Extended Abstract

EXAMINATION OF A SUBTLE ENERGY TRANSDUCTION DEVICE ON ANXIETY LEVELS OF STUDENTS IN A PUBLIC SCHOOL SETTING:
The Clarus QLink ClearWave

David Eichler & Bob Nunley, Ph.D.

This study examines the effects of the Clarus QLink ClearWave, a subtle energy transduction device, on anxiety levels of students and teachers in a public school setting. Since anxiety may be caused by exposure to electromagnetic fields (EMFs), it is thought that by decreasing EMFs in the environment, anxiety in turn may be reduced. Quantitative measures used were the State-Trait Anxiety Inventory and the State-Trait Anxiety Inventory for Children. Findings indicate statistically significant differences (at $p < .08$) of state anxiety levels for students in the treatment condition group. No statistically significant differences were found for trait anxiety levels between the treatment and control conditions. Conclusions and possible implications are discussed relating to future research in this area.

CHAPTER ONE—Problem Overview and Study Question. The first chapter includes an introduction to and statement of the problem. It explains electromagnetic fields and reviews related literature, particularly in relation to the historical context of EMFs and cancer risk and biological functioning. It also examines methods for minimizing exposure to EMFs and develops a theoretical basis for efficacy of QLink ClearWave research.

The industrial age of the early 1900's had, by the end of the century, morphed into a digital age that promoted a work and lifestyle that had given rise to the use of personal computers, cellular phones, and other electronically-based technological devices. While these devices are believed to serve humankind by increasing productivity, accuracy, communication, healthcare innovations, and a host of other benefits, there is a growing concern about the invisible electromagnetic fields (EMFs) that surround these devices, and the influence they may have on the physical body.

The Clarus family of products is based on a proprietary Sympathetic Resonance Technology (SRT), in which the Clarus device acts as a transduction agent to the

subtle energy around organisms. It acts in a manner to help strengthen the subtle energy fields by resonating at optimal frequencies that are in harmony with the frequencies that exist around organisms. When two systems are resonating in proximity to each other, they have the tendency to resonate at the frequency established by the stronger of the two oscillations.

The present study is based on Srinivasan's (1999) subtle energy theory and premise that SRT devices have the ability to impact subtle energies. In effect, this study more closely examines whether one of the Clarus SRT devices, the ClearWave, has any discernable impact on levels of anxiety in both teachers and students in a public middle school. Therefore, the primary question that this study serves to examine is whether the Clarus ClearWave device has any discernable impact on aggregate student and teacher state and trait levels of anxiety, as measured by a standardized anxiety inventory.

CHAPTER TWO—Methods. The second chapter describes a double-blind repeated-measures control group design, in which the principal investigator randomly assigned each of the condition groups to receive either the active ClearWave device or the inactive ClearWave device. The principal investigator was unaware, until after the data collection concluded, which group received the active devices and which group received the inactive devices. This allowed the examination of any statistically significant findings for state and trait anxiety scores between the two condition groups, A (control) and B (treatment).

As this study is designed to examine the potential effects of a device (which purports to work by affecting subtle energies), it should be noted that the researcher had an absence of intention with regard to the outcome favoring one result over another result. Rather, what was of interest to the researcher was whether or not there would be any statistically significant differences between the treatment and control conditions.

CHAPTER THREE:—Results. The third chapter presents the results. The independent variable of the study was the presence of the Clarus ClearWave device. Half of the classes (comprising group B) received the active device, while the other four classes (comprising group A) received the inactive (sham) device. The dependent variables of the study were the state and trait anxiety scores for students and the state and trait anxiety scores for teachers. Two baseline data points (in which the ClearWave devices were not present in the classrooms) were collected, with one week between each data point. Six intervention data points were collected, immediately following the baseline data, at weekly intervals.

In order to assess whether the two condition groups were equal to each other during baseline, independent *t*-test analyses were conducted. The results of the *t*-tests yielded no

Table I

Comparison of Conditions, Treatment and Control, for Baseline Measures

	Control			Treatment		
	n	Mean	SD	*n*	Mean	SD
State 1	87	29.34	5.39	72	31.46	6.17
State 2	89	29.73	6.15	71	30.24	5.87
Trail 1	87	33.00	7.22	72	33.38	6.60
Trail 2	89	32.01	7.15	71	32.62	6.80

Table II

Comparison of Baseline Averages Combining Conditions and Between-Conditions for State Anxiety Levels

	State Week 1			State Week 2		
	n	Mean	SD	*n*	Mean	SD
Both conditions	140	30.28	5.87	140	30.07	6.16
Control	78	29.47	5.41	78	29.99	6.40
Treatment	62	31.32	6.29	62	30.18	5.88

Table III

Comparison of Baseline Averages Combining Conditions and Between-Conditions for Trait Anxiety Levels

	State Week 1			State Week 2		
	n	Mean	SD	*n*	Mean	SD
Both conditions	140	32.99	6.76	140	31.91	7.07
Control	78	32.81	7.25	78	31.83	7.48
Treatment	62	33.21	6.15	62	32.02	6.59

significant differences for trait anxiety scores between the two conditions, $t(157) = -.34$, $p = .74$ for the first baseline data point, as well for the second baseline data point, $t(158) = -.55$, $p = .59$. For state anxiety scores, there was a statistically significant difference between the two conditions for the first baseline data point, $t(157) = -2.31$, $p = .02$, but not for the second baseline data point, $t(158) = -.53$, $p = .60$. There is a 2.12 point differential between the two condition groups for state anxiety scores during the initial data point. However, when those students who completed only one of the two baseline data points were excluded from the analyses, and independent *t*-tests were computed, there were no differences between group A and B for state anxiety scores, $t(139) = -1.17$, $p = .25$. See Table I for average state and trait scores, across conditions, for these analyses.

To examine whether or not there is a difference between the two baseline points, paired *t*-tests were conducted. While there was no statistically significant difference

between the first and the second state anxiety baseline scores across both conditions, $t(139) = .46$, $p = .65$, there was a statistically significant difference between the first and the second trait anxiety baseline scores across both conditions, $t(139) = 2.39$, $p = .02$. However, when these same analyses were run for groups A $t(77) = 1.63$, $p = .11$) and B $t(61) = 1.77$, $p = .08$) individually, there were no statistically significant differences for the first trait anxiety score data point and the second trait anxiety score data point. See Table II for comparison of baseline averages combining conditions and between-conditions for state anxiety levels. See Table III for comparison of baseline averages combining conditions and between-conditions for trait anxiety levels.

CHAPTER FOUR—Discussion. The fourth chapter provides a discussion of the results. Did the Clarus ClearWave device impact anxiety? The answer to this question is mixed. As presented in the previous chapter, there were no statistically significant differences between the treatment and control conditions with regard to state or trait anxiety levels at the 95% confidence level. However, a statistically significant difference did emerge between the two conditions, treatment and control, for state anxiety scores at the 92% confidence level. This statement holds true if one considers that the state anxiety score on the STAIC, by themselves, is a valid indicator of state anxiety for this population.

While this study did yield a significant effect of an SRT device on reduction of state-levels of anxiety, a larger contextual question exists. Do such decreases have a meaningful impact on the student's well being (social validity) and, if so, in which dimensions (academic, interpersonal, emotional, biological, spiritual)?

Nevertheless, this data does provide reasonable promise that SRT devices, such as the Clarus QLink ClearWave, may indeed afford some degree of benefit to individuals with regard to anxiety reduction. What this study does not answer is the mechanism by which this reduction occurs, including if the ClearWave device mitigates certain environmental factors (include elevated exposure to EMFs), or if it somehow strengthens compromised coherence within one's subtle energy fields. These questions should be addressed by future research.

While further research has a long road to demonstrate larger effects, this study may serve as an important catalyst for the field in pursuit of the goal to minimize the harmful effects of our EMF-rich environments.

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CORRESPONDENCE: David Eichler • david4847@sbcglobal.net

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