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## FEARS OF ACKNOWLEDGING CONSCIOUSNESS AS THE FIRST PRINCIPLE IN HEALTH AND HEALING

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*The destiny of man is not measured by material computation. When great forces are on the move in the world, we learn we are spirits - not animals.*

- Winston Churchill

### Abstract

Few in-depth writings explore the anomalous remission or healing of symptoms and disease that defy the physicalistic explanations of allopathic medicine. This issue of IJHC features the reports of several people who experienced these *remarkable recoveries* from several physical problems.

I present here a broad spectrum of psychological factors that get in our way of considering remarkable potentials for transformative remissions from illness with spiritual healing treatments, as found in Therapeutic Touch, Healing Touch, Reiki, Qigong, prayer healing and related approaches. The mind is the most complex computer yet developed, having an incredible capacity to modulate self-awareness. Often, these self-reflective abilities lead us into self-perpetuating loops of beliefs. These articles of faith, in science, religion and other areas of our lives, shape our consciousness in ways that can hinder us from an open-minded stance in new observations and in learning valuable information. This self-blinding process obscures our recognizing remarkable recoveries, impedes our explorations of them and thwarts acceptance and integration of spiritual awarenesses and healing into our healthcare system.

Key words: Consciousness, spiritual healing, psychic, remarkable recoveries, spontaneous remissions

## Introduction

This issue of IJHC features the reports of several people who experienced these *remarkable recoveries* from several physical problems. *Remarkable recoveries*, a grossly neglected aspect of wholistic healing will be a regular feature in IJHC. My editorial briefly outlines this phenomenon and how little has been written on exhaustive explorations of the fascinating individuals who, for as yet unknown reasons, released their symptoms and diseases in manners defying conventional medical explanations.

This leads me to discuss a broad spectrum of psychological factors that hamper our considerations and conceptualizations about remarkable recoveries from illnesses of all sorts. We have vast, potent, largely unexplored potentials for transformative remissions from illness with spiritual healing treatments - as in Therapeutic Touch, Healing Touch, Reiki, Qigong, prayer healing and related approaches (Benor, 2001a; 2001b). This editorial is updated and expanded from my earlier observations on this subject (Benor, 1990).

## Challenges in understanding remarkable recoveries

Humans are aware of their outer, sensory worlds and inner, consciousness worlds. Two broad paradigms are possible to explain these experiences of outer and inner awarenesses: consciousness is either the product of self-reflective neurophysiological processes, or consciousness is an independent entity unto itself that interacts with the physical world.

The prevalent, physically based Western paradigms suggest that the physical body is the sole vehicle for our existence, with sensory inputs patterning our genetically endowed nervous system to produce a computer-like process of developing consciousness. Billions of neural connections form the hardware (unique to every individual) that supports the imprinting of consciousness from our lived experiences. Our self-awareness is a product of neural programs that are similar to (although vastly superior to) self-monitoring programs in a computer. Individual consciousness ends with physical death.

The spiritual model suggests that consciousness is a primary entity unto itself and that the physical world is imbued with living awareness through this consciousness. Consciousness does not depend upon the body for its existence; the brain is analogous to a TV receiver that translates noumenal consciousness into the awareness that connects us to the physical world. In the reverse direction, sensory awareness is processed by our physically-present consciousness, our 'little i' or 'little self' and shared with our spiritual Self.

Rigorous research of spiritual dimensions of experiences, particularly of spiritual healing (abbreviated hereafter to 'healing') and psychic phenomena, suggests that consciousness:

- transcends the physical body of individuals;
- may interact with the consciousness of other individuals (telepathy);
- may interact directly with what is considered inanimate matter within conventional science – through clairsentience, intuitive knowledge about an object; and psychokinesis (PK), the manipulation of matter through intent alone, without physical intervention.
- may survive physical death; and
- may transcend culture, space and time.

While any or all of these statements may seem alien or beyond belief to some readers, reviews of highly significant research evidence supporting these statements has been gathered and

published elsewhere in brief summary (Benor, 2008a) and in great detail (Benor, 2006; Radin, 1997; 2006). Based on these research findings, on my studies of healers and healees over 25 years, and on my personal explorations in healing and spiritual awareness, I have come to believe that the first principle of human existence is consciousness.[1]

Healing includes all of the elements of what is commonly referred to as “psychic phenomena”. Through intuition (psychically and/or clairsentiently), healers often know what body areas/parts need healing and may identify the physical and/or psychological problems contributing to or causing the problems. Healing, itself, may be a special case of psychokinesis, in which the healers’ intention influences and alters the bodies of healees. Alternatively or concomitantly, the healers’ consciousness may activate the vast self-healing potentials of healees through telepathy.

Many laypersons and scientists have difficulty accepting spiritual healing, an area of my particular interest and expertise. Observations on such skepticism about healing – and similarly about psychic and spiritual experiences and beliefs – help explain some of the difficulties that individuals practicing conventional science and medicine find in approaching remarkable, or seemingly miraculous, recoveries from serious illnesses.

### **Reasons healing has not been accepted [2]**

*We are not troubled by things, but by the opinions which we have of things.*  
- Epictetus

Psychological, psychic and spiritual explanations for spontaneous remissions have long been dismissed by the conventional medical community as unprovable and, therefore, not to be taken seriously. This attitude leads us to dismiss potentially helpful information that could increase our exploration of such remissions and develop ways of understanding and treating illnesses in ways that are outside the conceptual boundaries of ordinary medicine.

Critical analyses of healers' and healees' unsupported claims, of research methodology in spiritual dimensions, and of weaknesses in theories to explain spiritual and psychic experiences are beneficial. As James Lovelock said, "Good criticism is like bathing in an ice-cold sea. The sudden chill of immersion in what seems at first a hostile medium soon stirs the blood and sharpens the senses."

Too often, however, criticisms of healing exceed common sense and reason. Healing often is totally rejected, with criticisms that ignore or deny a large body of scientific evidence supporting the existence of healing.

*Many scientists are so convinced that paranormal functioning does not exist that no amount of evidence, no matter how substantiated or credible, will ever persuade them that it does.*

- Michael Talbot (1991)

*Let something appeal to us and we will make sense out of it. Let something offend us, disturb us, threaten us and we'll see that it doesn't make sense.*

- Jule Eisenbud (1983)

Closed-minded critics seem eager to question the evidence with any excuses to support their disbeliefs rather than to properly examine either the phenomena or their own discomforts with them. To lesser degrees, all of us who are raised in a modern society that dismisses healing and psychic experiences may suffer many of the same paradigm discomforts and disbeliefs, for the same reasons. It is these discomforts that I address here.

In our everyday focus on the world we perceive through our five senses of sight, sound, smell, taste and touch (our 'sensory reality'). This is for many people the primary, if not sole reality that they consciously acknowledge. In common parlance, when we encounter observations that grossly contradict our expectations of reality our mind 'boggles.' We cannot accommodate the new information within our existing understandings of the world.

Healing and psychic experiences appear to contradict the 'natural laws' of sensory reality. Various fears are aroused as we become aware that healing and psychic modes of experiencing the world are quite real, present and immediate and -not just theoretical constructs. We become anxious when some of the basic assumptions of our existence are brought into question.

The following list explores a broad spectrum of factors contributing to these fears. While there are overlaps between them, each has distinct features worth considering as we explore ways we can lift ourselves out of the materialistic hole we have dug in our personal and cultural existence, and engage our inner *and* outer worlds in more fully healing ways.

*1. Psychic and healing phenomena conflict with prevalent paradigms, forcing us to re-examine our basic hypotheses about how matter, energy and mind interrelate.[3]*

Sensory reality laws are contradicted by healing (LeShan 1974; 1976) and psychic experiences (Tart, 1984). To integrate healing into our understanding of the world we have to change and even relinquish some of our everyday reality beliefs and absorb and digest understandings of how our world may function in unfamiliar ways. Quantum physics struggles successfully with this, demonstrating in mathematical language that the rules of classical, Newtonian physics do not apply in the quantum physics domain, and conversely. Most people who have even a moderate familiarity with science today have little difficulty accepting that the chair we sit on is more space than substance; more energy than matter – as viewed by quantum physics. We accept this energetic as factual even though it appears counter-intuitive to our sensory reality, and despite the difficulties of translating quantum concepts into everyday language (Capra, 1975; Dossey, 1982; Radin, 1997; 2006).

Yet our senses tell us that the chair is solid. I have learned to live with these apparent contradictions, accepting that how we examine an object may determine how it appears to us, and that sensory assessments of an object differ from quantum investigations of the same object.

Similar challenges exist for people trained in conventional, Newtonian medicine when confronted with phenomena that in many ways appear to parallel those of quantum physics. Unfortunately, Newtonian medicine has been slow to absorb that the physical body may be conceived and addressed as matter *and* as energies, despite a wealth of clinical evidence presented by healers and psychics (Benor 2001a; 2001b).

The habits of living in sensory reality that lead to difficulties in appreciating intuitive/ psychic/ spiritual realities are not restricted to skeptics. Researchers in healing, too, may have difficulty

appreciating the need for practices and environments that would be most conducive to confirming effective healing and substantial demonstrations of psychic abilities in their studies.

For example, it is not uncommon for researchers to suggest that a 'standard dose' of spiritual healing should be administered in a controlled study of healing effects. This *a priori* demand to quantify the administration of a modality that may not conform to time measures in its optimal application may weaken or invalidate the healing intervention. In a customary healing intervention, the healer would be allowed to continue treatment until intuitive awarenesses indicate it is complete – rather than limiting it to a time frame for administration.

*Once you can accept the universe as matter expanding into nothing that is something,  
then wearing stripes with plaid comes easy.*

- Albert Einstein

## 2. Our material culture shrinks from non-material interventions.[3]

*As a society we have judged people who are connected to their feelings to be ill, and judged those who are disconnected to be well. Thus a kind of inverted societal insanity is rationalized – and a greater tragedy than that would be hard to imagine.*

- Michael Greenwood and Peter Nunn (1994)

Whately Carrington (1936) speculated that people with a grounding in Cartesian, linear causality may fear that if the psychic is accepted, a Pandora's box of magical explanations will be opened for all science to be attacked on irrational grounds. This belief is often held very firmly, without objectively examining the evidence, believing psychic phenomena are magical, imaginary beliefs not based in validated observations.

We forget a truth elucidated by Francis Bacon: "All the perceptions both of the senses and the mind bear reference to man and not to the universe, and the human mind resembles these uneven mirrors which impart their own properties to different objects." This was similarly stated by Albert Einstein: "It is the theory which decides what we can observe."

Worse yet, as we sort and categorize our world into portions that our mortal minds can digest and that our limited language can symbolize, we must accept that we are on shaky ground. "We might do well to consider that the word 'fact,' derived from the Latin *factum*, means something that is 'made up' (Edward Whitmont, 1993), i.e., a construct. We must accept that all mental analyses are not wholly objective and dispassionate, but guided by decisions often unconscious and shaped by cultural conditioning. Verbal labels and conceptual models are assigned to experienced, observed phenomena and applied to what we have come to accept without question as legitimate rules for exploring the relationships of these phenomena.

It is human nature to resist change. Consensual descriptions of reality provide culturally comfortable norms for relating to material, social and psychological worlds. They provide psychosocial constancy that save us from frequent readjustments. When carried too far, however, such resistances can become rigid and may bind us into beliefs and manners of relating to the world that distance us from reality and eventually become stultifying.

For most people it is easier to take the word of parents, teachers, religious leaders, politicians and other authority figures than to sort out truths through personal exploration and experimentation in their inner, intuitive worlds. Children are particularly vulnerable in this regard. Numerous psychics and healers have reported that their intuitive perceptions in childhood

unsettled their families and others and were strongly discouraged and belittled. Many children defensively choose to shut down these wonderful abilities rather than suffer such conflicts.

Within our materialistic, reductionistic cultural norms, it is easier to reject evidence than to question accepted beliefs. We label psychic and healing experiences as *paranormal*, rather than anomalous, curious or challenging. I have often heard authorities in physics, chemistry, biology, and various branches of medicine say that spiritual healing is simply impossible. I do not want to appear disparaging here, as I was, myself, a crass skeptic about these phenomena for many years, having been trained in psychology, medicine, psychiatry and research. Again, it is not only skeptics who use such biased language. The study of psychic phenomena is most commonly labeled as *parapsychology* by the researchers themselves.

*No lesson seems to be so deeply inculcated by the experience of life as that you never should trust experts. If you believe the doctors, nothing is wholesome; if you believe the theologians, nothing is innocent; if you believe the soldiers, nothing is safe. They all require to have their strong wine diluted by a very large admixture of insipid common sense.*

- Lord Salisbury (1877)

In Western society, we are experts at manipulating matter – in our bodies and the world at large. We are indoctrinated to believe that accumulation of material wealth is the primary goal and measure of personal success in life. We build elaborate safeguards around our material possessions. Our body becomes yet another material object to be pampered and safeguarded. We see ourselves as existing only in the flesh and come to fear excursions outside our bodies, be they through psychic, healing, out-of-body or other spiritual experiences, or the ultimate transition through death and whatever lies beyond.

*Normalcy is not necessarily reality. Truth has usually been found to be a lonely business and has seldom followed the majority.*

- Malcolm Godwin (1993)

We have become separated and distanced from that which is not material. Our language further prejudices us, telling us that intuitive and spiritual awareness are '*immaterial*,' and that what is unimportant 'is of *no matter*.' Intuitive impressions that are not derived from our outer senses are rejected as 'nonsense' and unreliable because they cannot be '*consensually*' validated.

*Change is always fearful to the separated, because they cannot conceive of it as a move towards healing the separation. They always perceive it as a move towards further separation, because the separation was their first experience of change. You believe that if you allow no change to enter into your ego you will find peace.*

- A Course in Miracles

Healing and psychic experiences waken us to the limited range of our material explanations of our world. At the same time, it threatens our comfort zones where we hold tightly to linear, sensory reality.

**3. As children, we work hard – with strong encouragements of parents and teachers – to differentiate and draw boundaries between inner and outer realities and then to integrate them into separate conceptual realms (S. Freud 1963). [3]**

Children are encouraged to separate out and distinguish their nighttime dreams from daytime experiences and memories. Again, I note that gifted intuitives and healers often complain that their childhood reports of telepathic and precognitive awarenesses were frightening to their families and friends and dismissed with alarm and strong discouragement. Olga Worrall, one of the healers most studied in the early days of healing research, reported: "Imagine my confusion at age three when I asked my mother, "Why are these people lying about liking our new curtains? You told me we should never tell lies!" (Worrall, 1982)

In blurring the borders between our inner and outer realities, healing and psychic awarenesses revive early childhood anxieties and conflicts associated with such confusions about personal boundaries. Once having established a firm foothold in sensory reality, there is commonly the fear of getting lost in the cosmic 'All' of mystical experiences and other altered states of consciousness. Ken Wilber (1995) succinctly labels this 'confusing transpersonal progression with prepersonal regression.'

Mystics tell us that we must do precisely that which we fear most if we are to get in touch with our higher selves and the All. We must let go of the little 'i' (ego or self-construct) that we find essential in sensory reality in order to experience the authentic Self and the numinous beyond.

There is a misperception that, if we find a case where the rules for ordinary reality do not work, then our entire belief frameworks could crumble. Adjustments are required to accept that one set of rules may apply to linear reality while others are appropriate for psychic and healing realities (as with Newtonian *and* quantum physics). We are not in an either-or world, but one of 'both-and...and...and ...' Once again, the English language limits us. Other languages contain words for expressing 'yesno' (e.g. 'danyet' in Russian and 'yein' in colloquial German). English must convey this as a polarity of 'yes *and* no,' which keeps the poles separate, preventing a full melding into 'yesno.'

In our little 'i', in this world below, we also embody that which is above, in spiritual realities (Huxley, 1944). Once we have let go of, or transcended, our little 'i' as the only means of perceiving and experiencing reality and experience more transcendent realities, we can return to appreciating the lessons of both sides in a new light.

*We imagine we are addicted to food or alcohol or sex, but our primary addiction is to the mind. We think we are what we think. We suffer from a case of mistaken identity. We mistake thought for what is thinking. We imagine that every voice, every intention is in the mind, is all that is real. We buy into every advertisement that passes through consciousness. We are giant consumers of the mind. We are so easily fooled. We mistake a passing cloud for the immensity of the sky. We keep losing ourselves in thought.*

Stephen Levine (1991)

Another childhood fantasy is that we may be so powerful that our thoughts or feelings might directly influence other people, especially negative ones such as anger and hatred. What horrors might our angers wreak if they activate negative healing and psychic effects? This overlaps with (4), (5) and (6), below.

*Man can do what he wills but he cannot will what he wills.*  
- Schopenhauer

**4. *Fears arise that our own physical and psychological boundaries might not be respected or might actually be violated through the misuse by others of their healing and psychic powers.***

In healing there are potential telepathic, clairsentient and psychokinetic invasions of our privacy, of our very being, by another person. The healer does this with the express intention of changing us. Reassurances from clinical experience and research demonstrating that competent, ethical healers almost always produce positive results may be of little avail against such fears, especially unconscious ones.

Such anxieties about possible negative healing and/or psychic effects cannot, however, be dismissed. It is logical to assume that, if intent for positive outcomes produce positive results, then intents used negatively are likely to produce negative outcomes. We are in the early days of exploring spiritual healing and psychic abilities and are uncertain if negative effects may be identified with further research. We do know that negative intent can slow the growth of plants and bacteria (Benor, 2001a; 2001b). , so these concerns may have some basis in reality.

We also know from studies of non-verbal communication that, in sensory reality, people respond to encroachment on their personal space with anxiety and withdrawal (Weitz, 1974). How much stronger, then, must this anxiety be with potential psychic and healing invasions of inner space on various levels of reality. It is easier to deny, reject and ignore these fears than to face them.

Fortunately, modern societies protect the rights of those who believe in and are involved with healing and psychic explorations. In times not long past, fears of looking inward were projected outward and led to tortures and murders of healers and seers who crossed boundaries between realities. When our fears and inner shadow are ignored, they can easily be aroused in our unconscious minds. If we deny them and do not deal with them in our inner awareness, they seek expression in the outer world. It was only as late as the 1950s that laws against witches were repealed in England.

I personally sometimes experience a measure of goose-pimple and gut-level discomfort when I encounter dramatic changes with healings, even though I have taken great pains to seek them out and to encourage their occurrence. They so powerfully contradict my habitual sensory reality expectations (reinforced by education and training in psychology, medicine and psychiatry), that I can still become uneasy. Each of these disciplines purport to teach the one true reality about health and illness.

Discomforts like these can only be overcome with repeated exposure to healing phenomena and by clearing one's inner shadow. On the level of habits, it is like living in a foreign land. At first, cultural disparities are jarring and wearing on the nerves, like with driving in England on the left side of the road after being accustomed to driving on the right in North America. It takes a while until the new cultural norms become assimilated as 'the way things ought to be.' On the level of shadow, I continue to deal with the challenges of acknowledging my fears and of inviting them into my awareness to be faced and cleared. I am many leagues ahead of where I was those many years ago when I lived firmly in the camp of the skeptics.

**5. *Healing and psychic phenomena occur in the mind and in the world around us without predictable conscious control of the individual* (Garrett, 1969). [3]**

This is frightening, as our conscious mind often may not trust our unconscious mind. We are taught by Western society that control over the environment is essential to our wellbeing.



Anything not under our personal control makes us insecure. This includes our inner, emotional environment.

Conventional science dismisses healing and psychic phenomena because they cannot be produced reliably, upon demand. This is an unfair and unreasonable expectation. It is now well established that healing, psychic, meditative and mystical experiences (Benor, 2006) often come to people in ways and timings that are beyond the conscious control of all but the very gifted and experienced healers, psychics and meditators. Even for the most gifted, there are times when the muse and healing energies are invited or even summoned but do not appear.

**6. *We may become 'weirded out' and overwhelmed by the unfamiliarity of psychic experiences.***

There are genuine dangers associated with personal involvement in psychic explorations. There may also be unpleasant experiences with healers who are unskilled, poorly trained or poorly balanced psychologically (as with any other therapist or doctor) or healees who are psychologically unprepared for exposure to other realities.

Often, the danger is not in the psychic experiences themselves, but *in our fears of the unfamiliar experiences*. Generally, psychic experiences are not inherently dangerous. They are simply very different from everyday, sensory reality experiences. Once we start to be afraid, however, our fears can very rapidly escalate to panic proportions. Furthermore, in the realms of the psychic and healing, aspects of that which we visualize may take on an apparently external reality of their own. Our fears may therefore create imaginary or energetic monsters that in their turn frighten us further.

Even more serious problems may arise. People who are not grounded in everyday, sensory reality or who are unstable emotionally may become more unbalanced through involvement with other realities. Visions from other realities may be confused with fantasies, delusions and hallucinations. Having abilities that others do not manifest may inflate the ego beyond reason, further unbalancing a mind that is already unbalanced (Gersten, 1997).

Just as we may have difficulty in applying the rules for sensory reality to other realities, we may become confused if we accept our perceptions of other realities as applicable to sensory reality without judgment or criticism (Tart, 1994). It may be difficult to differentiate wishful thinking or fantasies from psychic and spiritual perceptions.

We may experience love, peace and joy in transcendent states of consciousness. We may know, with a certainty that transcends the apparent firmness and solidity of everyday reality, that we are a part of a greater scheme of existence than is apparent in the world of our five senses. But when we tell others (who have not visited in other dimensions of reality) about these wonders, they may well find our ideas (and us!) strange and unsettling.

To some extent, healing has gotten a reputation for being a strange art, not only due to the fears of people entrenched in conventional views of reality, but also from some of the healers who have spoken too glowingly of their inner experiences to those who were not ready or able to tolerate such strange (to them) reports.

**7. *We are aware (consciously or unconsciously) that our wishes and emotions may influence the world around us, even though we may find such awarenesses unsettling.***

This is seen clearly in the 'sheep/goat' effect identified in parapsychology, where *disbelievers* in psychic phenomena perform *significantly below* chance levels on tests of psychic functions (Palmer, 1971; 1972). Such negative effects produced by disbelievers have occasionally occurred in healing research as well (Solfvin, 1982).

Most of us have limited control over our thinking and feeling processes. Unconsciously we feel guilty, knowing that some of our negative thoughts and feelings may have negative consequences for others through psychic interactions. Jule Eisenbud is a psychiatrist who studied psychic and psychotherapy extensively. He observes (1983) that although Western man denies the existence of psychic,

[He] behaves still as if there were a core of effectiveness to his hostile wishes and is still absurdly touchy on the subject. For once the primordial split took place, the dominant note ever since has been the ongoing, progressive need of man...to project further and further from themselves his responsibility for the evil that goes on around him.

This first split-off and projection outward of aggression may well have been the real beginning of modern times - not fire, nor the wheel, but man's invention of a device that enabled him to say..."I didn't do it - that thing out there did."

It is far easier to deny healing exists and then not have to deal with our negative feelings and their possible consequences through psychic interactions. Yet if we do this, then what Jung labeled these repressed, *shadow* sides of ourselves may find expression in indirect and potentially very destructive ways. Burning witches was one of the more obvious modes.

**8. Cognitive dissonance, a perceived conflict between several perceptions or between perceptions and belief systems** (Festinger and Bramel, 1962), may influence us to reject healing experiences and concepts.

Cognitive dissonance has been well studied by psychologists. Discomfort arises when a conflict exists between a belief or expectation and a contradicting observation. A person is strongly motivated (often unconsciously) to resolve such tensions. Once having made a choice between dissonant possibilities, a person then tends further to reduce anxiety by dismissing and rejecting the non-preferred option (Brehm, 1996).

*There is enough light for those who wish to see and enough darkness for those who are contrary minded.*

Blaise Pascal

A lovely example of cognitive dissonance is given by C. J. Ducasse (1951), who reviewed W. Crookes' meticulous research on Eusapia Palladino, a medium. He found compelling evidence that she was capable of materializing images that others could perceive during her séances.

Any person that owns allegiance to the recognized criteria of dependable evidence has any rational right *not* to believe [such reports]... If, as is indeed the case...I still find psychological difficulty in believing that the [phenomena] reported occurred, then there is for me only to confess that my psychological reluctance to follow where the evidence leads means that I am not as rational as I should be.

Jule Eisenbud is very open in sharing his own cognitive dissonance while engaged in personal research on *thoughtography* (production of images on photographic film by psychic means). Ted

Serios, who was able to demonstrate thoughtography under careful scientific observations, used what he called a “*gizmo*” when doing this. The “gizmo” was a plastic cylinder with cellophane tape across its ends and appeared to act purely as a mental crutch for Serios, perhaps as a magic charm might do. Although Eisenbud could see no way it could explain the production of detailed, structured pictures when held against the camera lens, he had it examined by a physicist who specialized in optics.

[The physicist's]...report was reassuring; but it did not still the quivering doubts which started to rise in me as soon as I got some distance away from the test experience. Moreover, I found myself quite unprepared for the strength and pernicious quality of these doubts. Certainly an attitude of caution and systematic skepticism should be expected of anyone undertaking to test a hypothesis according to conventional canons of scientific inquiry. But not the kind of gnawing, festering doubt - for the most part doubt of nothing I could even put my finger on, doubt in the abstract, doubt accompanied by feelings of resentment, as if I had been rudely tricked, duped, outwitted - that took possession of me as soon as the aura of triumph produced by the emergence of the Westminster Abbey [thoughtographic] print wore off. It was suddenly as if the earlier pictures I had witnessed counted for nothing, as if I had to start the long steep hill all over again. This kind of almost obsessional doubt - which oddly coexisted with an attitude that at peak moments was, justified or not, its exact opposite - I was to observe in myself many times in the months to come, many times before, I might say, the cumulative force of the data reduced it finally and for good to the vanishing point. I can compare this doubt qualitatively only to the kind of morbid suspiciousness seen in lovers and pathologically jealous married people that I have often seen in my practice, a suspiciousness that is lulled only by continual and never wholly successful attestations of fidelity on the part of the suspected partner, only to renew its painful beating at the mind sometimes after only a few hours, requiring ever stronger proofs. This doubt had nothing to do with logic or evidence; it was just an ache, a spasm of the fractured mind. (Eisenbud, 1989)

Healing experiences and the self-healings of remarkable recoveries conflict with sensory reality. The vast weight of western public opinion has been that reports of healings are invalid. Any encounter with such experiences creates cognitive dissonance, with its drive to reduce the inherent tension between preconceived ideas and the experience itself. The easiest path to resolution is to reject healing evidence.

Doctors are confronted repeatedly with positive results from healings of all sorts. I am repeatedly amazed at their lack of curiosity to explore unusual improvements in symptoms and in the underlying disease processes as well. Most declare that they could not have been correct in their original diagnosis, because the usual course of the illness does not proceed as it did in the person who has undergone healing. Therefore, they resolve their cognitive dissonance between the observed recovery and the expected course of illness by dismissing their original diagnosis, thus resolving their inner tensions.

The same defensive processes have been adopted systematically by scientific journals (JAMA, 1990). Articles on healing are rejected because these are beyond their frames of reference. This rejection is then used by others to support and justify their personal disbeliefs in healing, which in turn is used by the journals themselves in rejecting submissions on healing.

I am I not free of cognitive dissonance myself. I am very, very glad that there was another physician with me in 1980, when Ethel Lombardi, a strong healer, demonstrated an effect of

healing that I could not explain with conventional medical knowledge. The other physician and I agreed on our measurements of a lesion (that shrank dramatically in only half an hour). We had examined the healee before and after the healing treatment and our findings were identical. Otherwise I might have allowed myself to resolve my cognitive dissonance by convincing myself that I had mis-measured the lesion either before or after the healing, or that I had misremembered one or the other of the measurements. (I would call that *retrocognitive dissonance*.)

Cognitive dissonance may be resolved through many psychological defense mechanisms, as will be shown below.

**9. *Varieties of psychological defenses may be activated to deny healing and psychic observations.***

Charles Tart (1984; 1986; 1994) suggests that a variety of psychological defenses may be employed to deal with anxieties about psychic phenomena.

**a.** We can *deny* any such thing exists, or *deny we are afraid of it*.

**b.** We can *avoid* situations where it might become apparent

**c.** We can *arrange experiments that are unlikely to confirm its existence*, or confirm its existence in a comfortably limited set of circumstances (e.g. in the laboratory), or in experiments where only a tiny, though significant, effect is noted.

In an example of this sort, I (D.B.) was amused to see this approach taken by Edzard Ernst, Chair of Complementary Medicine, at Exeter University in England. He dismissed spiritual healing as ineffective when his controlled study of healing on warts produced results with no significant differences between treated and control groups (Harkness, Abbot and Ernst, 2000). Warts are known (though apparently not to Ernst, et al.) to fall off with any suggestive treatment (Ullman, 1959)

**d.** We can *rationalize* and attribute psychic phenomena to some higher, spiritual realms and *distance* ourselves from this, perhaps through claiming that we are addressing the psychic in more culturally acceptable academic rather than religious frameworks.

**e.** We can *distract* ourselves, for instance with formal methodologies as in (c), and ignore major psychic occurrences that occur but are outside the defined focus of the experiment. (I have spoken with numbers of psychic researchers who noted major, so-called *macro*-PK effects during experiments, many of which went unreported because they were outside the formal focus of the study.)

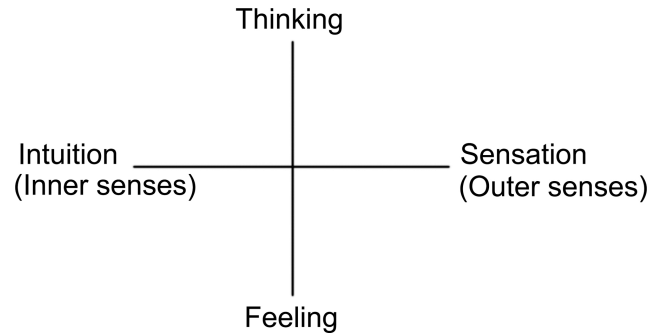
**f.** We can *dissociate* ourselves from the effects, claiming that outside agents are responsible. Kenneth Batchelder (1982; 1983) called this *ownership resistance*.

Tart notes that all of these approaches are unhealthy because they deny real experiences and avoid dealing directly with our anxieties.

**10. *Carl Jung pointed out that everyone has a personality type that is dominant on one or two of four parameters, which are paired in polar opposites. There are also introverted and extraverted styles of relating to the world.***

The Jungian polarities of *thinking/feeling*, *intuition* (inner senses) / *sensation* (outer senses) may be related in several ways to difficulties in accepting healing. People tend to be stronger in one of each of these two polarities.

**Figure 1. Jungian polarities**



People dominant in each type will usually choose a profession and leisure activities in which their strengths serve them well and in which they find peers with like preferences. Without realizing it, they end up through these associates in loops of interactions that confirm their opinions in the correctness of their perceptions and beliefs about their preferred modes of experiencing the world. To some degree, this may overlap with those who join the clubs of 'Right Men' (discussed in number 13).

*Lawyers congregate in lawyers' clubs and artists in their cafés.*

- Anonymous

With each of these types experiencing the world mainly via their primary function, they believe that *that* is the way the world is, or should be, if it were the best of all possible worlds. Each usually has difficulty comprehending others whose primary functions and/or locus of directedness are different from their own. They are likely to be uncomfortable when having to deal with material inside themselves that is not in their primary mode. Thinking types will be put off by expressions of feeling, and feeling types may condemn the nit-picking burden of analyzing what may lie behind their feelings.

Most people who elect to study and work in academic or industrial society scientific pursuits are superior in thinking and sensation functions. These are requisites for their work. This means that academics often will be relatively inexperienced and unfamiliar with feeling and intuitive experiences, which are their inferior functions. This, in turn, can influence their attitudes towards healing in several ways.

First, scientists emphasizing analytic, rationalistic approaches will have difficulty grasping that which pertains to *noesis* and *ineffability* - the knowing of intuitive perceptions that carries with it a feeling of great certainty, and the difficulty in putting this into linear terms. If a thing cannot be spelled out clearly, measured, and repeatedly and reliably reproduced, its existence for them is more than just questionable. It would demand the activation of their inferior (intuitive/feeling) functions to perceive and appreciate such a thing. It is thus hard for them to accept that such material is even worth considering, much less believing it.

The very heavy emphasis given to thinking and sensation functions in our society leads people to believe that these functions somehow have a greater validity than intuitive and feeling

functions. However, as Daniel Goleman points out in his book, *Emotional Intelligence*, our emotional functions can make enormously valuable contributions to our lives. Emotional awareness cuts through the superficial presentations people make to each other, providing a radar that penetrates to much deeper and often much more reliable levels for assessing the nature and trustworthiness of social and emotional interactions. Intuitive awarenesses, likewise, can be trenchantly penetrating. Reductionistic thinking, however, relies on reasoned and researched information rather than on the first-hand knowledge of intuitive awarenesses. As Malcolm Godwin noted, "Because our belief is second hand, we no longer can rely [upon] our own gut feelings to tell us whether things are true or false."

Second, people with strong thinking and sensation functions would not want to invest of themselves in exploring the realms of healing, as this would require the activation of those shadow functions with which they are uncomfortable. It is thus easy for them to accept or invent reasons to protect their intellectual constructs and to avoid any involvement in psychic and healing experiences.

Third, assuming that intuitive psychic functions are present in everyone and seeping via unconscious channels into partial conscious awareness, these functions likewise would be lurking in those types of people whose superior functions are sensation and thinking. These types would then have to work extra hard in their minds to repress and deny awareness of expressions of these inner aspects of themselves that make them uncomfortable. It is? It is far easier to denigrate and reject that which a healer or psychic presents than to explore within ourselves why we are uncomfortable.

Such processes may serve to explain the vehement objections of fervent opponents of psychic phenomena and healing. It may be to protect themselves from awareness of their undeveloped, inferior, shadow functions.

*Prejudices against healers* may be explained in part through these Jungian concepts. Social prejudices against healers are strong in many segments of Western society. Healers are seen as second-rate caregivers by most conventional health practitioners and by many complementary therapists. I believe that much of this prejudice derives from the fact that most healers are strongly intuitive and feeling types. Conventional health caregivers find healers and their methods of treatment incomprehensible. The conventional caregivers boost their own egos by denigrating healers. The irony is that there is more research on healing than on most of the other complementary therapies, and more than there is on many conventional therapies as well.

Sadly, the effects of this prejudice are sometimes self-reinforcing. Some healers, feeling rejected, may not think of joining with other healers or other caregivers in professional meetings where doubts and questions might be shifted. Some healers are arrogant and disparaging of allopathic medicine and practitioners as well. From the other direction, without such exchanges healers may not have access to instruction in the terminology and clinical approaches that are expected amongst conventional health care professionals. This then reinforces the negative image of healers.

Unfortunately, healers' strengths of intuition and feeling, and inferior functions of thinking and sensation leave many of them uninterested in systematic study of healing and research. They have little inclination towards academic pursuits. They are thus disadvantaged in communicating with the scientific and medical communities, and may make a poor impression when they do attempt to explain what they do.

Healers also tend to rely on intuition, having little inclination to question whether what they are doing is necessarily the best for their healees or themselves. Few seek peer or mentor supervision. Many would not heed the observation of Ashleigh Brilliant: *"Some of my instincts tell me not to follow some of my other instincts."*

Another element contributing to more positive and deeper results from healing is the level of personal awareness of the healers. Those who have worked on clearing their own psychological residues of traumas are more likely to be able to help healees who have serious psychological issues contributing to their problems.

Those who come to healing with health care or complementary therapy training have more educational discipline and sometimes achieve higher standards in healing - not because of greater healing gifts, but because they know how to approach self-improvement in systematic, disciplined ways (in themselves and their clients). They may also include additional modalities, such as psychotherapy, massage, and other complementary therapies with their healing.

In England, the Netherlands and North America, the situation of some groups of healers has been better than average compared with other countries where healers work in isolation, and is being improved through their very active healing organizations. In North America, Groups such as Therapeutic Touch (TT) and Healing Touch (HT) are developing certificated training; and they are establishing training standards for healers that are meant to place them on a par with other responsible caregiving professions. TT and HT have also generated a wealth of research confirming the efficacy of their approaches.

*The polarities of introversion and extroversion* also provide partial explanations for discomforts with healing and psychic/intuitive awarenesses. In my personal experience, those with 'eyes that look inwards' are more likely to sense a connection with healing energies and psychic connections with other people and the world at large than those whose characterological preferences are to look outwards for explanations of how the world is held together and functions.

#### **11. Left-brain dominance may prejudice people against psychic and healing phenomena.**

Selective openness to or rejection of healing may be associated with right- and left-brain styles of dominance. These have been more rigorously studied and validated than the Jungian polarities. The right brain is more specialized in intuitive/feeling functions and the left in linear ones. (See Table 1).

**Table 1. Left and right brain functions**

<b><u>Left Brain</u></b>	<b><u>Right Brain</u></b>
THINKING	FEELING
Linear	Gestaltic/Patterns
Outer senses/objective	Inner senses/subjective
Logical	Intuitive
World of matter	Worlds of energies
Prefers rules	Spontaneous
Sequential, Either/or	Parallel, Both/and
Product	Process

It is easy to demonstrate to ourselves the experience of right- and left-brain dominance. When one cerebral hemisphere is active, the opposite nostril of the nose is more open (Rossi, 1986). The brain alternates this dominance about every 90 minutes, in what is called the *ultradian rhythm*. I explored this myself (as can the reader). Doing so, I at first thought I had very little right-brain activity, because I found during the day that whenever I checked myself I was in left-brain mode. It seemed that I was never in right-brain mode. It eventually dawned on me that I was remembering to check myself when I was in left-brain mode but not when I was in right-brain mode. Apparently, in right-brain mode I was not able to maintain my linear focus on time and not remembering to note when I was in that mode. When I set my wristwatch alarm for every half hour, I started identifying the periods when I was in right-brain mode.

Studies in which the left-brain was engaged with a distracting task during psychic testing seem to suggest that *psychic experiences may be a right-brain phenomenon* (Broughton 1976; Maher, Peratsakis, Schmeidler, 1979). The significant effects were found in males, who tend to favor left-brain modes of engaging the world. This is consistent with my hypothesis that left-brain dominant peoples would have more difficulty appreciating psychic phenomena. However, interpretations of the evidence need further confirmation, and alternative explanations are possible.

Studies of C. Maxwell Cade and Geoffrey Blundell with the biofeedback Mind Mirror show that experienced healers, advanced meditators and yogic adepts have balanced right and left brainwave patterns. More recent research also suggests that there is a considerable degree of cooperation between right and left hemispheres in many activities where one or the other side may still have a predominance of control over those functions.

Healing and psychic phenomena may therefore involve either the right brain alone or the right brain in balance with the left. In either case, predominantly left-brain, linear-thinking people may be uncomfortable with psychic issues and healing.

Western society has so greatly overemphasized linear thinking that its entire educational system focuses almost exclusively on left-brain processes. We drill children over many years in concrete, linear, analytic exercises rather than in intuitive or feeling exercises. We actively discourage involvement in the arts and other creative endeavors.

You may also check to see whether you are biased in this regard. See whether you feel more comfortable with Table 1 or with Table 2. It is amazing how subtle yet powerful these ingrained prejudices can be.

**Table 2. Right and left brain functions**

<u><b>Right Brain</b></u>	<u><b>Left Brain</b></u>
FEELING	THINKING
Gestaltic/Patterns	Linear
Inner senses/subjective	Outer senses/objective
Intuitive	Logical
Worlds of energies	World of matter
Spontaneous	Prefers rules
Parallel, Both/and	Sequential, Either/or
Process	Product



We all have right and left brain hemispheres. We are best served when we access both of them, rather than emphasizing one over the other, particularly when habitual emphasis on one side can lead to distancing and unfamiliarity with functions of the opposite one.

*So when the shoe fits  
The foot is forgotten.  
When the belt fits  
The belly is forgotten.  
When the heart is right  
'For' and 'against' are forgotten  
- Thomas Merton*

**12.** *The dominant, masculine thinking in western society is biased against the feeling and intuitive aspects of awareness and expression* (Schaefer, 1991; 2001).

The masculine attitude includes a very strong bias towards linear, logical, analytic thinking. With this attitude, there often is a felt need to control himself, his relationships and the environment. Conversely, there are fears of admitting what he does not know and of admitting errors or weaknesses. Getting in touch with feelings and intuitions, which are perceived as feminine characteristics, is felt to be an admission of weakness (Legato and Tucker, 2006).

To some extent the masculine mode of relating is an expression of male genes and hormones; to some extent it is family and societal conditioning. I saw an amusing example of the genetics end of the spectrum: One of my daughters decided to raise her firstborn son in a gender-neutral environment. She made dolls and toy trucks equally available. Though given the free choices, he would have nothing to do with the dolls and was utterly taken with the trucks. On the conditioning side, I've seen countless boys led into competitive sports by their parents and schools. Of course there is a spectrum between the extremes of macho, dominator, feeling-avoidant masculinity and feminine openness to the feeling and intuitive aspects of a man's ways of being in the world. It is heartening to see that there is a movement towards encouraging men to find a balance between and to connect with and give expression to their feminine sides.

In the masculine competitive end of the spectrum, men often tend to seek peer support and approval for their beliefs and actions rather than validating them empirically. For instance, John Taylor, a physicist, studied people with metal-bending abilities. His book, *Superminds*, summarizes his investigations, complete with photographs of metal objects bent by psychokinesis (PK). Subsequently, he recanted his heresy (within the prevailing scientific paradigms) in a second book, *Science and the Supernatural*. Here he argued that any such report must be due to credulity, hallucination, or other psychological mechanisms that could mislead a person into believing something that modern science knows to be impossible (Griffin, 1997). Schaefer (2001) summarizes other such examples in the work of Isaac Newton and Albert Einstein, where empirical and mathematical findings were denied because they contradicted the then prevalent scientific beliefs.

Men have dominated science, medicine, editorial positions, funding agencies, and governmental legislating/regulating bodies. Men have sought for millennia to dominate each other and to control nature. These traits and actions have created an atmosphere in which it is difficult to pursue the study and practice of healing and psychic experiences.

Clearly, there are also overlaps here with (10) and (11) above. Masculine attitudes may be an expression of left-brain preferences, as in (11). The pervasiveness of this attitude, however, seems to warrant this separate discussion.

**13.** We can *seek social support for our skeptical views* deliberately or unconsciously, thereby finding validation and avoiding cognitive dissonance. This approach overlaps with the previous three defenses, but may sometimes be a more extreme variation on these themes.

*Birds of a feather flock together.*

- Anonymous

By hanging out with like-minded folk, we avoid stirring discomforts that could arise if we were with people who could and would challenge our views and beliefs. Many people restrict their social and business contacts solely to people who hold opinions similar to their own. They can be so certain of their beliefs that anyone who expresses dissonant views is rejected with some pejorative adjective that justifies their own beliefs. Thus are born terms like *apostate*, *infidel*, *heretic/heresy*, *pagan*, *heathen* and more vitriolic epithets for specific, rejected 'others.'

In an excellent discussion, Larry Dossey (1998) calls people with such defenses "Right Men." Right Men are blindly convinced of their worldviews and cannot be swayed from their opinions. Dossey suggests that Right Men may be firstborns in their families, tending much more to conform to prevailing views and expectations.<sup>i</sup> Right Men are often found in conventional science and medicine. They rigidly defend their belief systems against any changes, using many tactics that are more those of the demagogue than of the scientist.

Right Men are impervious to reason. They not only reject evidence that contradicts their beliefs but will grossly distort such evidence, with great emotional intensity, in efforts to support their beliefs. Dossey gives examples of some egregious distortions used by Right Men in attacks on his own and on other advocates' writings in the field of integrative care. While asserting that they are defending science against fringe ideas, Right Men completely ignore the evidence and procedures of unbiased scientific debate. They rarely engage in research. Dossey labels this "the teflon mind," in which nothing sticks when it does not match preconceived biases. Dossey suggests, "It isn't proper to dignify comments of Right Men by referring to them as skepticism. A skeptic is someone who suspends judgment until the facts are in. A Right Man is more properly called a 'pseudo-skeptic,' or perhaps a cynic."

*I'll never believe it until it's scientifically proven... and there's no scientific proof that I will ever accept.*

- Ashleigh Brilliant

Dossey also suggests that Right Men may have entered a premature philopause, "a cessation or shutdown of the tendency to philosophize... There is no known treatment for the philopause. Unfortunately, the symptoms are often progressive."

Right Men claim to be scientists, but they rigidly adhere to their beliefs and will not consider any possibility that there might be flaws in their hypotheses or that new data might present evidence for changing their hypotheses.

Dossey notes that it may simply be impossible to argue with Right Men. He cites Max Planck, who observed that "science changes funeral by funeral."

As examples relevant to this discussion, Dossey musters impressive evidence of the demagogic tactics of the National Council Against Health Care Fraud, and of the Committee for the Scientific Investigation of Claims of the Paranormal (CSICOP). These are people who are firmly entrenched in the opinion that there is absolutely no substance or validity to psychic or healing phenomena. Sadly, these “quackbusters” may dissuade innocent people from seeking the benefits of spiritual healing and other complementary therapies that could be of benefit.

Researchers in parapsychology and healing may also utilize psychological defense mechanisms of these sorts to deal with similar discomforts. Michael Balint (1955) points out how scientists in these fields may utilize the psychological defenses of projection and idealization in ways that are quite sophisticated. These nonetheless serve the same objectives of protecting the observer/participant from psychological discomforts of dealing with unconventional phenomena.

Projection states that the uncanny power which produces parapsychological phenomena dwells not in us, everyday normal people, but in mediums, in healers, in waters, in woods and caves, or in God's unfathomable grace. We research workers must be acquitted without any question, since we are only studying the phenomena, and not producing them. Our interest in them is entirely objective, and has nothing to do with our own emotions, our instinctual gratifications, our unsolved problems, or our personal involvements.

Idealization, the second defensive mechanism, comes into force [as well]... The working of these two defensive mechanisms can perhaps best be demonstrated in the case of religious healing as at Lourdes. By invoking unfathomable supernatural forces, i.e. God's grace, any human involvement is *eo ipso* excluded, and the religious or scientific research worker can get away with his 'professional hypocrisy' unchallenged. However, his guilt feelings compel him to maintain a hyperobjective attitude, demanding unrealistically strict standards...

Balint points out that unreasonably strict criteria have been required by scientists for physical improvements to be accepted as true healing, including instantaneous recovery and permanence of changes. "...these criteria are grossly exaggerated, i.e. ambivalently idealized. They correspond only to very old and profound human desires, but never to reality..."

*The more sure you are, the more wrong you can be.*  
- Ashleigh Brilliant

Thus researchers may intellectualize their ways out of discomforts with paradigm shifts and with challenges to their habitual ways of relating to the world. For instance, by insisting that healers perform on demand, or even that they perform *miracles* on demand, researchers have assured themselves that they will be unlikely to encounter an event that might unsettle them.

It is sad that parapsychology has responded to its critics' intransigent doubting with intensified efforts to prove to them that psychic phenomena exist. These efforts seem more related to parapsychologists' struggling with their own doubts.

I talked with a member of the Society for Psychical Research in England who had patiently searched over many years for evidence of spirit phenomena that would stand up to scientific scrutiny. He had recently obtained a proof that no one was able to refute. Rather than be happy with this, he found himself uncomfortable with the evidence! My impression from nearly two

decades of association with researchers in parapsychology is that this may be more the rule than the exception. I have known numbers of parapsychologists who are so uncomfortable with psychic phenomena that they would rather find reasons to disbelieve than believe in them.

The Right Man approach has broad overlaps with the next defensive approach.

**14.** *Fears and distortions arise regarding psychological explorations because modern psychology has diligently sought to be accepted amongst the sciences.* The same is of course true of parapsychology.

Under the prevalent scientific paradigms we accept only what we can empirically prove, using linear, mathematical methodologies. We reject whatever does not fit into our paradigms.

...All the social sciences have suffered under this inferiority complex, and...psychology...tries harder and harder to be accepted. When a people or a discipline needs acceptance, it becomes progressively rigid and rigorous in trying to do the right thing while becoming increasingly aware of its inadequacies...the focus is more and more directed on the tiny details it can 'prove,' scientifically, and psychology becomes more and more divorced from human issues and larger-than-human issues. Psychology's need for acceptance by science and medicine has pushed it further and further from creative, innovative thinking, lest it face rejection. When a people or discipline needs so desperately to be accepted, it will literally sell its soul to get in...

Transpersonal psychology followed the wave of humanistic psychology and bravely introduced the intuitive, the spiritual, the power of consciousness, the parapsychological, and the paranormal, all necessary issues and important to explore. Then, it tried to make itself 'legitimate' by using the tools, methodology, and assumptions of mechanistic science to prove the validity of these phenomena, which cannot really be studied by empirical methodology. (Schaefer, 2001)

Parapsychology has had a double struggle: first, to be accepted within psychology; and second, within conventional science. It has suffered the same difficulties as psychology and has achieved only limited success.

Schaefer suggests that *the process of seeking to be accepted* is not restricted to the sciences. It is insidiously pervasive and often leads us in Western society to disavow and disown our perceived reality in order to be accepted by our family, peers, conventional-minded mentors and employers. Schaefer makes a strong argument that such behaviors are similar to those of codependent addicts. In codependency, one person assumes responsibility over another or seeks to control another, who, conversely, places himself in a helpless, dependent status where the first one is invited to take responsibility and control.

Opening ourselves to the intuitive and spiritual encourages autonomy through personal, inner awareness of rightness and wrongness in our feelings and perceptions. This may help us to withdraw from codependent interactions with others. Others may then become uncomfortable that we are 'not playing by the accepted societal rules.' Rather than examine their discomforts, they would prefer to discount and reject those who make them uncomfortable - along with their own spiritual awarenesses that might contradict their worldviews. It is not surprising that healers and psychics suffer rejections from conventional science in our society.

Science is not objective, but is entirely relative to its basic assumptions and constructs. Science is inevitably an arbitrary edifice built upon axioms and hypotheses.

*Science is not science; objectivity is subjective.*

- Greenwood and Nunn (1994)

I believe, however, that there is a definite place for analytic dissections of what occurs in the intuitive and feeling realms of experience. *A balance between the masculine and feminine, between linear and subjective science is needed.* Carried to an extreme, either masculine or feminine attitudes that are not balanced by their counterparts lead to distortions and exaggerations. Unbalanced attitudes even have potentials for destructive perversions. We have only to look at the world around us to see the results of the linear, masculine efforts at controlling nature. The other extreme - of simply living by intuition and feeling - leaves us open to the dangers of overindulgence in introspection, being contemplative to the point of being unproductive; to fantasy run wild; to wishful thinking, magical delusion, autistic and narcissistic self-centeredness; to grandiosity, psychosis and worse.

The challenge to each of us is to become aware of our 'shadow' sides, *anima* and *animus*, and to integrate them in our lives (Jung, 1953). It is when feeling and intuition are analyzed and applied through sound analytical reasoning, which in turn are guided by intuition and feeling, that healthy and harmonious ways of living are achieved.

**15. Various religions have laid claim to healing and spiritual practices**, which is a put-off to those in the secular sectors of society in accepting healing and intuitive awarenesses.

On the one hand, the practice of healing within religious frameworks provides a context in which healing may be engaged without cognitive dissonance. The unknowns of healing are attributed to spirits, Christ, angels or God - and the mystery of healing nestles comfortably within the vastness of another, broader mystery. On the other hand, the religious hegemony over healing has led to rejection of healing from several quarters. Science, insisting on reductionistic research and reasoning, has rejected most of what religion teaches because it is based on revelation, doctrine and subjective reports of spiritual dimensions.

The history of civilization repeats the lessons of the corruption of power - in religious institutions as elsewhere. Barbara Brennan (1993) summarizes this well:

In our religions, God's will has been used to control people with the idea that only a few know what God's will is. Therefore, the rest of us have to do what those few say. Essentially, those few people have turned our main image inside out and acted, perhaps unconsciously, as if their will were God's will. They have used the main God image of their followers for their own advantage...

In recent decades, charismatic healers have become prominent figures, some of them featured on national television. The emotional atmosphere of their services is alien to those raised in non-religious traditions. Medicine tends to view healings in such settings as due to release of hysterical (conversion) symptoms.

James Randi (1986), a stage magician, observed some of these healers staging false healings. They might invite a person who is limping to sit in a wheelchair. Later, in front of the audience, this person is invited to rise and show that the healing was effective. The audience, assuming that the person entered the auditorium in a wheelchair, cheers at another alleged miracle.

The fact that several of the prominent charismatic American TV preachers have been caught in financial and sexual wrongdoings has done the image of these religions no good. Their healings, questionable under scientific scrutiny as they are, have been further tarnished. This is not to say that all such healings are fake (Benor, 2001a).

Many church members in Western society have become disillusioned with religions because revelations of inspired peoples many centuries ago have been codified into dogma. Dogma is not consonant with modern society's emphasis on reasoned learning that is based on systematic, analytical, scientific observation. Dogma frequently contradicts personal experiences of spiritual awareness. Mystical experiences may be actively discouraged by some Western religions. For these reasons, many are attracted to charismatic Christianity and mystical traditions of Eastern religions, where the emphasis is on personal experimentation with inner, meditative and spiritual perceptions.

There are numerous religions and factions within religions, each claiming that it alone speaks the exclusive truth in their interpretations of revelations from centuries ago. In our increasingly global community, with the words and views of inspired religious leaders available on the media to all, it becomes ever more apparent that no one religion has a monopoly on esoteric or revealed truth. The very insistence of dogmatic religions that they have the *sole* truth diminishes their credibility in the eyes of many who hold modern views.

Sadly, many go so far as to reject all possibility that religion might have something of value to teach. For them, spiritual healing - associated historically with religion - is as alien and rejected as is God.

Individuals may find personal truths and personal healings through spiritual awakenings. Science continues to dismiss these as fantasies, unresolved dependency on our parents, denials of the finality of death, and the like. Yet personal spirituality may be of vital importance in reconnecting us with each other and with the rest of our planet, to help us shift from exploiting our planet to healing it.

Laurens van der Post (1994) sagely observes:

Unless we recover our capacity for religious awareness, we will not be able to become fully human and find the self that the first man instinctively sought to serve and possess... Many of us would have to testify with agonizing regret that, despite the examples of dedicated men devoted to their theological vocation, they have failed to give modern man a living experience of religion such as I and others have found in the bush. That is why what is left of the natural world matters more to life now than it has ever done before. It is the last temple on earth which is capable of restoring man to an objective self wherein his ego is transfigured and given life and meaning without end.

Religious fundamentalists have claimed that any healing outside of their particular faith is not true healing, or possibly even suspect of being the work of the devil. Scientific research of healing is seen as heretical intrusion into matters that they feel are strictly spiritual and strictly under their aegis. Larry Dossey (1996) observes:

...[T]he experiments in prayer [healing] do not oppose genuine spirituality; they are a threat only to narrowness and exclusivity, which are the backbone of religious intolerance. It is not the Absolute who is threatened by the scientific evidence favoring prayer, only our own arrogance and pride and the special status that some religions

have claimed for themselves. Prayer experiments level the praying field. They show that prayer is a universal phenomenon belonging to every faith and creed, and these studies, therefore, affirm tolerance.

In summary, those of religious faith may find their religion a help in accepting healing. Those outside the fold may count this as a reason to dismiss healing.

**16.** *The difficulty in replicating psychic and healing phenomena in the laboratory has been used as a reason to question their existence.*

In the physical and social sciences people presume they understand an aspect of nature when they are able to manipulate it so as to produce the same results repeatably and predictably under given circumstances. For instance, if I think that Earth's gravity pulls equally on objects of the same weight, I must drop objects of the same weight repeatedly to demonstrate this. If they fall at equal speeds, I may claim that my hypothesis is confirmed. But if in some instances objects of identical weights fall at different rates, I must say that I have not accounted for all the relevant variables in my initial theory. Shape and density of objects, air resistance or something else may need to be considered.

Experiments with healers and psychics have not been able to produce results as consistently as experiments in the physical sciences. Effects are observed in some healing treatments or parapsychological studies but not in others, with little apparent regularity in the patterns of occurrences. The same healer might succeed a number of times and fail a number of times. We have not isolated the critical variables that can explain - or better yet, predict - when healing in a given instance or series of treatments will occur or not. Therefore, the physical scientists claim that healing phenomena are probably due to chance variations in the disease, 'spontaneous remissions' (which are unexplained but laid to rest with this label), or due to other, unaccounted factors rather than results of healers' interventions.

Though *patterns* of psychic performance in the laboratory have been observed, these too have been discounted as evidence for psychic phenomena because they too do not always occur predictably. It is not uncommon to find that the first run of trials in a series produce positive results, while subsequent runs produce much less significant or even random results. The most generally accepted theory to explain the drop-off in significance with repeated studies is that the experimenters and subjects lose their enthusiasm and get bored with repetitions of a study (Pleass and Dey, 1990).

Unusual patterns have been found in areas of conventional science as well (Collins, 1985). New processes for crystallization, developed in a particular laboratory, may be impossible to replicate in other laboratories - until the originator of the process visits personally to demonstrate how to do it. It may prove that morphogenetic fields must be built in order to achieve new crystallization patterns (Sheldrake, 1987). It also may be that beliefs and/or disbeliefs of the experimenters facilitate or block the reactions.

Meta-analyses of series of studies in psychic research impressive refutations the criticisms based on poor replicability, demonstrating very robust statistical probabilities across series of studies. Highly significant results have been obtained in studies of psychokinesis on random number generators (Radin and Nelson, web reference); PK on tossed dice (Radin and Ferrari); studies of PK on biological systems (Braud and Schlitz, 1991); and psychic phenomena under *ganzfeld* conditions in which sensory inputs are restricted (Honorton, 1989); under hypnotic induction (Schechter 1984); and in forced-choice precognition (Honorton and Ferrari, 1989).

The insistence of science that psychic phenomena and healing must conform to a pre-conceived pattern of action and be similar to other phenomena studied by conventional science is simply unsupportable. Skeptics scrupulously ignore the meta-analyses that show that aspects of psychic phenomena are well supported in research. They continue to assert that healing and psychic studies do not conform even statistically to reliably repeatable patterns. They continue to claim that the highly significant results achieved in psychical research and healing must represent chance variations rather than actual phenomena.

The observed lawfulness of psychic phenomena and healing require study and clarification *on their own terms*, as discussed in the next section (16).

*...all healing is scientific. The problem is science's inability to measure or document what occurs.*

- Bernie Siegel (1986)

When we begin to accept healing and psychic realities, we find numbers of explanations that are outside the commonly accepted laws of conventional science. For instance, a neglected factor in many discussions of replicability is the experimenter. There are scientists who produce negative results and those who obtain consistently positive results in psychic and healing research. We might begin to tease out relevant factors if we explore the differences between them. Some parapsychologists have been known to demonstrate these differences, both positive and negative.

**17. *Healing and psychic experiences have laws that differ from those of other sciences.*** This overlaps to a great degree with (15) and to an extent with (9).

Procrustean demands are made of researchers of healing and psychic phenomena. For instance, skeptics have suggested that if healing cannot be produced regularly on demand, it cannot be accepted as a legitimate intervention.

In experiments of chemistry or nuclear physics the results are usually given in rates of reaction and percentages of probability of occurrence. In most such cases the subject under examination includes very large numbers of molecules or particles. If nuclear physicists are asked about certain parameters concerning a single particle they are often in the same position as parapsychologists, and cannot predict with certainty whether that particular particle will or will not act in a particular way. Even worse, there are aspects of physics that cannot be defined at all. An electron can be defined either in terms of its momentum or its position, but not both simultaneously. This is called Heisenberg's Uncertainty Principle. We have come to accept that we simply cannot apply classical physics rules to particle physics phenomena. Though we cannot predict the behavior of a given particle with certainty, we can predict the statistical probability of its reaction. As alien as this is to our sensory reality, we have come to understand that this is the way the universe works.

Similarly, we are able to predict the behaviors of large groups of people and animals in many cases in ways that are impossible to predict for single individuals. The number of people bitten by dogs in a large city like New York is fairly constant from year to year. No one can explain however, how any individual dog knows that it's his or her turn to bite someone that year.



Going from dog bites to healing and psychic experiences is a shift in several types and levels of assessments. We don't know how to explain, much less to quantify most of these phenomena. Rudolf Rucker (1997) presents an excellent discussion on difficulties in conceptualizing information from other levels of reality in terms and concepts derived from three-dimensional reality.

We must learn to accept that healing and psychic experiences are different from conventional biomedicine and psychology. It is not valid to expect that rules for gathering evidence from other fields should be applied in assessments of the worlds of healing and the psychic. It would certainly be nicer, neater, less complicated and easier for conventional science to understand healing if healing conformed to linear, reductionistic processes. The fact that healing does not work in such manners does not mean that healing does not exist or that it exists only in the esoteric fantasy systems of credulous people. Many people have speculated that the laws of quantum physics may be far closer to those that apply for healing and psychic phenomena (Capra, 1975; Dossey, 1982; Radin, 2006; Zukav, 1979)

*We wouldn't use a yardstick to measure emotional closeness or a bathroom scale to weigh how much we love someone.*  
- D.B.

Skeptics often protest that healing has not been adequately studied in formal research to convince anyone that it is effective. They overlook the fact that the majority of modern medical treatments have not been studied to the degree of precision that they are demanding for healing. It is estimated that only 10-20% of conventional treatments are supported by substantial scientific evidence (Congressional Office of Technology Assessment, 1978; Smith, 1991).

A further example of the individuality of healing is that healing and psychic phenomena appear to be sensitive to influences of many and varied factors that may not be as crucial in conventional biomedicine - so many, in fact, that it is virtually impossible to establish a repeatable experiment in which all factors would occur in the same combination more than once. (See tables 3-7, taken from Benor, 1993) As it is difficult to control any few of these factors, much less all of them in concert, it is little wonder that only approximately consistent results have been obtained in experiments over numbers of trials. We cannot demand the same sorts of evidence in psychic and healing realms that we have in the physical sciences, where diverse variables can be much more specifically identified, quantified, isolated and held constant in repeated experiments, and where the subjects of study are not as sensitive to these multiple variables.

Beyond our limitations in studying these phenomena, the phenomena themselves require acceptance on their own terms.

...[T]hese types of nonlocal healing effects - for instance, resulting from an empathic connection between healer and healee - may violate the tenets of prevailing biomedical conceptions of physical law, but this is more a result of general misconceptions within contemporary biomedicine than any sort of transcendence of physics. Rather, the 'real' physics of the universe is considerably more unusual than most people imagine, but, once grasped, offers an elegant, logical, and convincing explanation for the results of certain studies.

Jeffrey S. Levin (1996)

**Table 3. Overall factors influencing healing**

Integrity Innate gift intentionality in activating and applying healing selflessly (vs boosting healer's ego) clarity of healer's inner development path Modeling personally what we teach Compassion, genuinely caring and helping others selflessly Centering Respect for healee boundaries choices	Natural healing abilities/ gifts middling average gifted Ethical standards Experience under supervision of advanced healers (and medical personnel) Accommodating varied healee styles of learning Open to learning ever more Maturity Responsibility Humility Social acceptability Needs/fees of healers
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**Table 4. Physical factors in healees influencing healing**

Physical causes congenital metabolic infectious toxic traumatic allergic neoplastic degenerative	Diagnosis severity chronicity Psychosomatic/disharmony Healee responsibility (not blame) Diet Fitness Staying 'clean' of toxic substances
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**Table 5. Emotional factors in healers influencing healing**

Healer self-awareness unconditional love empathy ability to introspect clearing the healer's own emotional residues not pushing healing to build healer's ego supervisor/peer review/support burnout awareness/prevention relaxation using humor Healer knowledge the unconscious mind/shadow defense mechanisms emotional scars inner child trauma residues/ programs	over-determination of symptoms/ illnesses trust/distrust addressing causes, not just chasing symptoms personality types stages of psychological development family relations counseling/psychotherapy knowing when to be gentle, when firm clear professional boundaries respecting healee's ownership of problems being centered in present moment waiting for healee readiness for interventions
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**Table 6. Mental factors in healers and healees influencing healing**

Intelligence Intellectual abilities Openness to learning new ideas Independence of thought/ responsibility Clarity regarding theory/structure within which healing is done Clarity of boundaries personal emotional professional understanding subjective judgments, attitudes respecting healee's judgments, attitudes, and decisions responsibility for care openness to teacher's instructions Clarifying reasons for disease/ dis-ease	Common sense/counseling Reframing Imaging ('visualization') Raising consciousness Meditation Absent healing Group healing Balance of thinking/feeling/intuition/sensation and/or right brain and left-brain modes of thinking/feeling-intuiting Ego strengths Dangers of ego involvement Creativity Self correction/improvement/research Communication writing/speaking - to healees, health care professionals, public teaching
--	--

**Table 7. Spiritual factors influencing healing**

Model conceptual intuitional Healer embodying/modeling spirituality Permission/taboos Inner guidance/spirits Clarity of channel Reincarnation factors Awareness of soul needs Group mind Religious beliefs healer allegiances respect for healee's beliefs Surrender vs responsibility Good/evil; yin/yang; the space between musical notes Gaia (planetary consciousness)	Healing Energies Auric fields (hand palpated and/or visualized) sensing identifying diagnoses energy abnormalities (high/low, blocks, leaks, unusual sensations, etc) correcting imbalances Chakras Meridians Craniosacral Distant/Absent/Radionics healing Broader Levels of Healing Relational/family/ past lives Political Gaia (planetary)
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We must digest the facts of intuitive knowing which occurs without outer sensory perceptions; of action at a distance; of worlds of energies that are part of the body, emotions, and mind - all of which hierarchically express the needs of spirit in its incarnation in the physical world; of our intimate participation in a cosmos that is far vaster than our individual selves; and more.

We will have to be content with our human limitations in understanding healing and spiritual aspects of our lives. We must balance and round out the qualitative individual reports with data from more formally controlled studies, accepting that few will be readily repeatable. No apologies are needed. These are the limitations of healing and psychic sciences. Hopefully, further research will help establish some minimal laws of healing and psychic. I suspect that one of them will be: We cannot define all the relevant variables in a given instance. I would call this *the healing/psi uncertainty principle*.

We must also acknowledge that qualities of response to healing may be difficult or even impossible to quantify. Love- as a deep, unconditional acceptance - is a quality often reported by healers and healees as a part of healing, and certainly familiar to almost everyone in its more everyday expressions. Spirituality is an awareness to which people often open through healing. How can we measure love and spirituality? Should we deny their existence because they cannot be *objectively* studied? We must learn to honor and accept these aspects of our being, giving them acknowledgement that is equal to linear, sensate aspects of our lives.

*If I were to try to read, much less answer, all the attacks made on me, this shop might as well be closed for any other business. I do the very best I know how - the very best I can; and I mean to keep doing so until the end. If the end brings me out all right, what is said against me won't amount to anything. If the end brings me out wrong, ten angels swearing I was right would make no difference.*

- Abraham Lincoln

### **Suggestions for dealing with fears of healing and psychic experiences**

Tart (1984; 1986; 1994) is one of the few researchers who suggest healthier ways of dealing with these anxieties, including:

1. We can *desensitize* ourselves to our anxieties. "You just keep rubbing your nose in it over and over until it doesn't seem so fearful. This is something we do in many aspects of life. Something frightens us, but we keep doing it because we have to, and after awhile we don't notice the fear... Sometimes, though, it's a way of again covering the real problem, and just getting used to something so you don't have to admit that there's a problem." Eisenbud's observations appear to be in this category.
2. We can *bypass* our fears, perhaps by involving ourselves in psychic experiences in group settings so that it is easy to spread the responsibility or totally project it onto others. The Batchelder (1983; 1984) psychic table-tipping experiments illustrate this. They experienced successes through techniques that encouraged a shared responsibility in producing the psychokinetic ('mind over matter') phenomena. Groups of healers sending absent healing are common. This relieves any single person of the responsibility for any changes that may occur in the healees, positive or negative.
3. We can *face and deal with our cognitive and affective anxieties directly*. In many cases, when we face our fears we discover that a major part of them were actually fears of being afraid. Once we do this, we can then proceed to deal with the underlying fears.
4. We can *learn adaptive coping skills*. Tart uses the analogy of handling guns, which we treat as though they are always dangerous. "If you have an attitude toward the psychic that it is dangerous in some respect, you can stay aware of that attitude and experiment with strategies

of nevertheless working with it in some way that minimizes the danger without being unrealistically careless."

5. We can *accept responsibility for the power* aspects of *psychic powers*, including their potential negative effects. This is similar to the responsibilities borne by doctors and other therapists who prescribe interventions that may have negative side effects.

6. Through *personal and spiritual growth* we can integrate these aspects of our experiences into our lives.

To Tart's list I add:

7. Self-healing can help people deal with their fears, teaching them to counteract the fears with approaches such as systematic desensitization, flooding, the Sedona method, Energy Psychology, and imagery/visualization techniques. WHEE is my favorite in this category, very rapidly helping people to deal with such fears at all levels (Benor, 2008b).

### **In summary**

There are numerous ways in which we can avoid the discomforts of re-examining our prevalent beliefs when they are contradicted by unusual healings. Any or all of the mechanisms detailed above might come into play when a doctor observes or hears about remarkable recoveries that are outside the normal expectancy from that illness.

The IJHC plans to contribute to rectifying this deficit in the medical literature by publishing reports of remarkable recoveries, taking into consideration possible wholistic interventions and self-healing contributions to these unusual remissions from illness.

### **Endnotes**

1. In philosophy, a first principle is a basic, foundational proposition or assumption that cannot be deduced from any other proposition or assumption. In mathematics, first principles are referred to as axioms or postulates. (Wikipedia [http://en.wikipedia.org/wiki/First\\_principle](http://en.wikipedia.org/wiki/First_principle) Accessed 081117)

2. Portions of the material on reasons that healing has not been accepted were published in Benor 1990(b).

3. I am indebted in the discussion of this issue to LeShan 1974.

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