

Extended Abstract

HANNA KROEGER'S HANDS ON HEALING PROCEDURES, PRODUCTS & THEORIES PRESENTED IN A CLASSROOM SETTING: *An Experimental Approach to Reduction of Anxiety, Depression & Total Symptoms*

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The efficacy of Hanna Kroeger's work has not been scientifically documented. This is an attempt to examine whether her teachings, procedures and products positively impact the student who is educated in her work and methods. Specifically, this is an evaluation as to whether the basic teachings and the opportunity to have some of the "hands on healing techniques" that Hanna Kroeger taught, as well as being provided some of her products or remedies, result in changes in dimensions of health as measured by the STAI (State Trait Anxiety Inventory), ZUNG (SDS/Self-Rating Depression Scale) and **Symptom Index** (Total Symptoms).

Purpose of Research: The purpose of this research project is to begin examining Hanna Kroeger's teaching. One goal is to examine whether positive changes occur in the population of the seminar participants at large when they attend a seminar on Hanna Kroeger's work. This particular project is not an attempt to examine and elucidate the mechanisms by which Hanna's procedures and products work but rather an attempt to evaluate whether changes do occur from participants being educated in and worked on with Hanna Kroeger's procedures, products and teachings.

Type of Study: This was a randomized controlled trial. The Test group was comprised of subjects who attended either of two seminars using the same format. The control group did not attend the seminar in the time frame of the study.

Sample: Louisville, Kentucky was chosen by this researcher for this study and a mailing was done to 122 local practitioners, health food stores and students of Hanna Kroeger's work asking them to refer subjects. About six of these practitioners took it upon themselves to email their customer/student base and within one week over 90 calls or emails expressing interest in the study were fielded. Many participants first made contact via email or telephone but most followed up with questions via email and a toll-free number was provided.

Inclusion/Exclusion Criteria. There were three specific exclusion criteria for the study which were: (1) People with pacemakers, defibrulators and shunts were not considered participants for the study; (2) People who had taken a Hanna Kroeger seminar, either with Hanna, Bobbi Brooks, Ginger Bowler or with any other teacher of Hanna Kroeger's work were excluded from the study; and (3) People who had taken a full protocol of Hanna Kroeger's remedies were excluded from the study. Participants were not excluded if they had taken a couple of Hanna's products as many people have bought them off the shelf from various health food stores. What it does mean is that people who had been put on a regime or protocol, addressing layer after layer of the person's condition, were excluded. They were excluded due to potential bias.

Because of the potential issues with people who were taking medications, it was first thought that the study should be limited only to those who were not taking any pharmaceutical medications. This plan was quickly abandoned as two things were realized: first, about 40% of the interested callers were on one or more pharmaceuticals and secondly, it really wouldn't be a "realistic representation" for who shows up in our seminars to exclude sick people! Therefore, people on pharmaceutical medications were not excluded but special care was taken to advise participants to discuss any concerns over taking the supplements with their physicians prior to taking them.

There were two simple *inclusion criteria* for participants of the study, they had to be 18 years old or over and have a sincere desire to want to learn to help themselves through natural methods.

Fifty-eight subjects participated in the study by attending one of two seminars or by participating in the video group. The Test group was comprised of 47 participants who attended either the May or the June seminar. The Control group was comprised of 31 subjects. As this was a cross-over design, 20 of the control group were also in the June seminar group and the balance of the control group was comprised of 11 video group subjects.

Procedure: All subjects in the study *pre-tested* the night of May 30 and *post-tested* on the night of June 27. For the May Test subjects, June 27 was their four week *follow-up* testing. For the Control group this was their post testing and for the June seminar subjects the June 27 testing represented both the *post-testing for them as Control group subjects and pre-test as Test group subjects*. June tested twice pre intervention/seminar and twice post intervention/ seminar.

The Test Group were comprised of 27 May seminar participants and 20 June seminar participants for a total of 47 test subjects. The Control Group was comprised of 20 June seminar participants with no intervention and 11 Video group with no interven-

tion for a total of 31 control subjects. All subjects in the *Control Group* tested *Pre and Post* (4 weeks span between the two). Pre testing was May 30 and Post was June 27.

Subjects in the *Test Group* tested *Pre* (night before their intervention/ seminar) *Post* (night after the completion of their intervention) and *Follow Up* (4 weeks later). This means that the May seminar Test subjects tested May 30, May 31 and June 27. The June seminar group (as Test subjects) tested June 27, June 28 and July 25.

The June seminar group (as part of the Control group) tested May 30 and June 27. Therefore, June 27 testing for the June seminar group represented both the *Post-test for them as Control subjects and the Pre-test for them as Test subjects.*

Outcome Variables: The tests used were State and Trait Anxiety Inventory (STAI), ZUNG (SDS—Self Rating Depression Scale) and SYMPTOM INDEX (a checklist of total symptoms). The design was for the Test subjects to be retested immediately after the seminar (the seminars ended at 4:30 and they were to go home and fill them out at the same time and same place as they had the night before for their PRE test), the instructions were given to fill out all questionnaires that night as “How you feel NOW (and not “with your current illness” or over the last 4 weeks). The intention was to see the potential changes/impact of the intervention immediately following and four weeks later, the theory being that participants given such an intervention do experience a transformational experience; therefore, their experience of themselves, their bodies and their symptoms is altered.

Statistical Methods: Paul Thomlinson, Ph.D., did the statistical analysis for this study. The type of analysis used was a mixed ANOVA, with one between groups- factor (control vs. test group) and one within groups-factor (repeated measures of the dependent variables).

Table I
Significance at a Glance

	Post	p Value	Follow-up
State Anxiety	.002		.001
Trait Anxiety	.013		.043
Zung (Depression)	N/A		.013
Symptoms	.016		.003

Even though for the Test Subjects there were a number of interventions within the main intervention (seminar), this study looked only at one intervention, that of the seminar as a whole. Comparing the Control group, who received no intervention in the four week period, this study looks at Test subjects after attending a six hour seminar where they are taught Hanna's basic teachings. In this seminar they were introduced to dowsing, watched a small segment of Hanna's video, receive "hands on healing" procedures and body alignment, dowsed for their specific needs and given the products for which they were dowsed to take over a four week period. These subjects were also given a copy of Hanna's book, *God Helps Those Who Help Themselves*. But none of these parts are what this study examined but rather the effect of the whole experience.

Overview of Results: State Anxiety, Trait Anxiety, and Symptoms all showed highly significant improvement on *post-tests* for Test subjects and highly significant improvement for State Anxiety, Depression and Symptoms in the *follow-up* testing (Table I). Trait Anxiety showed significant improvement in the *follow-up* testing.

Each part of the intervention was carefully planned to ensure that an accurate representation of what is available from Hanna Kroeger's teachings and products was included. For example, dowsing for and providing the participants with Hanna Kroeger's herbal and vibropathic products was as important to look at as the teachings themselves and was therefore included as a vital part of the intervention.

Since there was a high level of compliance in taking the supplements, we can only assume that that this factor (supplements) influenced the positive outcome. At this point, it is simply conjecture because we simply do not know to what degree this factor played a part and this will require additional research.

What we do know is that after four weeks, we still had very significant results and that there is only 1 chance out of 1000 that state anxiety improvement is due to chance, 13 chances in 1000 that depression improvement is due to chance and 8 chances in 1000 that symptom improvement is due to chance. Trait anxiety immediately after seemed somewhat more reduced; nevertheless, after one month there was still meaningful improvement of trait anxiety and only 43 chances in 1000 that this is due to chance.

The implications of this study are far reaching. Research on Hanna Kroeger's work has been needed for years and this research begins the process of validating her teachings beyond the countless testimonials and stories.

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