

## Commentary: A Method Used to Train Skeptical Volunteers to Heal in an Experimental Setting

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This paper is meant to serve as a companion piece to the paper entitled “Resonance, Placebo Effects, and Type II Errors: Some Implications from Healing Research for Experimental Methods” (pp. 317–327). That paper reports anomalous phenomena in my work on the effects of a healing method applied to experimental mice injected with fatal dosages of mammary adenocarcinoma. Specifically, in addition to a very high percentage of remissions in the treated experimental animals, a significant percentage of untreated control animals also mysteriously remit. Furthermore, in three of five experiments reported in the paper, these remissions were seemingly produced by nonbelieving volunteers with no previous experience in healing. I explain this as an instance of resonant bonding of the experimental and control groups, wherein a treatment given to the experimental group inadvertently results in a treatment given to the control group. I speculate that this resonant bonding may be produced either through consciousness or by shared experiences on the part of experimental subjects.

I suggest a parallel to anomalous placebo effects that have been widely reported in the literature, and the possibility that similar resonant bonding might be at play there. In fact, resonant bonding may be widespread in many fields. If that is indeed the case, many researchers may be unknowingly committing type II errors in their research, wherein they fail to observe that a significant event has occurred because at the end of an experiment there is no significant difference between experimental and control groups.

The major point of the paper is that resonant bond formation may be a widely occurring, yet not recognized, phenomenon. I challenge researchers in all fields to reexamine their data through the prism of resonant bonding.

I fully recognize that the data portion of the paper on resonant bonding claims extraordinary rates of remissions in laboratory animals apparently produced by a type of hands-on healing. Although outside of the scope of the resonant bonding thesis, readers may very well want to know the

methods used by the volunteer healers. This paper describes the training methods used in those experiments.

Although there are many places and organizations that claim to teach healing, from an empirical standpoint whether or not healing can be taught is still an open question. Thus, in presenting the techniques used in my experiments, two caveats are in order. First, if the resonant bond hypothesis is correct, it is a very difficult problem to determine whether healing can indeed be taught. Simply put, if a resonant bond has been formed among experimental subjects, it becomes problematic whether each healer who has practiced a technique has individually produced the observed healing. It may be that, like the control group subjects, any individual volunteer healer’s apparent positive effect might be due to a resonant treatment given by another.

Second, it is logically possible that the apparent healing in my research is not actually learned through the techniques described, but is rather somehow passed on from person to person. At this point in my research, I simply don’t know how important the above two caveats are.

### STAGE 1: RAPID MENTAL IMAGING

The techniques described here were developed in conjunction with a New York-based healer, Bennett Mayrick, in an attempt to replicate his apparent natural ability to heal. Mayrick did not study healing, and was himself not particularly familiar with either the literature on healing or the techniques used by other people who claimed to be healers. Essentially, while watching many of his clinical cases, I prodded him to explain what he was doing, and whether it might be possible for others to do what he did. His answers were intuitive, and did not stem from any specific theoretic model or school of thought. Via our discussions, the techniques described here gradually evolved over the course of several months. We called the first stage “cycling,” which

was meant to represent rapid mental imaging. This technique did not require belief of any sort, but it does require a great deal of practice.

Step 1—Each volunteer was required to make a list of at least 20 things that he or she wanted, and to write them down without regard to when or how they might be realized. There was no upper limit to the number of items. Each item was required to be specific and could involve material things, health issues, and other people. There is a strict ethical rule that any list items involving other people must have the other person's knowledge and consent, although the other people do not have to practice the technique.

Step 2—The items on the list were translated into images of the things already accomplished, without regard to when or how. Each item was required to be an end goal, not a means to an end. To illustrate, many people say they want money. Upon reflection, it is really that they want money because they want to buy something. It is that something that is the image, not the money. If there are health issues, the images that are constructed imply that the health issues have already been resolved. For example, if the person has bad knees that prevent he or she from taking part in a particular sport, it is the image of playing the sport rather than wanting to fix the knees that is required. If the image becomes realized then the health issues have been resolved. And, when the image becomes realized it should be taken off the list because it is already accomplished. Each of these images is unique to each individual, and considerable time is usually spent in the construction of each cycling list.

There have been exceptions to this. When the experiments involved volunteers, it was requested that each person have as one item on his or her list the image of us collectively raising glasses of champagne to toast success. If the image became realized, the mice would have already been remitted. Notice that the image does not contain the questions of how or when we would have been successful in the experiment, nor does it matter whether the volunteers believed the image might come to be realized. The cycling technique is manifestly not an attempt to get people to think positively.

Step 3—The images must be memorized so that they can be recalled without effort. This also takes considerable time and practice before the person does not struggle with trying awkwardly to recollect or reconstruct the images.

Step 4—all of the previous steps have been preparation for the actual practice of image cycling. Once they have been mastered, cycling is the process of going through the images for an instant at a time while experiencing any emotion. It makes no difference whether the emotion being experienced by the person is positive or negative.

It is important to cycle through the list as rapidly as possible for as long as the emotion is experienced. After considerable practice, an experienced subject should be able to cycle through at least a couple of dozen images per second. Obviously, at that rate, there is no dwelling on any particular image, nor is one image considered to be more impor-

tant than any other.

If practiced successfully, the rapid imaging should not detract or significantly distract from the experience of the emotion. This is akin to the multitasking ability of people to walk, talk, and gesture simultaneously without considerable focus, or even sometimes awareness, of any individual task. Although the initial learning of each ability, for example, how to walk, may have taken much practice, once it was mastered, it could be experienced without conscious effort. Walking can become the background task occurring when consciousness itself is experiencing emotion and the person is talking and gesturing. Practice is required to make cycling similarly effortless and automatic.

An individual, after much practice, will have an idea that some mastery has been achieved when he or she is in the midst of experiencing an emotion and becomes vaguely aware that he or she is cycling in the background.

## STAGE 2: HANDS-ON HEALING

The hands-on healing technique involved little more than the intent, with as little effort as possible by the volunteer, to feel an energy flowing out of the palms of their hands. Because my volunteers had no experience or belief in hands-on healing, in the group sessions they had to practice this technique on one another to help each other get over the initial sense of feeling foolish. Typically, they would stand behind one another and place their hands on each other's shoulders for approximately 15 minutes. Each volunteer, and I, would go around the room and treat every other person during the course of a training session. Of course, when they felt foolish they were to practice the cycling technique. After much practice, some, but not all, volunteers experienced what they thought was a change in their hands. Some, but not all, reported a sensation of something flowing out of them. They were encouraged to practice this technique on friends and even pets between training sessions.

## STAGE 3: ACCELERATED IMAGE CYCLING

Once the volunteers had achieved some mastery of the cycling technique and practiced the hands-on healing technique, I introduced an accelerated form of image cycling. The images that were already practiced were then put on a kind of "mental filmstrip loop" and played through a mental "projector." These images were, of course, unrelated to each other, so the playing of the mental projector did not produce anything akin to that of a coherent "movie." Now when experiencing an emotion, the volunteer experienced the "running" of the "projector" and accelerated the spinning of the mental loop of images into an even more hazy blur. Using this technique, volunteers were able to cycle many hundreds of images per second. As with the individ-

ual image-cycling technique, it was to be practiced simultaneously with the experience of emotion.

As described elsewhere,<sup>1</sup> when the mice experiments actually began, volunteers would go into the laboratory and practice these techniques while placing their hands on the sides of a standard mouse cage for approximately 1 hour per day until their mice were fully remitted. Subsequent experiments have suggested that 1 hour per day may be more than is required to produce remissions.

The simple act of doing the hands-on treatment created considerable emotion, particularly at first, and so cycling would often be practiced simultaneously just as it would throughout the day in any other emotional situation. I encouraged volunteers to try to come to the laboratory in pairs so that they would feel less conspicuous and more comfortable doing the treating. Sometimes they would bring in a set of headphones and listen to music for the duration of the treatments. Of course, as they became more comfortable and less emotionally anxious, the amount of cycling diminished.

Logs kept by volunteers indicated no consistent level of confidence that these techniques had been mastered. Some volunteers reported that they actually enjoyed cycling; others said that they struggled. Similarly, some reported that they felt something when doing the hands-on healing; others reported nothing.

Finally, it must be emphasized once again that all training of the volunteer healers in these experiments took place in group settings and lasted for an average of 6 weeks. Furthermore, the techniques were molded to the idiosyncrasies of each of volunteer. However simple the techniques appear to be, every individual misinterpreted the instructions and needed correction and much practice. The most common

tendency was to confuse means and ends in the image cycling. Some volunteers could not get used to the idea that however important a particular image on the list was, all images were to be cycled equally. Some volunteers kept forgetting to cycle during the course of the day and only remembered when they thought about their experimental animals. With the hands-on technique, there was also a tendency to attempt excessively to make something happen by force of will rather than to allow it to occur as a consequence of simple intent.

To date, no one has ever tried to learn these techniques simply via written instructions. That having been said, should anyone be interested in attempting independently to replicate my results, I would be happy to consider providing training to their volunteers on their home campuses. I would also welcome information on any systematic studies on the relationship of mental imaging to hands-on healing.

## REFERENCE

1. Bengston W, Krinsley, D. The effect of the "laying-on of hands" on transplanted breast cancer in mice. *J Sci Explor* 2000;14: 353-364.

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