

Efficacy and Limitations of Distant Healing Intention: A Review Article

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Abstract

Innovative research trends focus on non-local healing therapies, which aim at providing intentional treatments at a distance. The current report provides a state-of-the-art presentation of the advancements in this field, illustrating efficacy and limitations of studies on distant healing intention (DHI) therapies.

Keywords: *FDistant Healing Intention; Quantum Physics; Meditation*

Introduction

For decades, the topic of distant healing has attracted the attention of researchers and clinicians, highlighting the existence of a phenomenon which is still somehow obscure. Despite recent research trends have shed light on how to guide and use groups on distant healing and intention to heal, much still needs to be explored on the matter. This review article seeks to provide a state-of-the-art presentation of current advancements in distant healing intention (DHI) therapies from a scientific perspective, highlight findings, limitations and errors.

DHI therapies are defined as intentional ways of healing, transcending classical space and time limitations which are also deemed to be able to benefit other persons' health status [1]. In other words, they are compassionate mental acts directed towards another person's health and wellbeing [2]. Many studies have provided evidence of successful healing effects of DHI, and the main therapies in this sense are intercessory prayer, spiritual healing, aura healing, energy healing, shamanic healing, non-local healing, therapeutic touch, quantum touch, qi gong, meditation, Johrei and Reiki [3,4].

Scientific evidence of quantum non-locality demonstrating the existence of an effect at a distance and the evidence of a quantum coherence in living systems offer reliable premises for a possible explanation of DHI mechanisms [5-7].

In order to explore this phenomenon, recent research studies, systematic reviews and meta-analyses have been published concerning the evidence of DHI efficacy. For example, Astin and colleagues [8] conducted a systematic review of RCTs on the efficacy of different DHI techniques, including intercessory prayer and therapeutic touch without touching, and others. 23 studies were included, of which 13 (57%) showed statistically significant positive effects of DHI, 9 (39%) showed no effect and 1 (4%) reported negative effects. Surprisingly and contrarily to most of the findings, one of the included studies suggested that despite scientific evidence of negative effects of DHI are difficult to identify, patients could show negative effects due to "overdosage" of energy which may present as grumpiness, restlessness, anxiety or increased pain [9]. Despite the overall encouraging findings, final considerations of the authors reported methodological inadequacies in the included studies, thus encouraging future investigations to focus on methodology appropriateness.

A more recent Cochrane systematic review identified equivocal findings on the effects of intercessory prayer as an additional intervention for individuals with poor health already receiving routine health care. In fact, although individual studies reported positive effects, overall analyses did not show tendencies either in favor or against intercessory prayer [10]. An additional meta-analysis retrieved a significant although modest effect of DHI on patients' health and wellbeing compared to control groups ($r = .203$), however, also in this case, the included studies called for a higher methodological rigor [11].

Concerning single studies, in 2008, Walach and colleagues conducted a RCT on patients from German and Austrian clinics affected by Chronic Fatigue Syndrome (CFS) receiving some form of DHI therapy, evaluating its effects immediately after treatments and at 6-month follow-up. Patients' overall health and wellbeing were assessed using validated quantitative tests and they were divided in 3 groups conducted by 3 healers, each with different healing traditions. Preliminary results showed positive changes in both psychological and physiological components ($d_{\text{psychological}} = .95$; $d_{\text{physical}} = .2$), however both effects were not found significant and a possible explanation of improvements was explained as deriving from researchers' expectations [12].

Another relevant study was conducted by Radin, Taft and Yount [13] which looked at DHI effects on cultured cells. The experiment was conducted over a 3-day period inside an electromagnetically and acoustically isolated chamber. Each day, flasks of human astrocytes were randomly selected and exposed to distant healing treatments, and the same number of flasks was allocated to the control group. Results showed positive effects of intention to heal on human cultured cells, stimulating the growth of treated cells compared to controls. These effects were also observed in another of Radin's study [14] on how the EEG of an isolated person shows correlations with evoked potentials of another distant person's EEG. Due to the identified positive outcomes ($r = .20$, $p = .0005$), the authors attempted to suggest the existence of an unknown form of energetic or informational interaction between two distant individuals. Radin also conducted a similar study in 2008, which looked at retrieving effects in the autonomic nervous system of an individual who received intentional mental acts by another person. In other words, a "sender" was instructed to direct his or her intention towards a "receiver" who was located in a distant shielded room. The researchers identified significant modifications in the receivers' skin conductance, suggesting the existence of a correlation between a person's intentions and another person's autonomic nervous system's activation, measured as receivers' increase in skin conductance ($z = 3.9$, $p < .001$; [15]). The authors advanced the explanation of a connection existing regardless of space and time, also based on previous experiments which retrieved a connection between elementary particles which had been previously connected [16]. Moreover, it appears that strong motivation to heal and solid formation on how to intentionally direct compassionate intention are likely to improve the effect [1]. These aspects also emerged in a study conducted by Pagliaro, Pandolfi, Collina and colleagues [17] who performed a double-blind RCT on the efficacy of Tong Len, a Tibetan meditative practice, in improving psychological and physiological wellbeing of oncology patients, in particular in reducing stress, anxiety, depression, fatigue and improving how it affects patients' perceived quality of life. The practice of Tong Len is defined as a positive emotion directed toward another individual, endowed with a healing potential; it is a form of meditation affecting both energetic and emotional dimensions and deemed to produce beneficial effects on receivers. For the current study, 12 healthcare professionals were trained by an expert on Tong Len meditation in order to practice the meditative treatment at a distance. The training consisted of 5 weekly group meetings for a total of 20h. Once the training was completed each meditator practiced the Tong Len meditation on all patients in three weekly sessions lasting 15 - 20 minutes for four months. Participants were allocated to two groups, similar for size and characteristics. The treatment group ($N = 52$) received the Tong Len meditation at a distance and the control group ($N = 51$) did not receive any meditative treatment. All participants completed two tests assessing their psychological status, the profile of mood state (POMS) and the EQ - 5D questionnaire, at four different times. Results showed significant improvements of mood status in both treatment and control conditions. Although the treatment group reported slightly higher scores, differences between the two groups were not significant. In particular, the treatment group showed significant changes for the variables

anxiety/tension, depression/despondency, anger/hostility, tiredness/apathy, confusion/bewilderment. The control group reported similar findings, except from the variable depression/despondency, which did not show significant improvements. All in all, the authors concluded that despite small significant improvements were observed, the difference between the treatment and the control group was not remarkable, thus concluding that the study did not provide sufficient evidence of Tong Len meditation being effective in improving mood status.

Other studies have investigated the efficacy of meditative and bioenergy practices in improving individuals' wellbeing [18,19]. In particular, positive effects of these practices were observed in reducing blood pressure [11,18] and in decreasing the production of cytokines and saliva cortisol [20,21].

A recent observational case study focused on retrieving bio-photon energy movements occurring while performing a Tibetan practice of intentional distant healing called Tsa Rlung [22]. The Tsa Rlung practice involves the intentional direction of energy from a person to another. In this case, a psychotherapist, purposely trained to deliver the practice, intentionally directed a beneficial energy toward the body of another individual who voluntarily agreed to the study. Bio-photon movements were detected using two highly sophisticated CCD cameras. Images from the cameras showed the actual movement of energy, intentionally directed from an individual to another. This single case study is relevant inasmuch it provides evidence of an intentional shift of energy in shape of bio-photons. This assumption is a necessary foundation for the scientific validation of studies on DHI therapies and their validity.

Discussion

The body of evidence on the effects of DHI indicates that the presence of an interaction between individuals at a distance is possible. This assumption collides with a classical idea of human interactions and communication within a defined space-time view of the context requiring the presence of signals, as postulated by classical physics. It also clashes with an excessively organicistic view of the mind coinciding with the brain or as its epiphenomenon.

Physics provides other interesting theories defining as "non-local" particular forms of interaction occurring in absence of signals. This is postulated within the Entanglement theory, which establishes immediate physical correlations on macroscopic distances and that connections transcending time are not "spooky actions at a distance", as Einstein defined them, but empirical facts [16,23,24].

New theories are developing within this framework based on the assumption that subjective mental activities, such as conscious awareness, not only perform via brain activation but are also able to interact with reality in ways the brain is not able to [25,26]. This leads to the consideration that DHI is a non-local phenomenon [27].

In order to better explain and understand the role of participants' and researchers' expectations in potentially modulating these effects, we suggest that future studies are conducted by researchers with different backgrounds on non-local effects. Moreover, as evident in the study conducted by Pagliaro and colleagues [17], a relevant contribution to the understanding of DHI is supported by methodological rigour, by accurately training those who will use the practice in favour of others or controlling both who will use it and if the application protocol will be respected. In fact, RCTs are not always the gold standard designs for investigating the efficacy of the described phenomena.

Conclusion

Despite the popularity of DHI as effective healing practice, high quality studies have not provided clear conclusions on its effects. Radin and colleagues [1] report that contradictions between persisting popularity and lack of clinical efficacy could be due to the fact that RCT methodology may be incompatible with the nature of DHI phenomenon. If tools and methodologies currently used for these types of studies are not adequate, more appropriate ones need to be developed.

A consistent number of studies retrieved psychological effects of DHI and laboratory DHI studies (also known as “distant mental interactions with living systems” or DMILS) indicate that effects of healing at a distance, even if small, do exist, thus, in line of principle, they can be useful for clinical applications. Future research trend may shed light on the reported limitations, allowing better understanding of DHI and its use.

The presence of quantum physicists in these activities is recommended if not essential, in order to provide the most adequate technologies and methodology for the detection of the phenomenon.

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