are  
certainly not  
always the  
same.

If this article  
provokes  
thought and



debate it has  
served its  
purpose.

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