

# THOSE WHO CLAIM TO SENSE SUBTLE ENERGY ARE ALSO THE TYPICAL USERS OF CAM THERAPY

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## ABSTRACT

*Objective:* To research the prevalence and incidence of the alleged ability to sense healing energy and other subtle energy, and the relation to the use of CAM. The study was inspired by the observation that almost everyone in a group of Danish CAM therapists expressed as a response to a survey that they could sense some kinds of subtle energy, and that this was the key to the efficiency of their CAM methods.

*Design:* A cross-sectional study based on 171 telephone interviews selected to represent as closely as possible the Danish population between 21 and 60 years of age.

*Results:* 27% (46) of those interviewed claimed to be able to sense healing energy, radiation from people and other subtle energy, abbreviated to “ASTSE” for “alleged sensitivity to subtle energy”. 9% were not sure. A strong relation between the use of CAM and the presence of ASTSE was found, as the group with no ASTSE comprised 64% of the interviewed persons but only 20% of the reported visits to CAM therapists.

*Conclusion:* There exists a subpopulation with ASTSE in Denmark. Most of the clients for CAM therapy are members of this subpopulation.

**Keywords:** Epidemiology, cross-sectional study, Alternative Medicine, CAM, target group, subtle energy, sensitivity

## INTRODUCTION

Complementary and Alternative Medicine (CAM) encompasses any healing practice that does not fall within the realm of conventional medicine.<sup>1</sup> Within a Danish association composed mainly of CAM therapists a series of pilot projects were carried out starting with the question of why the CAM therapists believed in their methods. The typical response was that they relied on the feedback from their clients and on various sorts of special gifts they possessed, some of them rather extraordinary. The pilot projects were continued in order to clarify the essence of the special gifts and finally it was revealed that the common essence of the descriptions of their special gifts was that they could sense healing energy and other aspects of some subtle kinds of energy that could not be measured by technical equipment, and that furthermore they could somehow control the use of this subtle energy with their minds. As a designation for this sensing, the abbreviation “ASTSE”, which stands for “alleged sensitivity to subtle energy” is used here.

This ASTSE, which obviously was not a gift possessed by everyone, was claimed to be used in many different ways, e.g. clairvoyance, healing, and sensing the right placing of the hands during treatment. These aspects of CAM methods are those often related to elements characterized as “spiritual”, referring to an area of existence where matter interacts with thoughts and cannot be regarded as “dead”, in the way that physical matter normally is. Subtle energy is claimed to flow in “meridians” which represent an essential part of the understanding of the efficacy of acupuncture, zone therapy and other CAM methods based on physical touch.

In one of the pilot studies a few clients were also questioned, and most of them claimed to have ASTSE. This coincidence led to two hypotheses that became the basis for the present study:

1. Those with ASTSE make up an essential subpopulation of the Danish people.
2. Most of the clients for CAM therapy are members of the ASTSE subpopulation.

The presence of ASTSE	Number of persons		Had used CAM sometime in their lifetime	
			Yes	No
Present	33	24%	28= 85% of 33	5
Maybe present	11	8%	6= 55% of 11	5
Not present	93	68%	26= 28% of 93	67
	137	100%	Chi2: p= 0.0001	

*Table 1. A pilot project revealed that ASTSE is widespread in the Danish population, and that a near relation to the use of CAM is present*

These hypotheses were investigated in a final pilot project of 137 telephone interviews based on randomly selected telephone numbers. It revealed that those who accepted to be interviewed were all willing to answer the question of whether they experienced ASTSE. Surprisingly there were no taboos to handle. For some of them, however, the subject was so surprising that they could not make up their minds within the five to ten minutes that the interview lasted. As presented in table 1, about one fourth claimed to have this sensibility, and a significant co-variation to the use of CAM was found. Based on this result the questions 3, 4, 11, 12 and 13 in table 2 (in their English translation) were specified for the present study. The other questions present a search for other differences between those with and without ASTSE.

## METHODS

A random sample of 300 Danish persons born within the 40 years from 1947 to 1986 was granted from a civil registration database containing basic information about all inhabitants including birth date, name, address, nationality, membership of the Danish church, and other data. The government in Denmark maintains this database.

In 2008, as many as possible of these randomly chosen persons was interviewed by telephone. Treatment

1	When you buy vegetables, how many percent are organic?	
2	When you buy milk products, how many percent are organic?	
3	Is complementary and alternative treatment something, you are using or have used?	
4	If yes	Did it help?
		How many times have you had CAM treatment during the years?
		If you are also a therapist, how many years have you been treating?
5	If you become ill, is it then likely, that you will be interested in using herbal medicines?	
6	How many times have you consulted a doctor within the last 12 months?	
7	Which education have you received?	
8	Do you have a leader function in your present job?	
9	Do you sometimes read spiritual books or articles?	
10	How many spiritual events have you attended within the last 12 months?	
11	Which of these three possibilities apply best to your concept of energy? 1. <u>gas</u> , electricity, power source for daily work 2. <u>spiritual</u> energies, radiation from people, healing energies 3. <u>both</u> of these	
12	We have found out that almost all CAM therapists report that they can sense radiations from people, healing energies and the like. Do you also have this ability?	
13	If "yes"	Have you always had this ability?
	If "no"	Then at which age did the ability appear?

Table 2. The questions used in the study.

forms accepted as falling under the category of CAM were: acupuncture, zone therapy, healing, reflexology, cranio-sacral therapy, clairvoyance, homoeopathy, radionics, heilpraktika, vegatest, biopathy and hypnosis. Massage, osteopathy, chiropractics, diet and psychotherapy were not accepted as CAM treatment forms as they are not to our knowledge claimed to be based on subtle energy.

The concept of CAM varies from country to country, but the CAM methods regarded here are known worldwide.

If an interviewee claimed to have experienced sensitivity to subtle energy, this could represent an objective truth or not. We do not pretend anything about the subtle energy possibly being sensed, even not that it has a real existence. All answers are of course

subjective. Some of them refer to the past, giving a retrospective dimension to the analysis. The weaknesses of such answers in research are well-known, and when an interesting correlation is found, it ought to be an inspiration to re-examine the subject in a prospective study.

Chi square tests and Kruskal Wallis tests have been used.

The sponsor has not been involved in the research or publication process.

## RESULTS

### DEMOGRAPHIC ANALYSIS

Table 3 presents that the interviewees attained contact with 230 persons on the telephone, and of these, 171 accepted an interview.

The average age of the respondents was higher than that of the non-respondents, the rate of married persons was a little higher, and there was a slight predominance of females. Apart from that, the 171 could be expected to approximately depict the Danish population just as well as the random sample of 300 persons they were drawn

from.

Of the 171 persons where an interview was attained, 46 had ASTSE, as they answered "yes" to question 12 in table 2. 25 of the 46 persons responded that they had lifelong ASTSE, while 21 had experienced a transition from no ASTSE to ASTSE at a certain age which they were able to recall. Three of them reported spontaneously that they had become aware of it under a CAM treatment. "I hardly believe it, but I have had experiences which seem to show that there is nevertheless something in that direction" was a typical response from one out of 15 persons expressing such doubt that they were all classified under "Maybe (A)STSE". Consequently, they could not be asked about their age when the ASTSE had started. 110 interviewees were not aware of an ability to sense subtle energy.

Table 3. The participation in the project and the presence of ASTSE, related to demographic data

The presence of ASTSE	Number of persons	Sex		Age, mean and st.err of the mean	Member of the Danish Church		Marital status			
		Females	Males		Yes	No	Unmarried	Married	Widow	Divorced
Present from birth	25	20	5	44.7 - 2.3	22	3	5	15	2	3
Present later	21	11	10	46.7 - 1.9	18	3	4	14	0	3
Maybe present	15	9	6	42.3 - 3.2	12	3	4	8	0	3
Not present	110	49	61	41.9 - 1.1	95	15	43	59	0	8
Denied interview	59	29	30	43.8 - 1.4	49	10	19	35	0	5
Contact not obtained	70	39	31	39.5 - 1.3	60	10	34	31	1	4
Total	300	157	143	42.3	256	44	109	162	3	26
		Chi2 p=0.047		KrW p=0.086	Chi2 p=0.97		Chi2 p=0.019			

Table 4. The presence of ASTSE and its relation to the use of CAM.

The presence of ASTSE	Number of persons		Clients of CAM therapists		Number of visits			Did it help?		No. of visits for those, it did help	
			Yes	No	Sum	Per client	Yes	No or unsure	Sum	Mean per client	
Present from birth	25	15%	19=76% of 25	6	1288	45%	68	15	4	1251	83
Present later	21	12%	14=67% of 21	7	496	18%	35	13	1	495	38
Maybe e-sense	15	9%	12=80% of 15	3	491	17%	41	12	0	491	41
Not present	110	64%	36=33% of 110	74	559	20%	16	23	13	521	23
Total	171	100%	81=47% of 171	90	2834	100%	35	63	18	2758	44
			Chi2 p=0.0001					Chi2 p=0.026			

No relation was found between the presence of ASTSE and membership of the Danish church, which is an open-minded Lutheran church with 83% of the population as members.

### THE USE OF CAM TREATMENTS

Table 4 presents a strong correlation between the presence of ASTSE and the reported use of CAM ( $p=0,0001$ ) measured by number of persons. When measured by number of visits, the correlation is even stronger, as the group with no ASTSE comprised 64% of the interviewed persons but only 20% of the reported visits to CAM therapists.

The information in table 1 is reproduced in table 4, as the distribution between ASTSE, maybe (A)STSE and no ASTSE is almost identical ( $p=0.81$ ) and their correlation to the use of CAM is also almost identical. As the origin of the two tables is different studies, this

suggests a reproducibility of this result in the Danish population.

A growing number of visits with age could have been expected, but was not found in the data. A possible explanation could be that the use of CAM has been growing during recent years in parallel for all age groups.

Table 5 shows that fewer males were born with ASTSE, but the frequency of transition to ASTSE did not differ. There were fewer male users of CAM, and when CAM therapy helped, the average number of visits was about half of those of the females, if it were not for the average being raised by a single deviant male who reported 600 acupunctures performed by his medical doctor against pain. An analogy was found in the number of men's visits to the doctor during the last year, as it was about half of those of the females in this study (not shown in a table).

Table 5. Sex differences in the presence of ASTSE and the use of CAM.

The presence of ASTSE	Number of persons		Sex distribution with % distribution				Number of clients of CAM therapists		The number it did help		Mean no. of visits for those, it did help	
			Females		Males		Fe-males	Males	Fe-males	Ma-les	Fe-males	Males
Present from birth	25	15%	20	23%	5	6%	16	3	13	2	49	310
Present later	21	12%	11	12%	10	12%	8	6	8	5	53	15
Maybe present	15	9%	9	10%	6	7%	8	4	8	4	51	20
Not present	110	64%	49	55%	61	75%	22	14	15	8	28	13
Total	171	100%	89	100%	82	100%	54	27	44	19	43	46
			Chi2 $p=0.013$				Chi2 $p=0.30$		Chi2 $p=0.44$			

No difference has been found in the data between the groups "maybe (A)STSE" and "ASTSE later", neither by significance or clear tendencies, in relation to other data. Both groups differ significantly from "no ASTSE" at the same points and in the same way as "ASTSE from birth". Therefore "maybe (A)STSE" is considered to signify ASTSE. The three groups with ASTSE are merged in the following tables and analyses, as separating them makes no difference in the information revealed.

The disappearance of the group between ASTSE and no ASTSE sharpens the limit between the two states of life – with ASTSE and without. The possibility of a rather sharp limit is supported by another observation in a detailed analysis not presented in a table. The 23 persons without ASTSE, who as seen in table 4 reported that they were helped by CAM treatment, included subtle energy in their concept of energy significantly more than the other 87 without ASTSE (p=0,018).

In Denmark, a number of medical doctors have adopted the use of acupuncture, and a number of

workplaces have adopted zone therapy as a service to their employees. These factors may have increased the number of CAM users independently of the presence of ASTSE or not.

The users of CAM reported from one to seven methods used. All are included in table 6.

### ATTITUDES AND ACTIONS VERSUS ASTSE

Table 7 shows three highly significant differences in the interviewees' way of thinking, but as seen in table 8, the differences are less striking when it comes to actions.

It is interesting that the use of CAM therapists does not reduce the use of medical doctors. On the contrary, they are positively correlated with a coefficient of 0.5.

Education and job situation are significantly correlated to each other, but not to the presence of ASTSE or to any other data in the study.

Table 6. The reported CAM methods used. At least one and max eight methods were reported per client.

The presence of ASTSE	Did it help?	Acupuncture	Zone-therapy	Healing	Reflexologie	Cranio-sakral therapy	Clairvoyance	Homoepathie	Others	Number of clients	Total methods	
											Mentioned	Per client
Present	Yes	30	26	15	11	6	8	7	5	40	108	2.7
	No or unsure	5	1		1					5	7	1.4
Not present	Yes	11	15	5	3	1	1	2	0	23	38	1.7
	No or unsure	7	5		1					13	13	1.0
Total		53	47	20	16	7	9	9	5	81	166	2.0

Table 7. The relation between ASTSE and reported attitudes.

The presence of ASTSE	Number of interviewed	Will use herbal medicine			Read spiritual books or articles			The concept of energy include		
		Yes	Maybe	No	Yes	Maybe	No	Also subtle energy	Do not know	Only physical energy
Present	61	35=57% of 61	14	12	31=51%	4	26	46=75%	8	7
Not present	110	30=27% of 110	32	45	18=16%	10	82	28=25%	18	62
Total	171	65=38% of 171	46	57	49=29%	14	108	74=43%	26	69
		Chi2 p=0.0005			Chi2 p=0.0001			Chi2 p=0.0001		

### THE PREVALENCE AND INCIDENCE OF ASTSE

Figure 1 illustrates that data about those who reported to have ASTSE from birth fit well to the hypothesis that the relative birth rate of people with ASTSE has been constant during the 40 years regarded.

Data about those who reported a transition from no ASTSE to ASTSE at some age show a slightly increasing transition frequency with age as seen in figure 2. This also seems to have been constant over the years.

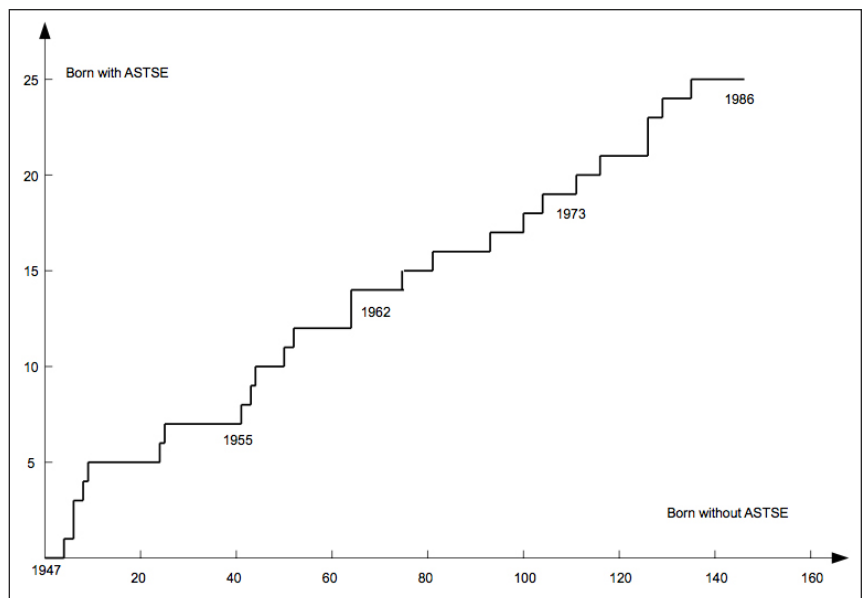
So no signs or tendencies have been identified in data supporting the idea of a growing or decreasing population with ASTSE, but the small amount of data does not support any test of hypothesis.

The 99% confidence limits around the 27% who reported to have experienced ASTSE are 17% - 37%. 17% of the Danish population between 21-60 years of age sum up to 500.000 with

ASTSE. When "maybe (A)STSE" is included, the prevalence is estimated to 36% of the population, corresponding to 1.100.000 persons with 99% confidence limits 26% - 46%.

When "maybe (A)STSE" is included with birth- and transition rates set like those of the two groups who reported ASTSE, this model can be proposed to express

Figure 1.



## DISCUSSION

Concerning hypothesis 1: A subpopulation with ASTSE has been identified, amounting to at least a half million Danes between 21 and 60 years of age, but the central estimate is double this amount. What exactly is being sensed is not revealed by this study, but data show an essential subpopulation with ASTSE.

Concerning hypothesis 2: As 55% of the persons and 80% of the visits for CAM therapy were from the ASTSE subpopulation, the hypothesis has been supported. This close relation

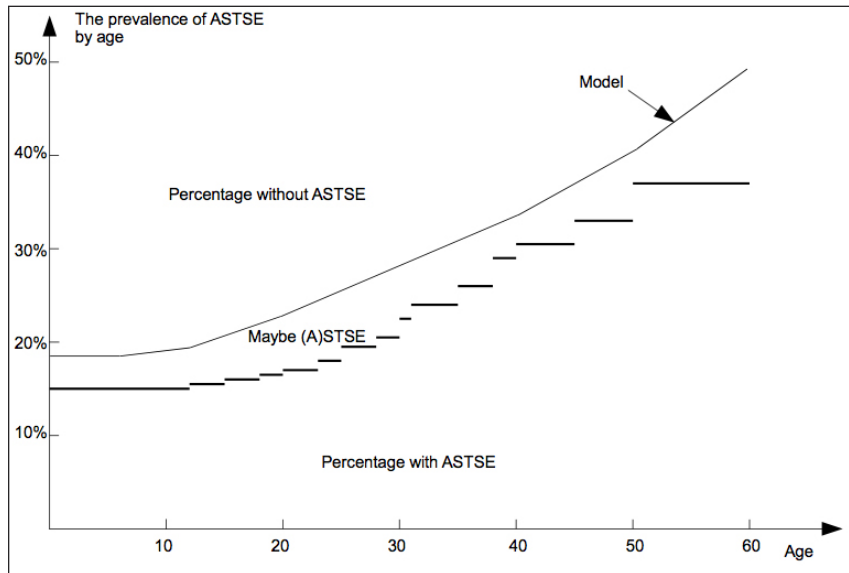


Figure 2.

the likelihood for a random person to have ASTSE or maybe (A)STSE:

Model:  $L = 0.19 + 0.0002 * (\text{age}^{1.8})$ ,  $20 < \text{age} \leq 60$  years

0.19 is the likelihood to be born with ASTSE, and  $0.0002 * (\text{age}^{1.8})$  expresses the likelihood to have obtained ASTSE at a given age if not born with it.

This model needs, of course, to be re-examined prospectively, if possible.

between ASTSE and the reported use of CAM was supposed by a pilot study and it has been reproduced in this study.

Within its limits the study shows that the Danish population with ASTSE seems to have been stable for decades. But as table 9 shows, the use of CAM in Denmark has increased during the latest years. However, as it is mainly people with ASTSE that seem to be candidates for beginning a CAM treatment, and most of them have already begun, the growth of CAM users will probably soon decline in Denmark.

Table 9. The use of CAM at any time in the life, percent of all interviewed.

	Acu- punc- ture	Zone- the- rapy	Healing, clair- voyance	Cranio- sacral therapy	Homoe- opathy	Reflex- ology	Others	Used some CAM	Population size
This study	31%	27%	12%	4%	5%	9%	8%	47.3%	171
Susy 2005 <sup>4</sup>	16.6 %	21.4%	6.0%	3.2%	3.6%	3.5%	2.2%	-	14.566
Susy 2000 <sup>5</sup>	11.2 %	20.3%	8.0%	-	-	-	-	-	16.690



The population of people with ASTSE has hitherto neither been aware of their common characteristics and abilities nor of how many they are, as this knowledge has not been available. By the same reason CAM therapists have not been aware of the fact that this population might constitute a well-defined target group. It will probably not be difficult to turn this new knowledge to account.

It is an appealing idea that therapists and clients have the ASTSE in common, but there is more than one way in which it could make sense. Does CAM help people with ASTSE best, or are they simply better at sensing the result of treatment?

The term “spiritual” has often been used about literature and actions related to the area of subtle energy, and for those without ASTSE it might seem natural to relate ASTSE to religion. However, the lack of correlation found between the presence of ASTSE and membership of the Danish Church (table 3) and to participation in spiritual events (table 8) does not support a hypothesis of a religious aspect. None of the interviewed mentioned faith in relation to their ASTSE, except perhaps one man who mentioned that in church, the ASTSE allowed him to sense the energy of the Holy Spirit. Religious conversion as described by William James could be one way to experience the transition from no ASTSE to ASTSE, but as also mentioned by James it might depend on the actual surroundings whether the experience is linked to religion.<sup>5</sup>

If the ASTSE is understood as a sense that actually exists, the abbreviation ASTSE will not be a handy name for it. The term “extrasensory perception” is not a good choice either because of the term’s built-in denial of being a real sense, and the term “The Sixth Sense” seems not to be popular among CAM therapists. In Denmark the shortening of “energy-sense” to “e-sense” (in danish: e-sans) is already used among therapists, probably because the meaning was readily understood. To avoid confusion with electronically based terms such as e-mail it has not been used in this presentation.

## CONCLUSION

The concepts of subtle energy and the alleged ability to sense it have here been placed in a social context. The result is certain that a large minority of the adult Danish population present the ASTSE. The prevalence is probably about 35% and 99% confidence limits are within 17% - 46%.

Data about the incidence indicate a stable accession during four decades and thus a stable ASTSE population, but this result is not certain because of the retrospective data.

A very near connection to CAM use is a certain finding, but the details about number of visits ought to be re-examined prospectively. It is reasonable to propose that people with ASTSE are the essential target group for CAM therapy.

Several observations during the data analysis suggest that we have identified a section of a set of regularities that deserves to be further studied and clarified. There is a special challenge in the study of what it exactly is in the ASTSE of the clients that brings them to the CAM therapists.

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**AUTHOR DISCLOSURE STATEMENT:** The author has for 20 years offered courses about practical use of the ASTSE and managing of subtle energy. The pupils are generally very satisfied with the practical impact on their lives with the methods they learn. The author's own ASTSE was awakened at the age of 35 years at a course in meditation, and he has therefore experienced life without ASTSE as well as with ASTSE.

The author has for eight years been on the board of an association of alternative therapists, “NaturSundhedsraadet”.

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