

An evaluation of the health effects of healing sick houses

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Summary

1. We seek to establish an improvement in reported personal symptoms and/or problems related to the home following a dowsing and healing intervention.
2. This intervention comprises diagnosing geopathic stress as a source of ill health and healing by transforming the nature of the geopathic stress.
3. The evaluation of the effectiveness of this intervention takes the form of a comparison of personal and house-related symptoms reported before and after the diagnosis and healing intervention. Both the intensity and frequency of symptoms are measured.
4. Information on general health and 26 particular personal and house-related symptoms are collected from a panel of 105 respondents over a series of four questionnaires. A response rate of 70% is achieved.
5. Cross-section results of inter-personal comparisons of self-reported ill health are affected by subjectivity and are unreliable. In fact, no significant results are achieved where comparisons are made on a cross-section basis. The use of a panel avoids problems of subjectivity in self-reported health information.
6. The information collected on personal and household symptoms before any intervention reveal a sample characterised by a generalised absence of good health rather than acute ill health. The most common symptoms are fatigue and depression.
7. A significant improvement in health is reported after the dowsing and healing intervention. This improvement is apparent for general health and for the 26 individual symptoms. 81% of respondents reported an improvement following treatment in at least one of the symptoms which prompted their application for treatment. For 60% of respondents, the dowsing and healing intervention resulted in an improvement in their general health.
8. The greatest improvement is recorded for those symptoms which are reported as most severe prior to intervention.
9. The improvement in health is over an above that which can be attributed to a 'placebo' response which we estimate accounts for one-third of the reported improvement in symptoms.

1. Background

It is a well-established idea that earth energies in the form of geopathic stress, sometimes called black streams or ley lines or negative energy lines, also unhelpful "presences" , can adversely affect a place and the well being of its inhabitants. Dowzers and Healers have addressed these phenomena for centuries, but there has been a strong revival of interest in recent years growing exponentially since the 1970s. The word "energy" in this context is based on common use age rather than scientific accuracy. We are not referring to a physical energy such as a force, electrical energy or other such forms. The "energy" we are concerned with might be better described as "influence" or "information". These "energies" can be located and evaluated by dowsing , and their characteristics altered by healing.

The Procters have developed their scheme of work from original tutoring by Bruce Mac Manaway. A number of books dealing with these matters have appeared, and a list of some of them appears in appendix IV. Methodology varies over a wide spectrum, some working better than others. What practitioners are looking for is relief from symptoms of ill health, both physical and mental, especially when the body's resources are drained, leading to fatigue and impaired immune responses. This kind of healing is also effective when there are strange happenings in a place, interference with objects or with electrical installations, and just a general feeling of "bad atmosphere".

Initially corrections to the quality of the "energies" were made by driving substantial iron stakes into the ground at very accurately determined positions. Later it was found that distant spiritual healing techniques were equally effective, judging by feedback from clients. Thus, all work is now carried out remotely.

The Procters have experience of treating thousands of cases and now receive around 600 enquiries a year. No statistical evaluation of the work was available until Dr Victoria Wass, a tutor/lecturer at the Business School at Cardiff University, volunteered her expertise. After considerable discussion and a pilot study Dr Wass designed the protocol and the questionnaires were developed. Ann Procter attended to the administration of sending them to participants, with stamped addressed envelopes for their return direct to Dr Wass, who then wrote the main part of this report i.e. the Summary, items 2 - 9 and appendices I and II

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2. Aims and Objectives

How the dowsing for and the healing of such negative energies works is not the subject of this enquiry. (For further discussion on this see the book "Healing Sick Houses" by Roy & Ann Procter). Rather the investigation seeks to evaluate the impact of dowsing and healing. Specifically, we test whether, in the experience of those who believe they may be adversely affected by earth energies, there is a measurable improvement in the symptoms they report following dowsing and healing. In experimental terminology, the null hypothesis is that the dowsing and healing intervention has no effect on health outcomes (adverse symptoms reported by inhabitants) and we seek to reject this hypothesis. In lay terms we are seeking to establish whether or not diagnosis by dowsing followed by healing can have a helpful impact on personal symptoms and/or problems related to the home.

3. Methodology

(i) Data collection

Between September 1998 and June 1999 a sample of 150 households who had requested diagnostic dowsing and healing for adverse symptoms which they believed could be associated with geopathic stress and/or discarnate presences were invited to take part in a questionnaire survey.

Every British resident who requested the service during this period was asked to take part -ie. there was no selection. (The few requests from abroad were excluded due to complication of return postage.) The purpose of this survey was to collect information from which to evaluate the effectiveness of the dowsing and healing intervention. The survey comprised a series of four self-complete questionnaires which were distributed to a member of the household over a period of six to eight weeks. The first questionnaire was sent out in advance of the intervention, the second questionnaire during the following week, the third questionnaire a week after this and the fourth questionnaire four weeks after the third. Information was collected about the respondent, the household, the house and the nature and progress of the symptoms which were the basis of the inhabitant's request for assistance. Each respondent was required to score (on a scale of one to five) their general health and well being and 26 specific personal and house-related symptoms. Both the frequency and intensity of these 26 specific symptoms were measured. The questions and scales of measurement are reported in Appendix I.

(ii) Survey design

The study was longitudinal and each respondent completed four questionnaires. The first questionnaire was completed before any diagnostic and healing intervention had been delivered. The sample was divided into a two groups at Questionnaire Two where the first group received treatment but the second did not until later. The intervention was delivered to all respondents before they received Questionnaires Three and Four. Thus a panel of respondents was followed through the course of the intervention.

The survey design is based upon the classic experiment. The pre-intervention responses comprise the control group and the post-intervention responses the experimental group and the test of effectiveness comprises the comparison of results between the two groups. Unlike the traditional control group, respondents were themselves used as their own control group. The reason for this is a simple one. It would have been inappropriate to withhold a potentially beneficial treatment from certain households in order to provide a control group, most especially since those households had specifically requested that they receive the treatment. The disadvantage is that without a separate control group we cannot rule out other factors, including a placebo effect, as contributors to any improvement in symptoms. In an attempt to capture any placebo effects, the sample was randomly divided into two groups at Questionnaire Two where the first

group received the dowsing and healing intervention whereas the second group did not until later. Health outcomes reported in Questionnaire Two were then compared across each group. Neither the respondents nor the researcher knew which households had been subjected to the intervention at Questionnaire Two.

For many of the responding households there are factors which influence their health and symptoms other than negative earth energies. Since this survey is not conducted under laboratory conditions, and thus in isolation from these factors, we have to find a way of controlling for these alternative intervening factors statistically. The approach is two fold. First detailed information is collected which includes information on some of these other factors (for example, use of alternative therapies, effects of medication etc). Secondly, the tests are based on the comparison of averages and the averages are calculated from a sufficiently large number of respondents such that the effects of outlying results (for example a severe post-intervention deterioration as a result of chemotherapy) are minimised. For this reason 150 households were invited to participate.

(iii) Data quality

The information collected in the questionnaires comprise self-reports of general health and of the intensity and frequency with which 26 specific symptoms are experienced. The same questions are asked in each of the four questionnaires and require a contemporaneous health assessment at each point in time. Thus the respondent is not required to assess any changes in their health over time. The measure of change is generated from each respondent's four contemporaneous assessments. Responses rely upon the subjective assessment of respondents about their symptoms, as opposed to on objective measures (heart rate, blood pressure etc), and are therefore subject to effects of differences in individual expectation and judgement. This element of subjectivity precludes an analysis based upon inter-personal comparisons. Consider for example two respondents who, in objective terms, suffer equally from the same medical condition and experience a similar level of benefit from intervention.

The first respondent is rather more stoical with respect to personal pain and suffering than the second respondent and consequently indicates that her general health is 'fair' in the pre-intervention questionnaire. Post-intervention, she is optimistic and enthusiastic about the results and indicates an improvement in her general health to 'very good'. The second respondent on the other hand is of a more anxious and complaining disposition and initially indicates that her general health is 'very poor'. This second respondent records a more modest improvement in her health following intervention to 'poor'. Clearly the responses of the two individuals cannot be reliably compared with each other due to the influence of subjectivity. An alternative approach is used which makes use of the panel element in the survey data. The progress of symptoms for each household are recorded over time and it is the 'before' and 'after' intervention responses which can be compared. This method controls for the effects of individual household subjectivity in the cross section of respondents, with the qualification that the underlying personalities of the respondents remains unchanged throughout the period of the survey, i.e., the stoical respondent remains stoical and vice versa. The measure of effectiveness of the intervention is one based upon changes in reported health indicated by individual respondents and is thus relatively independent of difference in their personalities which might affect interpersonal comparisons of responses. In short, by using a panel survey and measuring differences over time rather than differences between respondents, the subjective effects of different personalities are 'fixed' and do not distort the results.

(iv) Data analysis

The test of effectiveness of the intervention is based upon a statistical comparison of responses before and after intervention. Formally, the test of effectiveness is the test of the null hypothesis, that dowsing and healing have no affect on reported adverse symptoms. In other words, individual responses before intervention, h_b , are no better, on average, than individual responses after intervention, h_a (where h_b measures health before the intervention and h_a measures health afterwards). The purpose of the exercise then is to reject the null hypothesis. In order to do this, the average difference in scores across the sample are calculated and compared before and after the dowsing and healing intervention. The difference for the sample is judged to be statistically significant, that is reliable given that it is generated from a sample, when it exceeds a critical level, the value of which is statistically determined. The test statistic, t , a value based upon the average difference in responses before and after intervention, is compared with a critical value of t which is calculated statistically on the basis of fixing the chance of a false positive, that is wrongly rejecting the null hypothesis when it is true, at a particular level. The 5% level is normally used and this implies 95% confidence that results which are generated from a sample do in fact reflect the underlying population. (i.e.,

they are not a quirk of the sample)..

This test is the simplest form of experimental design called a randomised block design. The t statistic is given by

$$t = \frac{\sum_i (h_{ia} - h_{ib}) / n}{sd/\sqrt{n}}$$

where h_{ia} is the pre-intervention health score for respondent i , h_{ib} is the post-intervention health score for respondent i , n is the sample size and sd is the standard deviation of the difference in health scores around the mean difference.

For a one-tailed test, a sample size of 100 and a 5% level of significance, the critical statistical value of t is 1.66.

The test of effectiveness of the intervention is thus whether or not $t > 1.66$.

This test of the average improvement in symptoms as a result of the dowsing and healing intervention forms the chief purpose of this investigation and is completed for the sample for the general health question and for each of the 26 questions which relate to specific symptoms. The intensity and frequency with which the reported symptoms occur are recorded separately. We are also able to assess the timing of any improvement over a period of eight weeks from the intervention.

These are aggregate analyses in that they provide an overall indication of the effectiveness of the intervention across the whole sample. It may be that the intervention is more effective at treating particular sources of negative energy or at treating specific symptoms. From the detailed information collected about the sample, respondents can be categorised according to household characteristics and diagnosed problems and any patterns of differential effectiveness in treatment investigated.

4. Placebo effects

A placebo response is one which is generated from an inactive intervention. It is not the same as no treatment. Placebo responses are observed to be powerful and widespread phenomena. They are normally explained as the fulfilment of an expectation of a beneficial effect of the treatment on the part of the patient. The therapist believes in the power of the treatment and communicates this to the patient who thus learns to expect a successful outcome. Placebo effects are an empirical fact of life. In the medical literature they are treated as an error of observation to be eradicated from the data in order to achieve a 'true' measure of the effect of the intervention. A great deal of emphasis is placed upon achieving net outcomes which comprise gross outcomes after the removal of any placebo effects. A treatment intervention is effective only to the extent that it achieves a positive net outcome, that is an outcome which is superior to that of a placebo. If one takes the view that achieving a beneficial outcome for the patient is at least as important as understanding the process by which the treatment is effective, then isolating out any placebo effects is less important.

The potential for a positive placebo response in the intervention investigated here is considerable. Application for treatment is self-selected and highly motivated. If not in general severe, the adverse symptoms experienced by applicants are often of an intractable nature and had proved immune to other treatments. Application for treatment involved, in the first instance, a telephone conversation with one of the healers where acceptance, sympathy and comfort were offered. Good intention engenders hope and, if expectation grows with hope, then applicants would have had high expectations that the treatment would be successful. Our interest is largely directed towards gross outcomes, that is an improvement in health, rather than in whether this was a 'true' or a placebo response. However, for reasons of convention, curiosity and the considerable potential for a placebo effect, the survey is designed to incorporate a test for placebo effects. At Questionnaire Two, respondents were randomly allocated to an experimental group where the dowsing and healing intervention was delivered and a separate control group where it was not until later. The allocation was double blind in that neither the respondent nor the researcher knew whether the intervention had been delivered. A comparison of outcomes across the experimental and control groups provides a measure of the placebo response.

5. Response rates

Self-completion postal questionnaire surveys attract notoriously low response rates; all the more so where the respondents are required to complete four questionnaires over a period of eight weeks. The accuracy and reliability of survey data are undermined by attrition or non-response because, in general, non-respondents differ from those who do respond and in ways which are unknown and which therefore cannot be controlled. Where non-response is large the resulting level of bias is unacceptable and the findings of the survey cannot be generalised beyond those achieved for the respondents. Table 5.1 reports response rates achieved over the course of the panel survey in which 150 households were invited to participate.

Table 5.1 Response rate

	Responses	Attrition rate	Cumulative Response rate
Questionnaire 1	129	14%	86%
Questionnaire 2	119	8%	79%
Questionnaire 3	110	7%	73%
Questionnaire 4	105	5%	70%

Given that each respondent had four opportunities to leave the research project, the overall level of response at 70% is quite remarkable and is substantially better than most other surveys of this type. One reason for this is that, through their application for treatment, respondents self-select themselves into the sample by reason of their sympathy with and confidence in dowsing and healing as a treatment for their symptoms.

The low attrition rate naturally limits the extent of any non-response bias. The highest level of attrition occurs before the intervention was delivered. This limits any positive bias in measured outcomes resulting from disproportionate attrition among those for whom the effects of dowsing and healing were disappointing.

As a check on the potential effects of non-response, the 24 respondents who dropped out after Questionnaire 1 were compared with the 105 who responded to all four questionnaires in terms of household characteristics, symptoms and diagnosed sources of negative earth energies. No statistically significant differences were found.

6. About the sample

The sample is drawn directly from households which requested dowsing and healing work for problems which they believed to be associated with negative earth energies or discarnate presences. This is not a random population sample. It is a sample selected by application and is selected on the basis of households who in the first instance are experiencing some sort of difficulty, most usually ill health, secondly believe in the possibility that the effects of negative earth energies might be contributing to their difficulties and thirdly believe in the possibility of ameliorating the effects of these negative earth energies through dowsing and healing. Given the high response rate, and the apparent similarity between respondents and non-respondents, we can be confident that respondents are broadly representative of enquiring households.

Three quarters of households requesting dowsing and healing live in a detached house with a further 15% living in a semi-detached house. (This is not representative of the population!). There are equal numbers of couples and standard family units (32) with 23 single householders, 4 single parents, 3 extended families and 2 groups of inhabitants who were unrelated to each other (Again it will be interesting to compare these with population statistics).

The reasons for requesting dowsing and healing are various, as are the methods by which households were referred for assistance. The main means of referral is through reputation and 'word of mouth'. Most enquiries (90%) were the result of referrals by friends or therapists who had direct experience or knowledge of dowsing and healing in relation to the effects of negative earth energies. The other significant route was through literature on the subject including an article in the *Sunday Times* (March 1998), an information leaflet and various articles written and talks given by the Proctors and their recently published book. *Healing Sick Houses*.

All respondents described adverse personal symptoms while only 48 respondents were able to describe any symptoms specifically related to the house, for example cold damp rooms, unexplained noises etc. Over

40% indicated a formal medical diagnosis for their personal symptoms with cancer, ME and chronic fatigue figuring strongly among the physical symptoms and depression among the mental symptoms. As Table 6.1 indicates, emotional and spiritual symptoms were less commonly reported.

Table 6.1 Distribution of personal symptoms

Personal symptoms	No.
Physical	88
Psychological	74
Emotional	35
Spiritual	7
N=105	

Over three quarters of respondents had received, and in some cases continued to receive, other forms of treatment for their personal symptoms. Although alternative and complementary treatments were the most widely used (by 55% of the respondents), the difference was not that great. Orthodox medical treatments were used by 41% of respondents.

How then did respondents evaluate their general health and wellbeing prior to treatment? At the outset each respondent was asked to rate their overall health and wellbeing according to the following categories: 'very good', 'good', 'fair', 'poor' and 'very poor'. In addition, each respondent was asked to provide more detailed information about their health and wellbeing in the form of scoring the intensity and frequency with which they experienced 26 specific health- and house-related conditions. Table 6.2 reports the responses to the general health and wellbeing question.

Table 6.2 Pre-intervention self reported health and wellbeing

	Score	No	%	Cumulative %
Very good	(1)	4	3.8	3.8
Good	(2)	21	20.0	23.8
Fair	(3)	38	36.2	60.0
Poor	(4)	32	30.5	90.5
Very Poor	(5)	10	9.5	100

Source: Questionnaire One
N=105

While the sample are, by design, those who experience some sort of health problem, the distribution of responses in Table 6.2 is not indicative of a population thoroughly sick and disabled as a result of negative earth energies: 60% of respondents describe their health as 'fair' or better than 'fair' and less than 10% score their health as 'very poor'. If numerical values are attached to these categories (1= 'very good' and 5= 'very poor'), then the mean score of 3.22 is just to the poor side of the mid-point of the range (3).

A general health question of this nature has been shown to be inconsistent and unreliable as an indicator of health. While people are unable to accurately assess their general health, they are found to be significantly more accurate and consistent in assessing the intensity and frequency of specific symptoms. In this survey we use 26 questions which relate to specific personal and house-related symptoms and ask respondents to measure the intensity and frequency with which they experience these symptoms. Intensity is not the same as frequency and both contribute independently to the experience of symptom. Tables 6.3 and 6.4 report the intensity and frequency of these 26 specific personal and house-related symptoms prior to intervention. In each case the symptoms are reported in descending order of magnitude in which they are reported to have occurred. Thus, at a mean score of 2.10, lack of energy is, on average, the most intensively experienced symptom across the sample while problems with neighbours is the least intensively experienced at an average of 0.51. The standard deviation measures the variation around the mean. If it is low in relation to the mean, as for 'lack of energy', this indicates that the sample responses lie close to the mean. In this case 'lack of energy' is a common condition and is moderately intensively experienced across the sample.

Table 6.3 Pre-intervention intensity (I) of specific symptoms

		Mean I	Standard deviation I
H	Lack of energy	2.10	0.90
F	Physically worn down	1.97	1.00
G	Mentally worn down	1.92	1.05
T	Anxious and tense	1.89	0.99
C	Downhearted and low	1.86	1.01
A	Lack of interest and motivation	1.67	1.04
M	Trouble sleeping	1.63	1.14
J	Worried about health	1.62	1.12
U	Generally troubled	1.55	1.07
R	Worried about money	1.44	1.10
S	Unsettled at home	1.29	1.08
(W)	Domestic harmony	1.29	1.08
K	Worried about home	1.29	1.08
(L)	Happy and contented	1.20	0.89
Y	Difficult relationships	1.18	1.05
(Q)	Optimistic	1.16	0.86
(D)	Calm and peaceful	1.16	0.84
B	Suffer from repeated infections	0.98	1.15
X	Bad atmosphere at home	0.92	1.03
Z	Bad luck	0.86	1.10
(E)	Full of life and vitality	0.82	0.92
N	Bad dreams	0.78	0.97
P	Problems at work	0.78	1.03
V	Problems with electrical equipment	0.66	0.97
O	Strange happenings at home	0.53	0.88
I	Problems with neighbours	0.51	0.90
	Mean across negative symptoms	1.31	
	Mean across positive symptoms	1.13	

Source: Questionnaire One

N=105

() indicates positive condition

Notes:

Score

0	Not experienced
1	Mild degree
2	Moderate degree
3	Intense degree
1.5	Mid-point

$$\text{Mean } I = \sum_i I_{ib} / n$$

$$\text{SD} = \sqrt{\sum_i (I_{ib} - I)^2 / n}$$

The responses in Table 6.3 are consistent with the respondents' stated reasons for seeking help. The main concern of households are the personal symptoms from which one or more household members suffer rather than any house-related symptoms. Of these personal symptoms, exhaustion, lack of energy, anxiety and depression figure strongly. The mid-point of the intensity range is 1.5 and all the nine symptoms which score above the mid-point relate to fatigue, anxiety and depression. The low reported intensity of house-related problems is also consistent with responses to other questions in which only 48 households recognised any such symptoms. In general, for house-related symptoms, the standard deviation exceeds the mean because, for a large proportion of households, the reported intensity score is zero. In the final two rows of Table 6.3 we construct an aggregate health measure based upon the average across all the symptoms. Positive and negative conditions are aggregated separately. Consistent with responses reported in Table 6.2, there is no evidence to suggest that the sample is desperately sick. Using this method, the

aggregate average score on negative symptoms is slightly better than the mid-point. On the other hand, the aggregate score on positive conditions is less than the mid-point. This suggests that there is a generalised feeling of absence of good health rather than any significant incidence of acute ill health.

The same exercise is conducted using the frequency measure and the results reported in Table 6.4 below. The mid-point of the frequency range is 2.5 and only three symptoms score above the mid-point. Again these describe physical and mental depletion. The ordering is remarkably similar to that for the intensity measure indicating that more often than not the intensity and frequency with which a particular symptom is experienced go together. Again there is evidence of an absence of good health rather than any evidence of chronic ill-health.

Table 6.4 Pre-intervention frequency(F) of specific symptoms

	Mean F	Standard deviation F
H Lack of energy	2.96	1.45
F Physically worn down	2.63	1.59
G Mentally worn down	2.60	1.50
T Anxious and tense	2.46	1.35
C Downhearted and low	2.35	1.43
M Trouble sleeping	2.33	1.84
J Worried about health	2.30	1.62
A Lack of interest and motivation	2.27	1.42
R Worried about money	2.11	1.68
U Generally troubled	2.11	1.57
(W) Domestic harmony	2.00	1.77
S Unsettled at home	1.96	1.68
(L) Happy and contented	1.80	1.41
(Q) Optimistic	1.80	1.43
K Worried about home	1.70	1.58
Y Difficult relationships	1.52	1.44
(D) Calm and peaceful	1.50	1.24
B Suffer from repeated infections	1.28	1.57
X Bad atmosphere at home	1.14	1.40
(E) Full of life and vitality	1.04	1.22
P Problems at work	0.99	1.42
Z Bad luck	0.99	1.38
N Bad dreams	0.91	1.25
V Problems with electrical equipment	0.77	1.19
I Problems with neighbours	0.65	1.24
O Strange happenings at home	0.63	1.03
Mean across negative symptoms	1.74	
Mean across positive symptoms	1.63	

Source: Questionnaire One

N=105

() indicates positive condition

Notes:

Score

- 0 None of the time
- 1 Little of the time
- 2 Some of the time
- 3 Good deal of the time
- 4 Most of the time
- 5 All of the time
- 2.5 Mid-point of range

$$\text{Mean } F = \frac{\sum_i F_{ib}}{n}$$

$$\text{SD} = \sqrt{\frac{\sum_i (F_{ib} - F)^2}{n}}$$

Since intensity and frequency are both important in describing the severity of any condition we construct a combined measure based upon the product of the two separate measures. Intensity and frequency are measured on different scales so the frequency measure is scaled down to same range and midpoint as the intensity measure.

Table 6.5 Pre-intervention intensity x frequency (H) of specific symptoms

	Mean H
H Lack of energy	4.31
F Physically worn down	3.91
G Mentally worn down	3.77
T Anxious and tense	3.39
M Trouble sleeping	3.38
C Downhearted and low	3.31
J Worried about health	3.17
A Lack of interest and motivation	2.99
U Generally troubled	2.84
R Worried about money	2.81
(W) Domestic harmony	2.60
S Unsettled at home	2.57
K Worried about home	2.19
(L) Happy and contented	1.93
Y Difficult relationships	1.86
(Q) Optimistic	1.85
B Suffer from repeated infections	1.76
(D) Calm and peaceful	1.55
X Bad atmosphere at home	1.33
Z Bad luck	1.33
P Problems at work	1.23
(E) Full of life and vitality	1.09
N Bad dreams	1.05
V Problems with electrical equipment	0.91
I Problems with neighbours	0.80
O Strange happenings at home	0.69
Mean across negative symptoms	2.53
Mean across positive symptoms	1.80

Source: Questionnaire One

N=105 () indicates positive condition

Notes:

$$\text{Mean H} = \sum_i H_{ib} \times 0.6F_{ib} / n$$

These results are consistent with those reported in Tables 6.3 and 6.4 and the commentary is not repeated.

7. Diagnosis: results of dowsing for geopathic stress

The diagnosis that negative energy is present at the property and the form this takes is established through dowsing. Table 7.1 reports the results of dowsing for the sources and symptoms of geopathic stress. The glossary in Appendix II provides an explanation of each term. The first column indicates the number of households for which each particular source or symptom is diagnosed. So, for example, in all but two households, negative earth energy lines are found to be present at the property. In column 2 we find that the average number of these negative lines across the sample is 2.2 and, in column 3, that the number of negative lines lies in the range 0 to 5.

Table 7.1 Sources and symptoms of geopathic stress

	Frequency	Mean	Range
Negative lines	103	2.17	0–5
Positive lines	43	0.47	0–2
Sink spots	5		0-1
Fountain spots	5		0-1
Unhelpful presence	55		0–5
Helpful presence	1		0-1
Power objects	19		0-1
Domestic electricity	29		0-1
Internal microwaves	47		0-1
External microwaves	4		0-1
Domestic water	14		0-1
Household score (1–12)		6.02	2–11
Neighbourhood score (1–12)		9.38	6–11

N=105

The sample as a whole is characterised primarily by the presence of negative earth energies and to a lesser extent by unhelpful discarnate presences. The effects of internal microwaves and domestic electricity are also significant sources of adverse symptoms. An aggregate household ‘energy’ score (on a scale of 1 ‘very bad’ to 12 ‘very good’) provides an indication of the strength of the effects of geopathic distress or unhelpful presences. This energy score is measured by dowsing. The pre-intervention household score provides an overall indication of the severity of geopathic distress, from whatever the source. It is useful to compare this pre-intervention benchmark energy score both with the household energy score dowsed after treatment and with the households’ own assessment of the severity of its symptoms. The same exercise is conducted for the household’s immediate neighbourhood. On a range of 1 to 12, the mid-point is 6. Pre-intervention household scores average at the mid-point while neighbourhood scores are generally higher.

8. Pre-treatment relationships between ill-health and geopathic stress

It is interesting at the outset to investigate potential relationships between different measures of geopathic stress, as diagnosed through dowsing, and different measures of the severity of symptoms, as reported by the respondent. There are numerous measures of association between two variables. The appropriate measure depends upon how each variable is measured. Each measure (between 0 and 1) gives an indication of the direction, strength and statistical significance of the association.

Table 8.1 Associations between diagnosis and distress

			Comparative statistic	Significance
1	Dowsed score for level of geopathic stress	Household general health score	-0.10	not significant
2	Dowsed score for level of geopathic stress	Household symptom-based health score	-0.10	not significant
3	Number of negative lines	Household general health score	0.10	not significant
4	Household symptom-based health score	Household general health score	0.54	significant
5	Dowsed score for level of geopathic stress	Dowsed neighbourhood geopathic stress score	0.45	significant
6	Dowsed score for level of geopathic stress	Number of negative lines	0.44	significant

First, consider the relationship between the dowsed household score for geopathic stress levels and the household’s scoring of its own health (1 and 2). One might expect a negative association between the two whereby the severity of geopathic stress (low score) is directly responsible for the absence of general good health (high score). While we do indeed find a negative relationship it is not a sufficiently strong one to be

significant for statistical purposes. Two possible explanations may account for the observed weakness in the relationship between the strength of geopathic stress and the severity of adverse symptoms reported by the household. In the first instance, the severity of symptoms depends upon the sensitivity of the householder to the effects of geopathic stress as well as the strength of any geopathic forces. Secondly, this is a cross section of health scores using interpersonal comparisons which we have previously noted lack consistency because of the effects of subjectivity. The result in 3, where one might expect symptoms of distress to increase with the number of negative earth energy lines, can be explained in similar terms. The correlation coefficient in 4 indicates consistency between the household's assessment of its general health and the health score calculated from responses to the specific symptoms suggesting that the general health responses are a reasonably consistent measure of overall health. The correlation coefficient in 5 indicates consistency between dowsed energy scores for individual households and the immediate neighbourhood. Where the geopathic stress on the household is severe, the neighbourhood is also badly affected. The correlation between the severity of geopathic stress and the number of negative lines in 6 is positive and significant indicating that where the household energy score is low (indicating severe geopathic stress) there are more negative earth energy lines.

9. Impact of dowsing and healing treatment

In this section we test our hypothesis about the impact of the dowsing and healing intervention on the general health and symptoms reported by the households.

A straight forward indication of the effects of dowsing and healing for the effects of geopathic stress is found in the incidence of reported general improvement in symptoms. 81% of respondents reported an improvement following intervention in a least one of the symptoms which had motivated their application for treatment. For 15% of households there was no change and for 4% of households their symptoms deteriorated. Respondents were more likely to report an improvement in a symptom than they were to report an improvement in their overall health. 60% of households reported an improvement in general health, 30% reported no change and 10% reported a deterioration.

To get a clearer idea of the nature and magnitude of change, we conduct a number of tests, each involving a 'before' and 'after' comparison, with the calculation of a diagnostic statistic by which to judge whether the difference between the 'before' and 'after' measures is significant from a statistical point of view. The first test is a simple comparison of the 'before' and 'after' intervention scores on the general health and wellbeing question. The 'before' score is the one reported by the household in Questionnaire One and the 'after' score is the one reported by the household in Questionnaire Four.

The results in Table 9.1 provide an overall picture of the improvement in self-reported health following the intervention. The frequency distributions from Table 9.1 are graphed below. Using this broad measure of health and well-being, there is an overall improvement following the intervention. The number of households in the three lowest health categories declines significantly following intervention from over 75% of the sample to less than 40%. The number of households in the highest two categories increases from 25% to 60%.

This upward shift in reported general health is reflected in the pre- and post-intervention mean health scores which increase from 3.22, the 'poor' health side the mid-point of the range to 2.5, well to the 'good' side of the mid-point of the range.

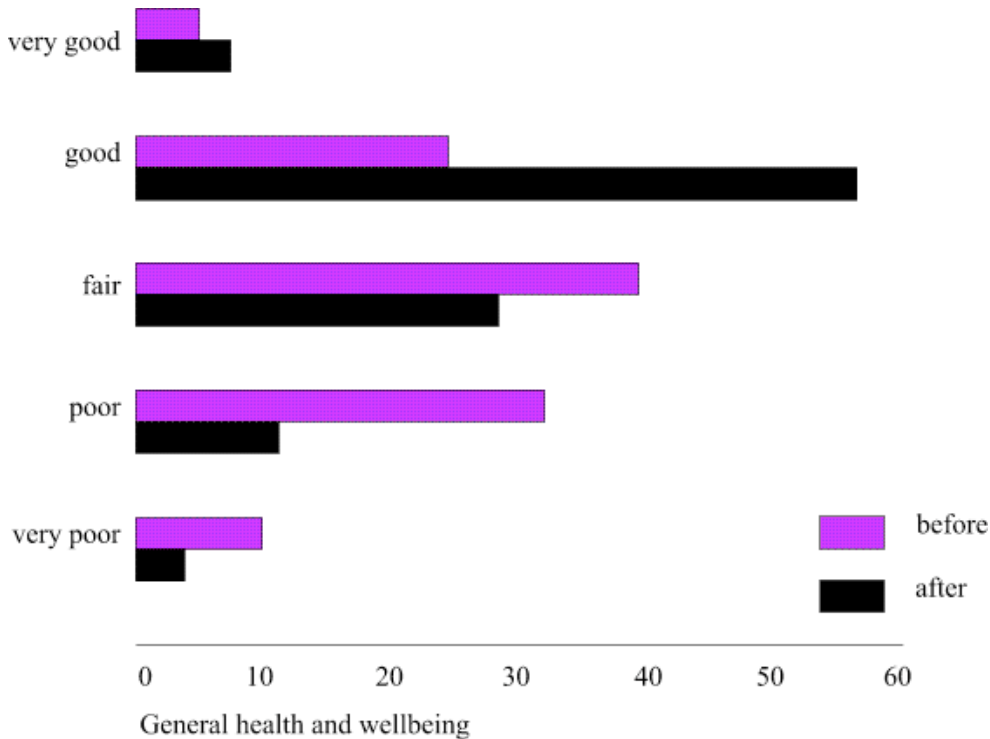
Table 9.1 Comparison of pre- and post-intervention in self-reported general health scores

Score		pre-intervention			post-intervention		
		No.	%	cumulative %	No.	%	cumulative %
Very good	(1)	4	3.8	3.8	7	6.7	6.7
Good	(2)	21	20.0	23.8	56	53.3	60.0
Fair	(3)	38	36.2	60.0	27	25.7	85.7
Poor	(4)	32	31.5	90.5	12	10.4	97.1
Very Poor	(5)	10	9.5	100	3	2.9	100
Mean score		3.22			2.50		

Source: Questionnaire One and Questionnaire Four.
N=105

The average difference in the 'before' and 'after' scores, 0.71, is significant at the 5% level ($t=6.57 > 1.66$). On this, the most straightforward test of effectiveness, we can say that on average there is an improvement in the self-reported general health and wellbeing of respondents following the intervention. In other words dowsing and healing for the effects of negative earth energies appear to be an effective treatment.

Figure 9.1 Comparison of pre- and post-intervention in self-reported general health scores



In Tables 9.2 and 9.3 we compare pre-and post-intervention outcomes across the intensity and frequency measures for the 26 specific symptoms and test for the statistical significance of any difference.

Table 9.2 Comparison of mean intensity of specific symptoms 'before' and 'after' intervention

		'before'	'after'	change	t statistic
		I_a	I_b	$(I_a - I_b)$	
A	Lack of interest and motivation	1.62	0.67	1.00	8.96
C	Downhearted and low	1.63	0.94	0.91	7.76
G	Mentally worn down	1.92	1.05	0.88	7.03
H	Lack of energy	2.10	1.24	0.87	7.60
T	Anxious and tense	1.89	1.04	0.83	9.43
F	Physically worn down	1.97	1.20	0.77	6.70
U	Generally troubled	1.56	0.81	0.74	6.60
Z	Bad luck	0.86	0.15	0.70	7.07
M	Trouble sleeping	1.86	0.97	0.67	5.87
K	Worried about home	1.29	0.64	0.65	5.96
J	Worried about health	1.67	0.98	0.64	6.97
S	Unsettled at home	1.30	0.77	0.57	5.69
X	Bad atmosphere at home	0.92	0.37	0.55	6.20
Y	Difficult relationships	1.18	0.64	0.54	5.70
B	Suffer from repeated infections	1.16	0.52	0.46	4.06
(Q)	Optimistic	1.16	1.60	(0.44)	4.80
(W)	Domestic harmony	1.35	1.70	(0.41)	3.29
(E)	Full of life and vitality	0.79	1.24	(0.42)	3.81

(D)	Calm and peaceful	0.98	1.56	(0.40)	3.72
N	Bad dreams	0.78	0.38	0.40	3.82
P	Problems at work	0.82	0.41	0.37	4.09
V	Problems with electrical equipment	0.66	0.30	0.35	3.59
(L)	Happy and contented	1.20	1.54	(0.34)	3.33
R	Worried about money	1.44	1.12	0.31	3.23
O	Strange happenings at home	0.51	0.25	0.29	3.21
I	Problems with neighbours	0.53	0.24	0.28	4.12
	Mean across negative symptoms	1.31	0.70	0.62	
	Mean across positive symptoms	1.13	1.53	(0.43)	

Source: Questionnaire One and Questionnaire Four

N=105

() indicates positive condition

Notes:

$$t = \frac{\sum_i (h_{ia} - h_{ib}) / n}{sd/\sqrt{n}}$$

The mean pre-intervention intensity score for each symptom is reported in column 1. The mean post-intervention intensity score for each symptom is reported in column 2. The two are compared in column 3 where the mean difference in the before and after scores are reported. The test statistic, which is based upon the difference in pre- and post-intervention mean scores, is reported in column 4. The results indicate an across the board improvement in symptoms. In each case the test statistics are well above the critical value of 1.66 and therefore indicate a statistically significant improvement. It is clear from a comparison of Table 9.2 with Table 6.3 that the measured improvement in the intensity with which a symptom is experienced is greatest for those symptoms where the pre-intervention intensity is greatest. In other words, the treatment is most effective where it is most needed. The average ill health score across all the negative symptoms, an overall measure of the intensity of distress, is almost halved after the dowsing and healing intervention. Similarly, the average health score across all the positive symptoms, an overall measure of the intensity of well being, increases after the dowsing and healing intervention from below the mid-point to above the mid-point.

The same exercise is undertaken in respect of the change in the frequency with which the specific symptoms are reported both before and after the intervention.

Table 9.3 Comparison of mean frequency of specific symptoms 'before' and 'after' intervention

		'before'	'after'	Change (F _{ia} -F _{ib})	t statistic
		F _b	F _a		
A	Lack of interest and motivation	2.27	0.97	1.30	8.66
H	Lack of energy	2.96	1.66	1.30	8.27
G	Mentally worn down	2.60	1.42	1.18	5.98
T	Anxious and tense	2.46	1.30	1.16	7.83
C	Downhearted and low	2.30	1.23	1.12	6.90
J	Worried about health	2.33	1.23	1.08	7.92
U	Generally troubled	2.11	1.07	1.05	6.65
M	Trouble sleeping	2.35	1.31	1.02	5.76
F	Physically worn down	2.63	1.62	1.01	5.93
S	Unsettled at home	1.96	0.97	0.99	6.48
K	Worried about home	1.80	0.86	0.85	6.08
(E)	Full of life and vitality	0.99	1.80	0.76	5.27
Z	Bad luck	1.04	0.24	0.75	5.87
Y	Difficult relationships	1.70	0.78	0.74	5.70
(W)	Domestic harmony	2.00	2.71	(0.71)	3.91
(D)	Calm and peaceful	1.28	2.20	(0.70)	4.49
X	Bad atmosphere at home	1.14	0.45	0.70	5.21
(L)	Happy and contented	1.80	2.46	(0.66)	4.13
(Q)	Optimistic	1.52	2.46	(0.66)	4.05
R	Worried about money	2.11	1.51	0.60	4.23

B	Suffer from repeated infections	1.50	0.69	0.59	3.89
P	Problems at work	0.99	0.50	0.49	4.10
N	Bad dreams	0.91	0.42	0.49	4.00
V	Problems with electrical equipment	0.77	0.41	0.36	2.78
I	Problems with neighbours	0.65	0.30	0.35	3.81
O	Strange happenings at home	0.63	0.32	0.30	3.07
	Mean across negative symptoms	1.74	0.92	0.85	
	Mean across positive symptoms	1.63	2.33	(0.81)	

Source: Questionnaire 1 and Questionnaire 4

N=105

() indicates positive condition

Notes:

$$t = \frac{\sum_i (F_{ia} - F_{ib}) / n}{sd/\sqrt{n}}$$

Again the results indicate an across the board improvement in the frequency with which households experience the 26 specific symptoms. In each case the test statistic is well above the critical value of 1.66 and therefore indicates a statistically significant improvement. Again the measured improvement in the frequency with which a symptom is experienced is greatest for those symptoms where the pre-intervention frequency was greatest. The average ill health score across all the negative symptoms, an overall measure of the chronic nature of distress, is reduced after the dowsing and healing intervention. Similarly, the average health score across all the positive symptoms, an overall measure of the time spent feeling well, increases after the dowsing and healing intervention. The pre- and post-intervention differences in frequency are not quite as marked as those for intensity. In particular, the frequency of those symptoms associated with good health, while improved, remains below the mid-point of the range.

Appendix 3 reports the pre-and post-intervention distributions for the intensity and frequency of each of the 26 personal and house-related symptoms.

It is useful to report the results of dowsing for improvement in the underlying geopathic conditions at the property and to correlate these with improvements in the health scores reported by the households.

The household energy score, which ranges from 1 to 12, averaged at 6.02 (standard deviation 1.89) before the dowsing and healing intervention. This energy score increased to 9.86 following the intervention. As significantly, the variation in energy scores across households was more than halved (the post-intervention standard deviation was 0.72). At the neighbourhood level no significant improvement was reported. Prior to intervention the neighbourhood energy score was 9.38 increasing to 9.89 afterwards.

The correlation between any improvement in the household energy score, measured by dowsing, and any improvement in the general health score as reported by respondents (-0.07) is not statistically significant. With the exception of four individual symptoms (trouble sleeping, anxiety about money, strange happenings at home and worried about the home), the correlation between any improvement in the household energy score and any improvement in individual symptoms are not statistically significant. The absence of any measurable association between the dowsers' measure of change in the underlying geopathic conditions and respondents' reports of improvements in their health is disappointing but does not imply an absence of causation. As explained in section 8 above, in taking a cross section of changes in health scores, we introduce interpersonal comparisons which are subject to the effects of individual subjectivity, rendering comparisons inconsistent.

The greatest improvement in health was recorded among those respondents who reported the poorest health in Questionnaire One. The correlation coefficient between initial general health score and the change in health between Questionnaire One and Questionnaire Four is 0.68 (significant at 1%). This finding provides confirmatory evidence to the effect that the dowsing and healing intervention is most successful where it is most needed. From Table 9.4 it is clear that the experience of ill health is particularly associated with ME and fatigue-type problems. The average improvement in reported symptoms is also particularly high for this group of respondents.

Table 9.4 Initial health and improvements in health by main reason for application for treatment

Main problem for which consultation sought	Average health score at Questionnaire One	Average improvement in health score at Questionnaire Four
ME and fatigue	3.71	1.04
Physical ill health	3.40	0.77
House problems	3.14	0.62
Mental health problems	2.50	0.50
Relationship problems	2.33	0

10. Timing and the placebo response

In evaluating the impact of the dowsing and healing intervention, responses in Questionnaire One have been compared with those reported in the final questionnaire, Questionnaire Four, administered some eight weeks later. For the majority of respondents, an improvement in their experience of adverse symptoms is reported much earlier than this. For example, 45% of those treated at Questionnaire Two report an improvement, a further 21% report an improvement a week later at Questionnaire Three. A further 14% report an improvement by Questionnaire Four.

Table 10.1 Timing of reported improvement in symptoms

	Questionnaire Two Control Group	Questionnaire Two Experimental Group	Questionnaire Three	Questionnaire Four
Number	7	25	47	13
%	14.2	44.6	21.4	14.3
Cum %			66.7	81.0

The positive response rates reported above are gross outcomes, that is they include any positive effects which are independent of the dowsing and healing intervention. The most important of these effects is the placebo response. Comparing the responses across the experimental group (intervention delivered) and the control group (intervention withheld) at Questionnaire Two provides an indication of the prevalence of the placebo response. Of the 56 respondents in the experimental group, 25 reported an improvement in at least one symptom during the week following the intervention. If we measure success in terms of an improvement in any of the adverse symptoms which prompted the household's application for healing, this represents an 45% success rate during the first week after delivery of the intervention. Of the 49 respondents in the control group, 14 reported an improvement in symptoms representing a placebo success rate of 14%. In statistical terms, the difference in success rates is significant ($t = 4.5$). The intervention response is superior to the placebo response. The 'true' intervention success rate at week one, as measured by the net outcome, which is the gross success rate (45%) minus the placebo success rate (14%), is 31%. Using this measure of the placebo response, we estimate that just under a third, 31%, of respondents are likely to report a positive outcome to the intervention on the basis of their expectations of success. If our interest is in net outcomes, we must subtract the placebo responses of success from the gross incidence of success. On this basis, the gross success rate of 81% of households reporting an improvement in one of the symptoms which prompted an application for dowsing and healing, is reduced to a success rate, excluding placebo effects, of 56%.

We tested the strength of the placebo response by comparing the reported change in general health and in the individual symptoms one week after the intervention across the experimental and control groups at Questionnaire Two. The expectation was that the placebo responses would be weaker than the true responses. While it is generally the case that a greater response is registered at Questionnaire Two where the healing and dowsing intervention had been delivered, the differences are not sufficiently great to be statistically significant.

Appendix I
Four Questionnaires

HEALING SICK HOUSES

QUESTIONNAIRE ONE

We have commissioned Dr Victoria Wass to conduct independent research into the effectiveness of our work with sick houses. We would be most grateful if you could fill in a series of four short questionnaires which will be sent to you over the next few weeks. Your replies, which will form the basis of a statistical analysis, will be confidential, only Roy and Ann will know your name and address. If possible we would like you to complete each questionnaire on the day that you receive it, or as soon as possible thereafter. Please complete Questionnaire One in advance of our healing treatment and return it to Dr Wass at Cardiff University in the SAE provided.

There are three types of question: the first requires you to tick in the box beside the appropriate answer (e.g.), the second requires you to circle a number (e.g. ③) and the third requires you to write the answer in your own words (eg.). Please answer questions 5 to 10 for the ONE person in your household who is most obviously affected.

Case Number

1. Please indicate the date and time at which you completed this questionnaire.

Time am/pm date.....

2. Please describe briefly the nature of the problems or concerns as they relate to the house.

.....
.....

3. For how long, roughly speaking, have you been aware of this?

4. Who in your household are affected? Please specify (myself, daughter, father etc.).

.....

5. Please chose ONE of the people specified in 4 above who is most obviously affected. The remaining replies will relate to this person. Please specify who this 'chosen' person is.

.....

6. Please describe briefly how this person is affected.....

.....
.....

7. For how long, roughly speaking, has this person been affected?.....

8. Are they receiving, or have they previously received, other treatments for this problem?

no yes, please specify which

9. How would you describe the general health or wellbeing of the chosen person over the last week?

Very good Good Fair Poor Very poor

10. For each of the conditions listed below, please circle the number that most closely describes the experience of the chosen person over the **last four weeks**.

For example, if the chosen person has experienced a lack of interest and motivation to an intense degree for a good deal of time over the last four weeks, your reply would be as follows:

	Not experienced	To a mild degree	To a moderate degree	To an intense degree	A little of the time	Some of the time	A good deal of the time	Most of the time	All of the time
A Lack of interest and motivation	0	1	2	3	1	2	3	4	5

If you have not experienced the condition, please circle 0 and you need not complete the rest of the line.

	Not experienced	To a mild degree	To a moderate degree	To an intense degree	A little of the time	Some of the time	A good deal of the time	Most of the time	All of the time
A Lack of interest and motivation	0	1	2	3	1	2	3	4	5
B Suffer from repeated infections	0	1	2	3	1	2	3	4	5
C Downhearted and low	0	1	2	3	1	2	3	4	5
D Calm and peaceful	0	1	2	3	1	2	3	4	5
E Full of life and vitality	0	1	2	3	1	2	3	4	5
F Physically worn down	0	1	2	3	1	2	3	4	5
G Mentally worn down	0	1	2	3	1	2	3	4	5
H Lack of energy	0	1	2	3	1	2	3	4	5
I Problems with neighbours	0	1	2	3	1	2	3	4	5
J Worried about health	0	1	2	3	1	2	3	4	5
K Worried about home	0	1	2	3	1	2	3	4	5
L Happy and contented	0	1	2	3	1	2	3	4	5
M Trouble sleeping	0	1	2	3	1	2	3	4	5
N Bad dreams	0	1	2	3	1	2	3	4	5
O Strange happenings at home	0	1	2	3	1	2	3	4	5
P Problems at work	0	1	2	3	1	2	3	4	5
Q Optimistic	0	1	2	3	1	2	3	4	5
R Worried about money	0	1	2	3	1	2	3	4	5
S Unsettled at home	0	1	2	3	1	2	3	4	5
T Anxious and tense	0	1	2	3	1	2	3	4	5
U Generally troubled	0	1	2	3	1	2	3	4	5
V Problems with electrical equipment	0	1	2	3	1	2	3	4	5
W Domestic harmony	0	1	2	3	1	2	3	4	5
X Bad atmosphere at home	0	1	2	3	1	2	3	4	5
Y Difficult relationships	0	1	2	3	1	2	3	4	5
Z Bad luck	0	1	2	3	1	2	3	4	5

11. Please add anything that you think would be of interest

We are grateful for your help, thank you.

HEALING SICK HOUSES

QUESTIONNAIRE TWO

This is the second questionnaire. If possible we would like you to complete this questionnaire on the day that you receive it, or as soon as possible thereafter. We ask you to complete Questionnaire Two without knowing whether or not your house has received our healing treatment. This is important for our research. Shortly you will receive Questionnaire Three by which time we will have treated your house. Please return the completed questionnaire to Dr Wass at Cardiff University in the SAE provided.

As before there are three types of question: the first requires you to tick in the box beside the appropriate answer (e.g. G) , the second requires you to circle a number (e.g. ③) and the third requires you to write the answer in your own words (e.g.). Please answer questions 4 to 7 for the SAME person as in the previous questionnaire.

Case Number

1. Please indicate the date and time at which you completed this questionnaire.

Time am/pm date.....

2. Have you noticed any changes relating to your house and/or to how you feel about your house?

yes no

3. Please describe any changes that you have noticed

.....
.....
.....

Please answer questions 4 to 7 for the SAME person as in the previous questionnaire.

4. How would you describe the general health or wellbeing of the chosen person over the last week?

Very good Good Fair Poor Very poor

5. Has the health of this person changed since your replies in Questionnaire One? yes no

6. Please describe any changes that you have noticed

.....
.....
.....
.....

7. For each of the conditions listed below, please circle the number that most closely describes the experience of the chosen person over the **last week**.

If you have not experienced the condition, please circle 0 and you need not complete the rest of the line.

	Not experienced	To a mild degree	To a moderate degree	To an intense degree	A little of the time	Some of the time	A good deal of the time	Most of the time	All of the time
A Lack of interest and motivation	0	1	2	3	1	2	3	4	5
B Suffer from repeated infections	0	1	2	3	1	2	3	4	5
C Downhearted and low	0	1	2	3	1	2	3	4	5
D Calm and peaceful	0	1	2	3	1	2	3	4	5
E Full of life and vitality	0	1	2	3	1	2	3	4	5
F Physically worn down	0	1	2	3	1	2	3	4	5
G Mentally worn down	0	1	2	3	1	2	3	4	5
H Lack of energy	0	1	2	3	1	2	3	4	5
I Problems with neighbours	0	1	2	3	1	2	3	4	5
J Worried about health	0	1	2	3	1	2	3	4	5
K Worried about home	0	1	2	3	1	2	3	4	5
L Happy and contented	0	1	2	3	1	2	3	4	5
M Trouble sleeping	0	1	2	3	1	2	3	4	5
N Bad dreams	0	1	2	3	1	2	3	4	5
O Strange happenings at home	0	1	2	3	1	2	3	4	5
P Problems at work	0	1	2	3	1	2	3	4	5
Q Optimistic	0	1	2	3	1	2	3	4	5
R Worried about money	0	1	2	3	1	2	3	4	5
S Unsettled at home	0	1	2	3	1	2	3	4	5
T Anxious and tense	0	1	2	3	1	2	3	4	5
U Generally troubled	0	1	2	3	1	2	3	4	5
V Problems with electrical equipment	0	1	2	3	1	2	3	4	5
W Domestic harmony	0	1	2	3	1	2	3	4	5
X Bad atmosphere at home	0	1	2	3	1	2	3	4	5
Y Difficult relationships	0	1	2	3	1	2	3	4	5
Z Bad luck	0	1	2	3	1	2	3	4	5

8. Please add anything that you think would be of interest

We are grateful for your help, thank you.

HEALING SICK HOUSES

QUESTIONNAIRE THREE

This is the third questionnaire. If possible we would like you to complete this questionnaire on the day that you receive it, or as soon as possible thereafter. Your house has received our healing treatment. Please return the completed questionnaire to Dr Wass at Cardiff University in the SAE provided.

As before there are three types of question: the first requires you to tick in the box beside the appropriate answer (e.g.) , the second requires you to circle a number (e.g. ③) and the third requires you to write the answer in your own words (e.g.). Please answer questions 4 to 7 for the SAME person as in the previous questionnaire.

Case Number

1. Please indicate the date and time at which you completed this questionnaire.

Time am/pm date.....

2. Have you noticed any changes relating to your house and/or to how you feel about your house?

yes no

3. Please describe any changes that you have noticed

.....
.....
.....

Please answer questions 4 to 7 for the SAME person as in the previous questionnaire.

4. How would you describe the general health or wellbeing of the chosen person over the last week?

Very good Good Fair Poor Very poor

5. Has the health of this person changed since your replies in Questionnaire One? yes no

6. Please describe any changes that you have noticed

.....
.....
.....
.....

7. For each of the conditions listed below, please circle the number that most closely describes the experience of the chosen person over the **last week**.

If you have not experienced the condition, please circle 0 and you need not complete the rest of the line.

	Not experienced	To a mild degree	To a moderate degree	To an intense degree	A little of the time	Some of the time	A good deal of the time	Most of the time	All of the time
A Lack of interest and motivation	0	1	2	3	1	2	3	4	5
B Suffer from repeated infections	0	1	2	3	1	2	3	4	5
C Downhearted and low	0	1	2	3	1	2	3	4	5
D Calm and peaceful	0	1	2	3	1	2	3	4	5
E Full of life and vitality	0	1	2	3	1	2	3	4	5
F Physically worn down	0	1	2	3	1	2	3	4	5
G Mentally worn down	0	1	2	3	1	2	3	4	5
H Lack of energy	0	1	2	3	1	2	3	4	5
I Problems with neighbours	0	1	2	3	1	2	3	4	5
J Worried about health	0	1	2	3	1	2	3	4	5
K Worried about home	0	1	2	3	1	2	3	4	5
L Happy and contented	0	1	2	3	1	2	3	4	5
M Trouble sleeping	0	1	2	3	1	2	3	4	5
N Bad dreams	0	1	2	3	1	2	3	4	5
O Strange happenings at home	0	1	2	3	1	2	3	4	5
P Problems at work	0	1	2	3	1	2	3	4	5
Q Optimistic	0	1	2	3	1	2	3	4	5
R Worried about money	0	1	2	3	1	2	3	4	5
S Unsettled at home	0	1	2	3	1	2	3	4	5
T Anxious and tense	0	1	2	3	1	2	3	4	5
U Generally troubled	0	1	2	3	1	2	3	4	5
V Problems with electrical equipment	0	1	2	3	1	2	3	4	5
W Domestic harmony	0	1	2	3	1	2	3	4	5
X Bad atmosphere at home	0	1	2	3	1	2	3	4	5
Y Difficult relationships	0	1	2	3	1	2	3	4	5
Z Bad luck	0	1	2	3	1	2	3	4	5

8. Please add anything that you think would be of interest

We are grateful for your help, thank you.

HEALING SICK HOUSES

QUESTIONNAIRE FOUR

This is the fourth and final questionnaire. If possible we would like you to complete this questionnaire on the day that you receive it, or as soon as possible thereafter. Please return the completed questionnaire to Dr Wass at Cardiff University in the SAE provided.

As before there are three types of question: the first requires you to tick in the box beside the appropriate answer (e.g.) , the second requires you to circle a number (e.g. ③) and the third requires you to write the answer in your own words (e.g.). Please answer questions 4 to 7 for the SAME person as in the previous questionnaire.

Case Number

1. Please indicate the date and time at which you completed this questionnaire.

Time am/pm date.....

2. Have you noticed any changes relating to your house and/or to how you feel about your house?

yes no

3. Please describe any changes that you have noticed

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.....

Please answer questions 4 to 7 for the SAME person as in the previous questionnaire.

4. How would you describe the general health or wellbeing of the chosen person over the last week?

Very good Good Fair Poor Very poor

5. Has the health of this person changed since your replies in Questionnaire One? yes no

6. Please describe any changes that you have noticed

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7. For each of the conditions listed below, please circle the number that most closely describes the experience of the chosen person over the **last week**.

If you have not experienced the condition, please circle 0 and you need not complete the rest of the line.

	Not experienced	To a mild degree	To a moderate degree	To an intense degree	A little of the time	Some of the time	A good deal of the time	Most of the time	All of the time
A Lack of interest and motivation	0	1	2	3	1	2	3	4	5
B Suffer from repeated infections	0	1	2	3	1	2	3	4	5
C Downhearted and low	0	1	2	3	1	2	3	4	5
D Calm and peaceful	0	1	2	3	1	2	3	4	5
E Full of life and vitality	0	1	2	3	1	2	3	4	5
F Physically worn down	0	1	2	3	1	2	3	4	5
G Mentally worn down	0	1	2	3	1	2	3	4	5
H Lack of energy	0	1	2	3	1	2	3	4	5
I Problems with neighbours	0	1	2	3	1	2	3	4	5
J Worried about health	0	1	2	3	1	2	3	4	5
K Worried about home	0	1	2	3	1	2	3	4	5
L Happy and contented	0	1	2	3	1	2	3	4	5
M Trouble sleeping	0	1	2	3	1	2	3	4	5
N Bad dreams	0	1	2	3	1	2	3	4	5
O Strange happenings at home	0	1	2	3	1	2	3	4	5
P Problems at work	0	1	2	3	1	2	3	4	5
Q Optimistic	0	1	2	3	1	2	3	4	5
R Worried about money	0	1	2	3	1	2	3	4	5
S Unsettled at home	0	1	2	3	1	2	3	4	5
T Anxious and tense	0	1	2	3	1	2	3	4	5
U Generally troubled	0	1	2	3	1	2	3	4	5
V Problems with electrical equipment	0	1	2	3	1	2	3	4	5
W Domestic harmony	0	1	2	3	1	2	3	4	5
X Bad atmosphere at home	0	1	2	3	1	2	3	4	5
Y Difficult relationships	0	1	2	3	1	2	3	4	5
Z Bad luck	0	1	2	3	1	2	3	4	5

8. Please add anything that you think would be of interest

We are grateful for your help, thank you.

Appendix III Glossary of Terms

Earth Energy Lines: A mapping of areas or bands of influence from the earth which can affect living organisms. They have a direction of flow and a width, averaging about 20 feet, but anything up to 50 feet.

Positive lines: in these areas energies are beneficial to humans

Negative lines: in these areas the energies are detrimental to humans. They become positive after the healing.

Fountain spots: positive areas as above but only very small -typically one to two feet across.

Sink spots: negative areas as above, but only very small.

Entities or presences: an energy mostly detected by its effect - e.g. poltergeist activity, interference with electrical installations, but sometimes identified e.g. a discarnate human(ghost), nature spirit or strong thought form.

Unhelpful presences: can be helped to move on by the healer.

Helpful presences: are sensed by some as guides or guardian angels etc.

Power objects: physical artifacts which have an energy attached to them, sometimes connected with a presence. Where they are unhelpful they need to be cleansed or disposed of. Helpful power objects can include devotional and symbolic items.

At a more material level, where healers advise rather than treat:

Domestic electricity: some people are adversely affected by ring mains or close proximity to appliances - e.g. a clock radio by the bed head.

External electricity: adverse effects from power lines or sub-stations outside the house

Internal microwaves: harmful emanations from T.V and computer screens, and from microwave ovens (including their effect on food).

External microwaves: some dwellings are within range of a beam from a communication mast or similar.

Domestic water: can carry energies which have a similar effect to the earth energies defined above, especially if the supply is near electrical installations in the vicinity.

"Loose" water: i.e. not in pipes, can also carry energies, and is sometimes contaminated chemically by inefficient drains or run-off from fields.

Scores: in order to have some overall measure of a state before the healing and after, a dowsed reading is taken, marked arbitrarily on a scale of 0 - 12, of a) the household being treated and b) its neighbourhood.

Appendix IV

Bibliography

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