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# Hands-On Miracles: More Questions Than Answers

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**E**d. Note: In the following dialogue, excerpted and edited from the Institute of Noetic Sciences' "Mysteries of Consciousness" teleseminar series, Bill Bengston, a professor of sociology at St. Joseph's College in New York City, discusses some remarkable results from a series of hands-on healing sessions with mice. He has written two books on this work: *The Energy Cure: Unraveling the Mystery of Hands-On Healing* and *Hands-On Healing: A Training Course in the Energy Cure* (both from Sounds True, 2010).

**Dean Radin:** Bill, you've distinguished yourself through stellar work in animal model studies—in which a mouse is given a disease like cancer and then hands-on healing is performed to see if the disease will be ameliorated or even cured. I think what you've done is unique within the annals of healing research because your work shows not just a small statistical effect but a full-blown cure. Anyone familiar with the literature in this area knows that such results seem impossible, and they would have valid cause to be skeptical. But you are a specialist in research methods and statistics and it's clear you've done everything correctly. So, we're left with a major anomaly. How did you come to do this work?

**Bill Bengston:** I never intended to be a researcher of anomalous healing. I'm guessing that many of the people who are drawn to this field come to it after some kind of personal experience. Something weird happens, a spontaneous case of clairvoyance or a precognitive dream or something like that, and then they scratch their head and wonder about it.

For me it began when I was introduced to some pioneering research data on the laying on of hands by Bernard Grad at McGill University. I was fascinated,

read a couple of his papers, but then didn't pay much attention after that. I graduated from college in 1971 and was lifeguarding when I met a guy, Bennett Mayrick, who claimed he was a psychic. A natural-born skeptic, I decided to put his psychic abilities to the test. I was sure that if I designed a stringent enough test, any psychic effect would go away—but, to the contrary, I couldn't make the effect go away, which really annoyed me. It also turned out that Bennett's psychic readings turned into psychometric readings, meaning he'd get physical impressions on his body. He would hold an object that belonged to someone else and start to get aches, pains, or visions. I started to design the studies to make *this* effect go away, figuring that there was some delusion somewhere in this phenomenon. Maybe somebody was pulling the wool over somebody's eyes. I did some double-blind studies, but I couldn't make the effect go away. And then, for the kicker, while Bennett was doing his psychic readings, the people he was reading began to report that whatever conditions they suffered from were going away. Both Bennett and I drew the line at that point and said that this was just nutty.

How could it be that you pick up someone's watch, and then not only do you pick up the symptoms that person has but also that person experiences those symptoms going away?

I suffered from a bad back for quite some time—in fact, I had to give up a swimming scholarship because I couldn't arch my back after about a hundred meters of butterfly. So I asked Bennett to put his hands on my back, to which he responded, "And do what?" I said, "Well, fix it." So, Bennett put his hands on my back, and although he didn't believe anything and I didn't believe anything, lo and behold, my back pain went away.

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**Radin:** At that point, had Bennett done any kind of hands-on healing?

**Bengston:** No, I was the first person.

**Radin:** And when your back pain went away, did he get it?

**Bengston:** No. What happened was that Bennett experienced my back pain before he knew it was my pain. We were in a kitchen, talking about one of my failed double-blind attempts. I was sitting on the counter, hunching my back over to stretch it out—people with lower back pain will understand. At that point, Bennett says, “Ow! Someone’s got back pain,” and he starts to look through his wallet and pockets to see if he’s carrying anything that would account for the pain. When I told him it was me, he said, “Please keep your pain to yourself.” I said, “I have a better idea: fix it!” He asked how, and all I knew to do then was to lean over the kitchen table and have him put his hands on my back. The annoying thing for both of us was that it worked. I wanted to prove that this effect wasn’t real and Bennett wanted to live a normal life, but we didn’t get what we wanted. I haven’t had any pain since. We stared at each other that day in the kitchen, wondering what to do next.

I could have said, Well, that was interesting, gotta go, but instead, I watched a few hundred healings. Some ailments responded very quickly; others responded very slowly. Some ailments didn’t respond at all. I watched and watched and watched, trying to get a clinical sense of what was going on. I learned that I don’t have much of a mind for clinical practice because I get frustrated. First of all, with my own healing, there was the possibility that time fixed my back. In other words, when someone comes in with pain and you put your hands on them and they come back repeatedly, the pain gradually goes away because pain sometimes does that. So, could I say it was Bennett’s laying on of hands that cured my

back, or was it time, or was it a change in posture? I don’t know how people go through life figuring out what clinically works and what doesn’t work.

I observed, among other things, that some ailments responded very, very quickly to hands-on healing—in particular, cancer. The more aggressive the cancer, the faster it went away. But some ailments didn’t respond well at all, such as chronic benign tumors and warts. Malignant tumors, however, responded right away. This was curious. Also curious was that Bennett couldn’t help anyone with a cancerous tumor who had received conventional treatment. If chemotherapy was going on, people didn’t respond to Bennett. But if no such treatment was going on, the cancer responded very quickly. I watched a few dozen cancer cases go into spontaneous remissions—and as far as we know, not a single one of them ever returned.

After watching this happen over and over again, we invited physicians to take a look. They found it interesting and said they’d heard about such things, but when we invited them to take a closer look, they declined. So as a card-carrying skeptic, I decided to take this stuff into the lab. The short version is that we found a mouse model with a 100 percent fatality and tested hands-on healing under very controlled conditions. The model we started with was a mammary cancer; no mouse had ever lived 28 days after being injected with this cancer. We set up a traditional experiment—an experimental group, a control group, and all that—in a conventional biology lab with conventional biologists who didn’t believe any of this stuff, and we treated the mice. To our absolute astonishment, the mice that were treated were cured.

**Radin:** At this point, were you the healer or was your psychic friend, Bennett, the healer?

**Bengston:** Bennett was supposed to be but backed out at the very last second. It would be a gross un-

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derstatement to say I threw a fit. It had taken awhile, a lot of strings and a lot of favors, to set up a conventional bio lab with the City University of New York, and by the time we set it all in place, my friend backs out. So we were left with no healer. Another buddy of mine, Dave Krinsley, said to me, “You need to be the healer; you’ve been around Bennett the longest.” I never considered myself a healer, but in the first experiment, I became the healer.

If this thing was going to work, I expected something along the lines of a radiation model: we get the mice soon after they’re injected, I go zap-zap-zap, and then it kills the cancer. I thought that if we got to the mice soon after injection, we’d be introducing something closer to a preventative. Well, what happened instead is that the cancer grew. I thought the experiment was failing and kept trying to call it off. If the thing were working, cancer shouldn’t be growing. As it turned out, the tumors were growing, but after a couple of weeks of growth, they got to a particular size, developed a blackened area, ulcerated, and then imploded—and the mice lived a normal life span. [For more on this particular study, go [here](#).]

**Radin:** Has that ever happened under ordinary circumstances?

**Bengston:** Not a single case, according to biologists who tell me that at least several thousand experiments have been done on these mice. At that time, biologists had spent twenty years on this one mouse model.

**Radin:** Did they have any explanation for what was happening?

**Bengston:** Absolutely none.

**Radin:** Were they curious about this?

**Bengston:** They were very curious. The chair of the Biology Department at the time wasn’t really a mouse guy; he was doing this as a favor. He didn’t know what to do with the outcome, so he suggested we do one replication. Since I’m not a healer, I wanted to see what would happen if someone else did it. I got the head of the Biology Department, who thought this whole thing was nuts, as well as another faculty member, Dave Krinsley. I also got two of my students who were skeptical about all this. In fact, that was my criterion for selection: you had to actually audibly laugh in my face. I wanted completely inexperienced, nonbelieving skeptics.

**Radin:** What instructions did you give to them to heal the mice?

**Bengston:** For about six weeks, I trained them in a variety of mental imaging techniques, which require a lot of practice in rapid mental imaging. It’s a faithless, belief-free system; to a great extent, it’s simply a mechanical system. They practiced and practiced these techniques, and then they did the laying-on hand techniques around the cages of the mice. They never touched the mice. They would go into the lab for an hour a day—or I tried to get them to go into the lab for an hour a day—and put their hands around a cage. To give you an idea of how little they believed in this stuff, in their logs, both students noted that they thought they were actually participating in a study on gullibility.

**Radin:** How did you know they were actually using the imaging method you had assigned?

**Bengston:** We met as a group once a week for a couple of hours and practiced the techniques together. Then I asked them to go home and to practice and keep blogs about it. The faculty members kept sparse logs, with one claiming he had no sense of mastery of this whatsoever. The students kept expressing skepticism about the work, their ability to master these techniques, and that any of this had

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anything to do with healing, much less that healing was even possible.

And the bottom line is that all the mice were cured.

**Radin:** How did you develop this technique? Presumably, when you did the first experiment, you were using the same technique?

**Bengston:** Yes, I was.

**Radin:** And so where does that technique come from?

**Bengston:** Well, Bennett had no teacher. Though he was skeptical, he simply discovered he could do psychometry, and then he discovered that he could take symptoms away from people. He ended up putting his hands on people and taking away painful conditions. I hung around him for hours at a time and would pump him with question after question. He would spout out an answer, but, as he described it, he was learning as he was speaking. Sometimes I would ask him a question, he would respond, and then we'd both look at each other and wonder, What does that mean? Basically, it turns out that the reproduction of this healing technique is a faith-free, belief-free, relatively mechanical process. My suspicion is that it might have something to do with increasing healing efficacy, but I don't have any pre and post tests.

So could people have done it before? How widespread is this ability to begin with? Maybe I'm the only person silly enough to try and to come up with these mental imaging techniques. The reality is that I don't know which of them work or for what reason. I can talk about what happens afterward, but I don't know what is kicking in to produce these remissions. I don't have a value added pre/post kind of a thing.

**Radin:** So the method might be a way of focusing the mind. Because skeptics were involved in a number of the experiments and the results were still the same, though it seems unlikely that skeptics

would be practicing with great diligence. They would probably prefer to sit there and read a book or something. So they're not likely to become masters of the technique because of their inherent bias—especially if they haven't yet done the experiment and discovered that they can produce a positive outcome. I wonder whether something else is going on, like you were hanging around a healer for a long time and being healed by that healer. Maybe you picked up the Midas touch, and now you can impart it?

**Bengston:** It's possible. I can't rule that out; maybe there's some sort of attunement that occurred and can be passed on. A way to rule that out is to take this down a couple of generations removed from anyone who has been successfully healing this way, to see if a mechanical reproduction of the techniques would produce the same kind of cures.

Another problem is that I don't know if every individual was able to do this. We had a tremendous problem with the control mice because when anyone who knew the techniques came into contact with the control mice, the control mice also remitted.

Also, let me be clear what I mean by remission. The way the mice would normally die is that a tumor would get increasingly larger, and then the mice would die from malnutrition or the tumor becoming too big to sustain life or both. When we applied our healing techniques, however, the tumors seemed to hit something akin to a critical mass in size, and then they would blacken, ulcerate, and implode. The blackening, ulceration, and implosion had never been seen before. I've taken these findings to people who have worked on these mice at Jackson Labs, and they wonder what's going on as well. We've also done histology on the mice at various stages in their remission, and it turns out that the mice are cancerous until they're fully cured—meaning that even when some cancer cells are ulcerating and shrinking, other viable cancer cells are still there. So we have a shrinking cancerous system rather than an expansive cancerous system, but it goes through a natural life cycle.

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Here is another complicating factor. In the first experiment, we didn't know what was going on. We watched our mice get more and more ugly as the tumors got larger and larger, and we didn't know what to expect. I thought the experiment was failing. When one of the control mice died, ours still didn't look like they were about to die. When a second control mouse died, we broke protocol and went to the different building where the control mice were being kept because we were curious to see them. There were four mice sitting there, huddled together, barely breathing, and they were obviously on their last leg. We stared at them for ten minutes and determined that maybe there was a difference. Our mice were ugly because they had these ulcerations and such, but they didn't look as sick as the control mice. A couple of days after we looked at the control mice, they developed blackened areas, ulcerations, and remitted! And that turns out to be the pattern in all of our experiments.

**Radin:** Again, to remit in this context means they show no sign of cancer at all.

**Bengston:** No sign—they're cured for life. We keep them for their entire life span. In fact, we reinject them.

**Radin:** And they're still cured?

**Bengston:** They're still cured. They're immune to the cancer for life.

**Radin:** But only that cancer?

**Bengston:** We haven't tried others. I'm working on some immunological questions right now. Among the questions is whether we can take an obvious lifetime immunity, find out what's going on, and transfer that immunity from one organism to another.

**Radin:** So to bring us up to date, you've done twelve experiments in something like five different university labs.

**Bengston:** Right.

**Radin:** They all show the same basic result, whether you are the healer or the people you've trained are the healers.

**Bengston:** Right.

**Radin:** There are peculiarities with the controls: if anybody gets near the controls, then their cancer goes away too.

**Bengston:** Right.

**Radin:** You are sitting on this remarkable body of highly repeatable, astonishing results. Now what?

**Bengston:** I'm trying to design some experiments to see if we can identify the underlying mechanism. I have a bet with an immunologist who doesn't think this is immunological. All of the evidence in my non-immunological mind points to an immunological response. Then there is the question you asked earlier: Is this an immunity to other kinds of cancers as well, a global immunity, or is it specific to one cancer? I'm trying to get to some rather expensive tests to try to isolate what might be going on and to see if this can be transferred from one organism to another. Do we have at least a metaphorical vaccine? I don't know the form that would actually take or whether it would follow traditional vaccine models. Is it possible to make something from the tissue, from the blood, from something in the animals that will reproduce a healing without what we would call at this point "the normal process" of healing through me—to separate it from me and keep it in perpetuity for multiple generations?

**Radin:** Do you imagine that there may be a genetic change to the mice that are cured, given that they can't get that same cancer?

**Bengston:** I don't know if it's a genetic change or something that's been stimulated in the immune system.

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**Radin:** Fascinating work.

For more information, go to [www.bengstonresearch.com](http://www.bengstonresearch.com).