Report

A SHORT-TERM LONGITUDINAL STUDY OF ENERGY FIELDS IN INFANTS AND YOUNG CHILDREN

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ABSTRACT

The purpose of this longitudinal observational study of infant's and children's energy fields was to explore the nature and development of the human energy field (HEF) during infancy and early childhood. Previous studies of the HEF have focused primarily on adults, with only inferences on the field during early development. Only one study has actually measured HEF during childhood. Therefore, the intention of this study was to develop an approach to observation with quantitative and qualitative analysis using repeated observations of subjects over a two-year period. Initially, the sample (N = 19) consisted of three age groups of approximately 6, 30, and 54-month-old children. During the third wave of data, seven more infants were added to the sample to increase confidence in findings across ages. In the first exploratory study, coding was devised to help extrapolate information, which might lead to a different understanding of developing human energy fields in children. Literature was reviewed of the HEF of adults combined with traditional observational methods used for studying children to develop this research. Observations were conducted of HEF using three independent coders, a systematic coding form, and video documentation. The observations were conducted approximately one year apart. The first observation primarily was conducted live, and the second and third observations were taken from videotape of the children. For each observation, three observers independently completed the coding form, with the same observers completing forms for the second and third wave of data. These results are based in all three waves where there was agreement between at least two of the three observers. Using all three waves, the coding was entered into the computer to conduct some basic quantitative comparisons in addition to the qualitative analysis. Consistently, density of the field and width of the field were inversely related to the amount of light or translucency in the field. In addition, it was found that density was strongly correlated to the amount of energy in the field and the velocity, as was the width of the field. Shapes also were correlated with other shapes observed in the field, but only the ring and overall quality of the field were correlated with age. These findings are discussed in terms of other work on children and future work needed in this area.

KEYWORDS: Human energy fields, infants, young children, learning methods

REVIEW OF LITERATURE

The study of children as a systematic and scientific endeavor is primarily a twentieth century phenomenon. The developing child was not of much interest in and of itself before this century.[1] Starting in the early part of this century and increasingly dramatically in the last half, prominent theorists have focused on the development of children in different aspects of their lives.

While many different methodologies have been used to study children's development, behavior, reactions, and interactions, the observation of children has been a prime way of understanding different aspects of their lives. Such a method has been used in many different areas to identify changes in children, including physical development,[2,3] cognitive development,[4] social development,[5,6] emotional development[7] and play.[8] In addition, such a method also has been important in the development of theoretical perspectives about children.[9-12]

Although many areas of children's development have been studied, extensively in some cases, one area excluded from scientific investigation is the development of human energy fields (HEF) in infants and young children. There have been many studies of such fields in adults and other biological organisms,[13-18] but until very recently,[19] the research has ignored this aspect of children's lives.

One of the theoretical perspectives that has been important in the investigation of children has been the developmental approach. This theoretical orientation is used to explain and identify the evolution of individuals and track patterns of change over time.[20-23] Not only has it been important with empirical investigations, but it also has been central in the conceptual descriptions of temporal change and critical developmental patterns. For example, Piaget was interested in childhood intellectual or cognitive development and growth.[10] Giving tasks to children and observing their response time, rationale, and behavior as their processes changed provided a comprehensive view of different reasoning approaches, including the development of schema and the adaptation process, important aspects of a child's thinking dynamics.[9,24,25] Piaget drew his conclusions from painstaking observations, developing his theoretical and empirical work based on observational and interactional information from of his own and others' children. Another developmental theorist who used observations to formulate his ideas on the development of thinking, speech, and other symbolic systems was Vygotsky.[12] While Vygotsky differed from Piaget in his view of how cognition and language develop in children, as well as the role language played in developing cognitive structures, his work also was an important contribution to the developmental literature and the way young children change.[26] In both cases, observations played a significant role in the development and the testing of these theoretical ideas.

The purpose of this study was to expand the developmental investigation of variations in the HEF of infants and young children. This study extends the findings from an earlier investigation of continuities and changes over the first four years of life.[19] In addition, its reliance on following the same children over a two-year period strengthens earlier conclusions. Although the sample still is small, the research provides further information about the development of HEF as well as lays a foundation for larger and more extensive investigations.

While interest and investigation into human energy fields began over 5,000 years ago in the East, most of the empirical investigations in the West began during the 19th Century and increased dramatically from the early 1900s.[13] There were many areas of basic research, such as the work done by Burr, Northrup, Ravitz, and colleagues, identifying the importance of energy fields. Burr and Northrop found properties of what they called the life field (LF), which they believed directed the organization of the organism.[27] After several decades of research by Ravitz,[28] Burr and Northrop,[27,29] and Burr,[14,30-32] electro-dynamic theory was utilized to encapsulate this summative and creative work on human energy fields. Brennan supports the basic conclusions of this work, arguing that the field is the vehicle for all psychosomatic reactions and is important in maintaining health.[33]

Many other areas of HEF research have been conducted using a variety of instruments to investigate many aspects of the field,[34] especially related to issues of disease and health.[32,33,35,36] A few studies have included observations of the actual field corresponding to other sources of information or physical stimulation. For example, Karagulla & Kunz worked together to test the relationships between diagnosed illness and that which was observed in the

HEF of adults.[16] Kunz also saw problematic areas before diagnosis, but kept the observation data collected separate from the medical information until diagnosis was complete. The information then was correlated and significant correlations were found. Gundling had an observer look at the effects on the field and the body of different musical note vibrations being played.[37,38] However, their studies were based entirely on adults rather than including or focusing on children. A categorical coding method, similar to the one in the current study, however, was used in the Karagulla and Kunz study.[16] The observations were simply written according to eight categories. Independent from and yet similar to those categories, six of the eight were developed for the current project, but the current coding form continued with a much more detailed approach in this observational study.

Hunt, in a similar methodology to Karagulla and Kunz, used an observer combined with frequency data collection instrumentation that gave her information concerning disease and emotional state of being, including colors and frequencies of these data.[15] The correlation between the modalities seen of the HEF was consistent with the frequency data of sound and color that she measured using hard-wired equipment designed to assess human energy fields. Hunt's data were used to define more closely the correlation between sound, color, energy field frequency, and aura information described by the observers. While such methods would have provided important information about children's energy fields, these invasive procedures and devices were not appropriate to use with very young children. Thus, only the observational methodology was employed in the current work.

Despite all the work on HEF, there has been only one recent study of HEF in infants and young children.[19] White outlined some developmental issues corresponding to the seven chakras, identifying ages and developmental processes as children mature from birth through early adulthood with the first through fifth chakra.[39] She did not focus on the development of the field, and she conducted no empirical studies to support her conclusions. Kunz also discusses aspects of children's development in terms of energy fields, focusing more directly on the field itself.[40] Her emphasis, however, was more on colors and the overall shape of the field, areas that were more difficult to achieve reliability with observers. She describes and illustrates different shapes in the fields, but again she has no specific data to support her descriptive ideas.

In the one study conducted on energy fields of children, Leigh et al. found that younger children had fields that were not as dense and had greater translucency in the field than older children.[19] These younger children also had a narrower or shorter field, with more frequent square openings, more observed rings, and generally a more dynamic field overall.

HYPOTHESES

Because of the limited research in this area, the current investigation remained an exploratory observational study in which the HEF in infants and young children were observed and reported over a two-year period with three observation points. The purpose of this study was to begin investigation of variations in HEF among infants and young children, for very little work has been done previously.[41] From pilot work and the data collected from the first panel of cross-sectional data, however, some very preliminary hypotheses were developed. It was expected that:

1. Energy fields would become more dense and smaller as children got older compared to younger children and infants;
2. Greater density in children will be related to greater amount of energy and greater velocity; and
3. Younger children more often would be observed with energy rings and a more dynamic field overall than older children.

Historically, people have balked at ways of seeing things differently. For example, the use of the microscope in its early years was not received with great understanding. Before its more standard use, those bacterial entities that existed in the blood, on surfaces of inanimate objects, on hands, and elsewhere were not visible to the naked (physical) eye. Since the microscope has become a common measure, the way of seeing those microscopic beings has become an accepted way of knowing and of accumulating information, despite the fact that people still are not able to see them without such an instrument. The same can be said of the human energy field. There is a way of seeing the field besides with the naked eye. When the method of seeing the energy field becomes commonplace, it also will enjoy a more accepted way of knowing and of accumulating information. In addition, such observations in this area of investigation are through a different medium of communication, similar to the idea of "body language."[42] The tilt of someone's head can give you a sense of something far different than the manner or angle at which the head is held.[43] Something comparable also happens when one feels the intensity of an energy field and becomes tuned to its vibrations, then able to "see" it and determine its dynamics visually.

METHODOLOGY

Sample

The sample for this study includes 19 infants and young children in one child care center that were identified within three different age groups at the first round of data collection. The first group, Group A, was comprised of seven infants as close to the mid-point of six months as possible, with a range from 2-11 months. In the third wave of data collection, Group A on average was approximately 30.5 months old. The second group, Group B, consisted of six young children approximately two years older than Group A and as close to the mid-point of 30 months as possible, with a range from 24-35 months for the first wave of data collection. During the third data collection period, the children in Group B were on average approximately 54.5 months of age. The oldest group, Group C, included six children closest to the mid-point of 54 months, with an age range of 48-59 months during the first wave of data collection. Two years later, this group included those same children who were on average 78.5 months of age. Two years difference between groups was chosen in order to identify possible changes in HEF that may occur by age while also providing some time to elapse in order for such differences to be identified over time. This time span also provided the opportunity to identify consistent patterns across time by following the same children over a two-year period (three waves of data).

The children for this study were chosen strictly by age for the original data collection period. During the second data collection period, one child was out of town with parents for one year, and another parent did not want the child to participate, although both were available and participated during the third data collection period. During the third wave, four of the children, two in the youngest group and two in the oldest group, had moved out of the area and were unavailable for follow-up. There was no exclusion pertaining to ethnicity, SES (Socio-Economic Status), physically or mentally challenged children. The one factor taken into account was gender. When children were identified with the same age, attempts were made to balance by gender, although the groups were not evenly balanced. There were slightly more males than females in each group. No children in the sample had an apparent or known physical or mental challenge.

During the third data collection period, seven new infants were added to the sample. This was done using the same procedures as the original sample selection of identifying those closest to six months of age. This new sample of infants was added in order to expand the number of infant observations to have at least 10 in each group at some time. Seven infants were selected instead of six because two were very close to the same age and parents were very willing to have both included. With the addition of these new infants, a better comparison by age groups could be made for a more extensive analysis across ages in comparison to the longitudinal analysis, and as a compliment to the qualitative findings. This would allow for at least 10 observations in each of the three age groups (infants from first wave and third wave, 2 1/2 years old from first wave and infants from first wave who are 2 1/2 years old in the third wave, etc.).

The sample of children was developed from a university child-care center in the Western part of the United States. This center was used because of stability with the children remaining over time and some diversity of the participants. Those attending the Center are children of faculty, students (both graduate and undergraduate), and staff. No department affiliation takes precedence over another. Children are accepted into the Center on a first-come-first-serve basis without priority given to one particular group. Thus, families from different groups had equal probability of being chosen for the study. In fact, there was no over-representation of a particular campus community group over another, providing some diversity in SES within the sample. While the sample is not representative of the general population, it was felt that the ability to study these same children over time took precedence over representatives for this initial study.

Of the original 19 children, all of whom participated in the first wave of data, 17 were included in the second wave of data. Thus, 89% of the original group also participated in the second time period data collection. In the third wave, parents of two children in Group A and two children in Group C had moved from the area. Therefore, these children, who participated in the second wave, were unavailable for the third wave. Of those in the original sample, 79% participated in the third wave, and 68% participated in all three waves.

PROCEDURES

The parents of children closest to the mid-point in each group were given a flier asking them to allow researchers to observe their child, along with a consent form for them to sign. This same protocol was followed in the second and third data collection periods of this study. If the parent(s) of a child signed and returned the consent form, that child was included in the sample. If the parent(s) did not agree to the observation of the child in the first year of this study, the parents of the next child closest in age were requested to participate in the study until there were at least six children in each of the three age groups (Groups A, B, and C). Once the groups were formed for the first data collection, the same children were followed without replacement.

Initially, the Assistant Director of the center identified the appropriate children and forwarded the consent forms to the parents. Once the parents signed the forms, the names and signed forms were given to the researchers. Only two parents out of 20 contacted refused to have their child observed. Both of them had children in the youngest age group, and the Assistant Director replaced them with the next children nearest to six months of age who were willing to have their child observed. Thus, 90% of the original families contacted were willing to have their children participate in the study.

Once consent forms are returned, the observations are conducted. The initial data collection consisted of two different observations. The first was a live observation from behind a one-way mirror in the three rooms for infants, two-year-olds, and four-year-olds. These live observations were done of the HEF. In addition, videotapes were made at the same time as the live observations for a separate observation made from the tapes.

The live observations focused on the identified child for a period of approximately 30 minutes during a morning indoor activity. For comparison and consistency, the observations were conducted between 9:00 and 11:30 AM to allow for variations in the scheduling of activities while also observing during similar times and activities. One infant was an "afternoon only" attendee, but a parent made accommodations for an observation to be made in the late morning. The choice of time allowed for the probability that in the morning children tend to be a little more fresh and active (although that, obviously, is not always true, especially for infants), and are participating in similar activities across age groups. To avoid changes and adjustments, which sometimes occur just before or just after a weekend, these observations were conducted only on Tuesdays, Wednesdays, and Thursdays.

In order to have two independent people code the HEF in the preliminary study, two professionals from the local community were recruited to assist with the study. Both individuals had been able to observe energy fields prior to meeting each other, and they had done some work together previously. A third observer, who also has seen energy fields for most of her life, collaborated with the principal investigator of the study to develop the coding form and maintained the same observational techniques developed in the training.

Once the coding form was developed and pilot-tested, the coders were trained in observations and coding procedures by the investigators of the study. The pilot test was run using one of the investigators, who later became the third observer of the HEF. A high correlation was found between the three observers, although HEF are complex and involve many different frequencies and aspects to this dynamic phenomenon.[15,32] Because all three coders observe and record information about the HEF with all of the children, traditional problems about inter-rater reliability are less of a concern, although there remains a difficulty when there is lack of agreement in what is observed.[44] Given the complexity of the HEF, when lack of agreement does occur, it may have to do more with the focus of a particular observation within a complex and dynamic system, rather than a problem with coding definitions or disagreement about what is observed.[45] In this case, lack of agreement was dealt with in the analysis by focusing on common elements across observations with at least two coders reporting the same thing each time.

The trained observers watched the target child at the same time from roughly the same angle while in the observation booths. Each observer made independent notes and responses on the observation coding form. To maintain consistency, attempts were made to adjust for light angle interference in observing the child. A third person made a videotape of the child at the same time and roughly the same angle, and a third observation was done from the videotape by another trained observer at a later time. A fourth person also was present to read the statements and coding categories, allowing observers to concentrate on the HEF. This fourth person also made sure the observations were done silently and independently of each other, as well as to keep track of the time on the form in order to have consistency in timing the live and the video observations.

The pilot-testing observations were completed in approximately 15 minutes, but when another person was added to read the coding statements and keep the observers together in the process, the time extended to 25-35 minutes per observation.

In the second and third sets of data collected, the children were videotaped and coding was done solely from videotape: Three individuals coded the observations separately, based on the times identified on the videotapes. Based on the checks from the pilot testing and a comparison of live observations and videotape coding with the first wave of data (79.6% reliability), it was clear that the same information is available from either method.[19] Given that videotapes provided an easier method from which to code (one can rewind or check information), the second and third data waves were coded solely from the videotapes. This also allowed the investigators to use coders who were not as readily available to the center, but they had greater expertise and were more willing to work within the framework of the study.

Besides providing greater ease in coding the second and third waves of data, videotapes were important to review and rectify discrepancies or problems with any of the HEF observations. Because this is an unprecedented study in a challenging area of inquiry, the tapes were important to review the observations for additional information if certain characteristics of the field were found in the analysis, which were not anticipated and needed further verification, a common practice in qualitative analysis.[46]

INSTRUMENTS

In order to obtain some consistent information, a coding form was developed for this project to gather systematic data about the HEF. This form was developed from available literature about HEF, although there were no specific previous observational studies conducted on HEF of children to guide us and few on adults. However, we included as much observable information as possible from the general literature, which also was relevant to children's fields. This information was then laid out in a systematic form with some anticipated categories, as well as indications for further information. The form was reviewed by professionals in the field, pilot tested several times, then used to gather the first wave of data. Some of the categories that were cumbersome and did not prove useful in the first analysis were eliminated from the original form. Otherwise, the form was consistent from the first through the third wave of data. The categories used for the current study included how dense (compact and thick or thin and filmy) the light was in the field; the amount of light and whether or not it was transparent (easily seen through or not); an estimate of how wide the field appeared to be; any shapes or configurations that appeared in the field; the existence of observable blocks of the energy flow in the field; the velocity or speed of the energy (little movement to fast movement); any problems with the Hara line through the chakra centers; whether energy was being pulled from someone else; and the overall quality of the energy field. These categories were used in all three data waves. While this information was coded in quantitative form, the analysis included both qualitative and quantitative assessment (where appropriate) of that information.

ANALYSIS

Because the basic format of the HEF coding form is in a more traditional quantitative style, basic descriptive statistics about the sample were analyzed first. This analysis included some group comparisons as well as simple correlations between variables. In addition, some basic quantitative comparisons were made of group differences to verify initial qualitative findings, using ANOVA on SPSS version 10.0. Beyond that, these data were analyzed using accepted qualitative procedures, which assist in the search for discovering regularities, categorizing elements, establishing connections, and identifying patterns.[46-50]

RESULTS

Quantitative Analysis

The distribution of infants and children ages in months at the time of the observations is reported in Table I. As can be seen, the ages ranged from six to 76 months over the two-year period. The distribution is fairly even over this time period, although the greatest number is six months. In part, this is because the greatest group numbers consist of those around six-months of age.

The distribution of the sample by gender is included in Table II. While attempts were made to have the same number of males and females in each group at Time 1 and Time 3, the priority of having children closest in age to

Table I
Frequencies for Age at Observation

Age at observ. (in months)	Count	%	Age at observ. (in months)	Count	%
6.00	8	14.0%	33.00	3	5.3%
7.00	1	1.8%	34.00	1	1.8%
8.00	2	3.5%	35.00	1	1.8%
9.00	1	1.8%	40.00	1	1.8%
10.00	1	1.8%	42.00	1	1.8%
11.00	1	1.8%	44.00	2	3.5%
18.00	1	1.8%	45.00	2	3.5%
19.00	1	1.8%	50.00	1	1.8%
20.00	2	3.5%	52.00	5	8.8%
21.00	1	1.8%	55.00	1	1.8%
22.00	1	1.8%	56.00	2	3.5%
23.00	1	1.8%	57.00	2	3.5%
28.00	1	1.8%	64.00	3	5.3%
30.00	1	1.8%	67.00	1	1.8%
31.00	1	1.8%	76.00	4	7.0%
32.00	3	5.3%			
			Total	57	100.0%

Table II
Frequencies for Gender at Observation by Year and Group

Group	Gender	1998	1999	2000	Total
Group 1	Male	4	4	2	10
	Female	3	3	3	9
Group 2	Male	4	3	4	11
	Female	2	2	2	6
Group 3	Male	4	3	3	10
	Female	2	1	1	4
Group 4	Male	-	-	5	5
	Female	-	-	2	2
TOTAL	Male	12	10	14	36
	Female	7	6	8	21

the target points and the availability of children precluded an even gender distribution. Interestingly enough, the sample included more males than females in each of the four groups. We also lost more females over time than males, although every attempt was made to include all children at Times 2 and 3. Yet we ended up with 15 more observations of males than females over the three time periods. Thus, we focused on the possible gender bias in the additional statistical analysis by investigating differences by or correlations with gender.

One of the main findings in the first study had to do with the density and related variability in the field, especially of younger children in relation to older children.[19] In the present study, we had sufficient numbers of children to do some quantitative comparisons, including comparison of means for the three age groups, in addition to the qualitative analysis. It was hypothesized that energy fields would become more dense and smaller as children aged. As found in the original analysis, older children did have significantly greater density in the upper area of the body while also having smaller width of field in the same upper area and lower area of the body. These significant differences based on an analysis of variance comparison (Table III) occur between the youngest and oldest groups only, when using the conservative Scheffe test, with the middle

Table III

ANOVA for Density, Amount of Light, Width of Field, Amount of Energy, Velocity, and Overall Field by Group

Variable	Group 1	Group 2	Group 3	df	Mean Sq	F	Sig
Density							
Overall	1.43	2.00	2.00	2	1.397	1.813	.179
Upper	.75*	2.00	2.55	2	1.879	6.489	.004
Middle	1.93	2.00	2.40	2	.707	2.426	.105
Lower	1.92	2.09	2.40	2	.649	1.965	.157
Amount of Light							
Overall	2.11	2.00	1.73	2	.398	.971	.392
Upper	2.15	2.00	1.73	2	.549	1.479	.243
Middle	2.08	2.00	1.73	2	.392	.928	.406
Lower	2.23	1.91	1.73	2	.786	1.634	.211
Width							
Above 7	1.77	2.27	1.82	2	.880	1.993	.153
Upper	1.92*	1.73	1.36	2	.899	3.644	.038
Middle	1.92	1.70	1.55	2	.434	1.379	.267
Lower	1.92*	1.60	1.40	2	.751	3.810	.034
Amt. of Energy	2.69	2.56	3.00	2	.535	.944	.400
Velocity	2.77	2.64	2.55	2	.153	.422	.659
Overall Field	1.93	1.91	1.64	2	.308	2.322	.114

* With Scheffe post hoc test, a significant difference occurs between Group 1 and Group 3.

group in between these two other groups but not significantly different. The other means are consistent in the direction of difference, but they do not show a significant difference with this conservative test and small sample. Thus, there was support for the first hypothesis, but only in some areas of the field.

In order to test for differences that may occur because of gender, an ANOVA of group means was used for males and females on these same variables as used in the previous test (Table IV). Only one variable had a significant difference, which was the width of the field in the upper area of the body, with males having a larger field than females overall. None of the other variables related to energy density and activity were significantly different from each other for males and females.

Table IV
ANOVA for Density, Amount of Light, Width of Field, Amount of Energy, Velocity, and Overall Field by Gender.

Variable	Male	Female	df	Mean Sq	F	Sig
Density						
Overall	1.83	1.57	1	.910	1.246	.269
Upper	2.06	2.00	1	.004	.123	.727
Middle	2.09	1.95	1	.241	.914	.343
Lower	2.15	1.95	1	.489	1.671	.202
Amount of Light						
Overall	1.93	2.06	1	.168	.460	.501
Upper	1.97	2.10	1	.211	.584	.448
Middle	1.94	2.05	1	.151	.410	.525
Lower	1.94	2.14	1	.428	1.246	.269
Width						
Above 7	1.97	1.84	1	.196	.457	.502
Upper	1.81*	1.53	1	.976	4.120	.048
Middle	1.81	1.72	1	.008	.305	.583
Lower	1.69	1.68	1	.0003	.001	.974
Amt. of Energy	2.64	2.53	1	.146	.300	.587
Velocity	2.71	2.55	1	.306	.994	.323
Overall Field	1.83	1.86	1	.007	.055	.816

* A significance difference, with males significantly grearer than females in width of energy fields at upper level.

A different perspective of the relationship between variables can be provided with correlational analysis. As can be seen in Table V, simple Pearson correlations between density of the field, translucency of the field, and the width of the field were quite strong. The density of the field around the body was strongly and negatively correlated with the amount of light or translucency of the field in all areas of the body and overall. In this case, the correlations ranged from -0.38 to -0.63, and all were significant at the $p < 0.01$ level, rather unusual for such a small sample. The relationship between the amount of light (or translucency) and width of the field also was quite strong, but this occurred mostly in the middle and lower areas of the body for width and across the body for translucency, with correlations ranging from 0.41 to 0.52 ($p < 0.01$).

Table V
Pearson Correlations between Density of Field, Amount of Light, and Width of Energy Field.

	Density				Light			
	Overall	Upper	Middle	Lower	Overall	Upper	Middle	Lower
Width								
Above 7th	.13	-.05	-.11	-.10	.23	.21	.26	.23
Upper	-.23	-.32*	-.27	-.21	.26	.28*	.24	.24
Middle	-.24	-.31*	-.35*	-.38**	.45**	.51**	.51**	.52**
Lower	-.11	-.47**	-.40**	-.46**	.41**	.45**	.35*	.45**
Light								
Overall	-.55**	-.47**	-.62**	-.60**	-	-	-	-
Upper	-.53**	-.49**	-.57**	-.54**	-	-	-	-
Middle	-.40**	-.44**	-.63**	-.59**	-	-	-	-
Lower	-.38**	-.45**	-.57**	-.59**	-	-	-	-

* Significant at $p < 0.05$.
** Significant at $p < 0.01$.

In addition, the relationship between density and width was strong, again primarily in the middle and lower body for width and upper, middle, and lower parts of the body for density, but not the overall density measure. These correlations ranged from -0.31 to -0.47 in strength with only two greater than $p < 0.01$ significance level.

To test for the second hypothesis, correlations were run for the amount of density, amount of energy, and velocity. In Table VI, simple Pearson correlations are reported for these three variables in relation to amount of energy and velocity in addition to different shapes found in the field, age, gender, and overall rating of the field. There again were several strong correlations, although most of the correlations were not strong or significant. As identified from the qualitative analysis in the previous research, density is related to amount of energy seen in the field and the velocity of energy. From this analysis, it was found that the greater the density, the greater the amount of energy, consistent with the first study and the current hypothesis. In contrast, however, greater density is associated with lower velocity, opposite of this hypothesis. While

Table VI

Pearson Correlations between Density of Field, Amount of Light, and Width of Energy Field with Selected Other Variables.

	Energy	Velocity	Cones	Ring	Shards	Square	Hara	Age	Gender	Overall
Density										
Overall	.35*	-.05	-.14	-.04	.12	-.17	.07	.29*	-.15	-.08
Upper	.42**	-.32*	-.22	-.13	.06	-.11	.03	.29*	-.05	-.32*
Middle	.42**	-.30*	-.15	-.08	-.00	-.12	.14	.21	-.13	-.39**
Lower	.40**	-.23	-.11	-.15	-.00	-.09	.16	.20	-.18	-.33*
Lighr										
Overall	-.36*	-.02	.25	-.03	.04	.14	-.21	-.24	.10	.17
Upper	-.36*	.02	.26	-.10	.03	.13	-.16	-.21	.11	.12
Middle	-.27	.04	.23	-.10	.03	.11	-.28*	-.21	.09	.24
Lower	-.27	.05	.16	-.09	-.03	.01	-.23	-.22	.15	.24
Width										
Above 7	.26	.37**	.17	-.23	-.30*	-.15	-.22	.12	-.10	.26
Upper	.01	.40**	.24	-.32*	-.14	.29*	-.04	-.22	-.28*	.29*
Middle	-.27	.21	.31*	-.09	.12	.22	-.19	-.10	-.08	.17
Lower	-.29	.18	.21	-.01	.04	.01	-.25	-.17	-.01	.09

* Significant at $p < 0.05$.
** Significant at $p < 0.01$.

this may appear contradictory at first glance, there seem to be possible reasons for such a relationship, and this is even more evident with the shapes and problems found in the field, which are discussed later. The density was strongly and positively related to the amount of energy in the field, with correlations ranging from 0.35 to 0.42 with all areas of the field. There also were smaller yet significant correlations between density in the upper and middle parts of the body with energy velocity. These relationships are consistent with the areas of the field where most shapes are found, which may have something to do with this relationship. In addition, energy velocity was strongly correlated with the width in the upper parts of the field, with correlations of 0.37 and 0.40. This relationship is consistent with the negative relationship between width and density as well.

Correlations also were run to test the third hypothesis. In this case, there were several important correlations found between density, amount of light, and width of the field with shapes, age, gender, and overall rating of the field. These correlations are included in Table VI. There is a relationship between cones identified and the width of the middle part of the field.

While cones were seen in many different places, this was the area where they most often were seen, with the probability of cones being identified associated with a wider field in this middle area ($r = 0.31$). The identification of rings was associated with a shorter field being observed in the upper area ($r = -0.32$). In contrast, a wider field was associated with the reporting of a square opening in the field ($r = 0.29$). A wider field also was more likely to be reported with males in this sample ($r = -0.28$) and with a field seen as more dynamic ($r = 0.29$). Shards were associated with a smaller width of the field in the area above the head, although again they were seen in many places ($r = -0.30$). Greater likelihood of distortions being observed in the Hara line was associated with less transparency in the middle area of the field ($r = -0.28$). This area also was related to the greatest area of distortions, which tended to focus on the third chakra. In addition and consistent with findings reported earlier, age was positively associated with greater density in the upper area and the field overall ($r = 0.29$; $r = 0.29$). In addition, greater density in the upper, middle, and lower areas of the field were associated with the observation of a less dynamic field overall ($r = -0.32$; $r = -.039$; & $r = -0.33$ respectively).

Finally, we found that age was negatively related to the reporting of one shape and overall quality of the field, while several shapes also were associated with one another (Table VII). With regard to age, the ring was less likely to be observed with older children. While the ray was observed in every child in the sample, the ring was seen more often in the youngest children ($r = -0.27$). We also found that younger children were more likely to be observed with more dynamic fields than older children. This seems to be related to the findings of density, translucency, and width of the field as well. There were no significant correlations found between gender and any of the shapes, distortions in the Hara line, or the overall quality of the field. Yet some shapes seem to be related to each other. For example, there are strong relationships between the reporting of bulges in the field and the observation of cones ($r = 0.67$),

Table VII
Pearson Correlations between Selected Variables with Age and Gender.

Variables	Age	Gender	Bulge	Cones	Shards	Square	Tentacles
Bulge	.20	-.12	-				
Cones	.00	-.13	.67**	-			
Shards	.23	.01	.39**	.20	-		
Square	-.03	-.22	.15	.23	.29*	-	
Tentacles	.08	.05	.16	.05	.14	.14	-
Ring	-.27*	.04	.01	-.05	.14	.03	.32*
Rips	.13	-.09	.44**	.59**	.12	.35**	.19
Hara Line	.14	.00	.33*	.21	.01	-.12	.25
Overall	-.30*	.03	-.15	.05	-.13	.07	-.07

* Significant at $p< .05$.
** Significant at $p< .01$.

shards (r = 0.39), rips (r = 00.44), and observed distortion in the Hara line (r = 0.33). We also found a positive relationship between the observation of shards and the square opening (r = 0.29), positive relationships between observed rips and cones (r = 0.59), and rips with the square opening (r = 0.35), and between the ring and tentacles (r = 0.32). The association between these shapes in the field may have to do with other indicators of things going on in the field when these infants and children were observed.

Qualitative Analysis

Beyond the quantitative analyses, which provide basic information about group differences and correlation between variations with particular variables, the qualitative analysis provides greater meaning and particular patterns that are not seen with statistical manipulations. For example, there was a ray identified in every child observed over the three time periods. At first, one might question whether observers were accurately identifying particular shapes or over identifying some shapes. While this may have occurred, it also is quite possible that the consistency in observing rays had something to do with the constant presence in all children. They may be different colors or appear from different directions, which did occur with this sample. Yet they were seen consistently and corroborated by independent observers, as there was reliability in such reports.

Squares also were reported in most of the observations. All but four of the observations included a square, again occurring especially with the youngest children. In a related finding, rings were most often identified in infants. In this case, there was a positive correlation between age and the observation of a ring. No such correlation was found with the square, possibly because they were so pervasive with the whole group of children over time. With the rings, their observance tended to taper off as children grew older. Rings were identified in most of the infants and fewer (25-30%) in older children. Further, these rings seem to occur most often when infants and young children were with the care-provider, almost as a type of energy connection. These rings appeared quite strong and almost purposive in their connection. In many cases, the rings seemed to appear out of the square and may very well be related in some fashion, a manner not yet understood. These squares also appeared to be a way of connecting, as well as a means for pulling in information from the environment. In addition, the tentacles also seemed to be a type of reaching out with energy. This occurs with infants and older children, although it seems to be a more primary response in younger children who have fewer alternatives for connection to others. Still, the ring and tentacles both seem to function as an energy reaching process.

One of the interesting findings around the Hara line was the frequency of distortions at particular points. Consistent with the first study, the distortions identified most frequently were in the area of the third chakra. This was true across observations and across ages, although they tended to occur more with older children. The distortions in this area were observed almost twice as often as the next most frequent area, which was the fifth, followed by the fourth chakra areas. While distortions were identified in many different areas, the third chakra clearly was the most frequent distortion area for the children in this sample.

Other shapes and objects also were found frequently in the field. For example, cones were observed very frequently in the field, especially in the middle portions. Pictures or blocks also were identified in 50 of the 57 observations.

Interestingly, when pictures and blocks were not observed, it was only in the youngest children, aged 2 1/2 years or below. It also was this youngest group who most likely had a dynamic field. Of those observed with a more static field, most of them originally were described as having a dynamic field, with the observation of static coming a year or two later.

One final area identified in this part of the analysis was the relationship between density, amount or active energy, and velocity. What was found in the first study was that as density increases, the amount of energy and velocity also appeared to increase, with the velocity acting as a balance. This was particularly true as the pictures in the field increased in density. With this study, we found that density and amount of energy are positively correlated, but velocity is inversely related to density (with no significant relationship to amount of energy). In this case, the density seems related to a more energy in the field, as in a greater amount of energy, but with the density, the energy waves are tighter, possibly more compact. Of course, this is just an observation of the field, without precise measures of what is occurring within the field, but with a flow of energy and the movement of energy within the field. It is interesting, however, that such a difference occurs within the field, though possibly not surprising in such a complex phenomenon.

DISCUSSION

There was some support for our first hypothesis about energy fields being more dense and smaller with older children. There were differences in groups for density at the upper part of the field and small width at the upper and lower part of the field, but differences were not found for all areas. In addition, there were significant correlations between density and age for the upper part of the field and the field overall, which is supportive of the hypothesis. Yet, these differences were not consistent for other parts of the field, and the correlations were not extremely high. Thus, some changes in density do seem to occur with age, as described in the previous work, but they are not the most significant or outstanding findings of this study.[19]

There also was one area where gender differences did occur, which was with the upper width of the field. For this sample, males had wider fields in this area than females. Given the differences in observations by gender and the importance of possible differences, this is a relatively minor finding. In general, we find there basically is little difference in the variables included in this study for energy fields of male and female children. The lack of difference or the predominant similarity appears to be much more interesting and important than the single difference identified in this analysis.

The second hypothesis also had some support, with a strong relationship between density and amount of energy for the upper, middle, and lower parts of the field. As was suggested in the first study, greater energy occurs when the field is denser. It is as if the energy field of the children gets more laden with objects, pictures and other items and the amount of energy increases trying to spin out some of the held items within the field. This would be consistent with the relationship between density and having a less dynamic field overall. At the same time, the width is shorter and the velocity is slower. While it is very difficult to determine from observation, it appears as if the energy waves get tighter and more compact (i.e., contract), which may be either a protective or introspective response. Yet more precise measures are needed to test accurately such an idea. It also may be that velocity is difficult to assess from observation and the relationship of velocity is spurious. More research definitely is needed in this area, with much more precise energy measures of the field of children. Still, the findings of this study strongly suggest the importance of further investigation, as these relationships appear to be both important and dynamic in their interconnections and influences.

Given that density of the field is greater in the older group than in the middle group, we might assume that the higher density indicates a blocking of the flow of energy, and thus the need for greater movement to keep the field in some relative degree of openness and expansiveness. Such an idea is consistent with pictures and blocks being observed more consistently in the older children as well less translucency also occurring in their fields. This also is consistent with the positive relationships between bulges, cones, shards, rips, and distortions in the field. While such shapes are not correlated with age, as is the ring, they still are correlated to each other and have some apparent connection to things going on in the field. There is the possibility that the amount of energy works as a displacement measure for the increasing density of the field, also possibly reducing the translucency and influencing shapes in the field. There also seems to be some relationship between the pictures and shapes that are either found and/or held in the field. As pictures and shapes become more solidified in older children, the amount of both density and energy may be a result and a response to such blocks. This may well lead to the type of blocks that Karagulla and Kunz observed in older adults, as they begin to take hold in early childhood.[16] It is important to understand these pictures and blocks further in order to understand what impacts they have and what possible connections may occur with the blocks identified and related to the health of adults.

There also may be a relationship between the dynamics of the field and the entering of energy into the field. The ray, for example, was seen by the observers in each of the children's field. What may be important is not just the existence of such shapes as the ray, but the entering of the field in a particular area. In this case, the point of entry of the ray most often was above the solar plexus (just above the naval). While the ray may have a particular function, as suggested by Schwarz, it also may create an instability when a child is in transition from using and connecting with energy fields to other means of connection and interaction, such as through language and mental expression without the support of maintaining the energy components.[51] Being aware of the energy while also trying to develop a very different conception of existence may be disjunctive for infants, who then feel conflict about who they are at an energy level and who they are with thought and language, connecting to a very different and distinct world from which they have been experiencing. In this way, the activities at the energy level continue to be a part of their lives, but also become very separate and conflict with their other world, challenging and possibly distorting their sense of self, with the results appearing in the distorted Hara line and various shapes becoming more frequent and solidified in the field.

Whatever the effects, Schwarz suggested that all individuals have rays.[51] These findings provide some support for Schwarz' suggestion, although this is a small sample and the reason for the ray is still not clear or supported. Yet with 57 total observations, such a finding was very consistent. It is not clear what the ray means from this research, but the consistent existence with each child at least has some support.

The width of the field also appears to be an important aspect of change and possibly even learning with children. With further investigation, longer fields seem to be associated with significant amounts of pulling in energy, as if the energy/information provided a type of "learning." Some of this activity included the sixth chakra or 3rd eye, which was a common way for infants especially to interact with objects in their environment. In addition, the hands were very active energy centers, again pulling in energy/information into the field in addition to the information gained from the sense of touch. At these times, the field is very open and the flow of energy is smooth and steady. Such a flow may be an important part of gaining information from a child's environment. When the energy is sent out or given back, it also is a smooth flow of energy, but it appears to be more of a connective type of giving back, either to another person or to an object. The field in either case is contained and yet open, with a lot of learning going on with the entire body. In this way, the field becomes a source of considerable information when energy is pulled into it from people or the environment.

This seems to be an important type of learning beyond the basic five senses. With larger fields, the field also is more likely to be seen as dynamic, again both occurring more often with infants. The reducing of the field with age, especially in the upper part of the body, may have an important contractive influence on aspects of the field as well as the field overall. It also may be a logical change when other connections and area of information gathering have greater focus and the energy level is less utilized and emphasized. Whether this is a "natural" and inevitable change or whether this is a shift because of the way adults see the world and interact with the world, teaching the same paradigm to their children, is a matter for more intensive investigation.

Consistent with the third hypothesis, younger children were more likely to be identified with a ring and were observed to have a more dynamic field overall. While the function of the ring and the impact of a dynamic field is not clear, there are several indications that infants have fields with movement and interactive shapes, as well as less disturbances in the field. These infants were quite active with their field, whether purposefully or not. It is not clear that they were controlling things in the field, such as the reaching out with the ring to others, but the active occurrence when others were around and the interaction when objects were in front of them would support the idea that energy fields are ways for infants to interact with people and their environment in addition to what they gain from their five senses. This may begin to help us understand more about the ways babies learn and how they are able to interact beyond the information they seem to gain from seeing or touching things in their environment. It also may help us further understand their interactions with others, including knowing what is going on around them and responding to it in quite sophisticated ways. While these are very early formulations about infants and their energy fields, there is support for some interesting and stimulating ideas in need of more extensive investigation.

Another interesting issue concerns the Hara line, which is a channel of energy running through the body. If this channel is distorted, most often this occurs at the 3^{rd} chakra, which is an area often described as associated with a person's sense of self.[39,40] As an infant or young child in a day care situation, the ring or other means of creating connection may offset the Hara line distortion at the 3^{rd} chakra by creating a "holding station" with the caregiver. The ring also is seen mainly at the 3^{rd} or 4^{th} chakra areas. The viewer observes cones and rays in each case also in this area. The ray, as understood by Kunz and Schwartz is some thing with which we are born and present in everyone. These results would support such a conclusion.[40,51] Yet there are changes that occur in the field, which seem to be related to a combination of pieces individuals have in conjunction with what is held in the field and changes in one's life. Again, much more is needed to be explored in this area, including the changes in one's sense of self as associated with distortions or releasing of such distortions in the field.

It is important to remember that the HEF's of children have not been studied scientifically before this work. Prior to Leigh et al. and this empirical investigation, the work on children was speculation based on a few cases or on extrapolated information from other sources, such as done by Brennan.[13,19,33] More importantly, the conclusions about infants from the first study were supported with longitudinal data, more extensive analysis of the data, and the addition of a second group of infants.[19] The current study is important in establishing an empirical base of the development of HEF in infants and young children over time.

Although the sample is small and limited to one center, the random selection and longitudinal nature provides a foundation for further and more in-depth investigations. While the sample remains relatively small, there still were 57 observations of children from 6 to 76 months of age. This information accrued on the same children adds credible dimension to the study as a whole, allowing support for data gathered over two years using different observers, yet finding similar patterns and support for earlier conclusions. This provides, at a minimum, some foundation from which further research with other, larger samples and more precise instrumentation can extend the information and test these and other important hypotheses much further.

Of course, there are other models and genre of clinical work with energy fields beyond this simple observational study. Some of our findings may be related, but it is not clear if or how until scholars begin to connect these studies with the clinical work on the energy fields of infants and young children. For example, there are people who report working with early prenatal and perinatal trauma and patterns with positive effects on children. Documenting the effects of such work and how they correspond to investigations of other children, such as this study, would be important and enlightening work that goes beyond the current investigation and genre of work.

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ACKNOWLEDGEMENTS: Thanks to Athene Bitting and Marcia L. Hayes for their assistance in coding the data for this project.

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