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Hearing the Healing

An Analysis of Bengston et al., “Differential In Vivo Effects on Cancer Models by Recorded Magnetic Signals Derived From a Healing Technique”

Background

In 2023, Bengston et al. published a study in *Dose-Response* studying the potential for storing healing in an electronic recording. This paper followed up on an earlier *in vitro* study (Beseme et al., 2018) as well as an *in vivo* study (Beseme et al., 2020), the latter of which was prematurely canceled due to concerns for the wellbeing of the mice under testing.

In each of these experiments, Bengston and his associates arranged for participants to engage in the Bengston Healing Method (BHM) while a smorgasbord of instruments recorded whatever outputs might be present. In a “kitchen sink” approach, over 30 analog (primarily magnetic and electromagnetic) signals were recorded within a Faraday cage at the Institute of Noetic Sciences (IONS).¹ These data were then compiled into a .wav audio file for later playback to the target organisms. Empirical measures were used to detect any significant biological or genomic differences from the control organisms.

The 2018 study showed genomic changes in cancer cells treated by a .wav file in an incubator. These genomic changes were significantly beyond chance. Although the changes were not as remarkable as those observed under hands-on-healing applications of the BHM, this was a proof of concept that “reproducible biologic changes can be induced by a scalable technology” (Bengston, 2024). The 2020 study, although prematurely aborted under direction of the host institution, showed significant differences in monocytes, white blood cells, and spleen weight among treated mice, suggesting an immunological benefit from treatment with the .wav file.

¹ I will pre-emptively ask for some latitude when I discuss these signals and recordings thereof. EMF outputs are outside my typical range of study, and I may be speaking out of my depth here and there.

The Experiment Proper

Building on these earlier experiments, the 2023 study involved *in vivo* cohorts of mice—of both treated and control groups—which were used to study the effects of the recording on breast cancer, melanoma, and bladder cancer. Due to unclear reasons, the bladder cancer never developed in its designated cohort, so only the breast cancer and melanoma cohorts are relevant for analysis.

Bengston and his associates found that, aside from a reduction in platelet count for the treated mice, there were no significant changes measured between the treated and control groups of mice in the melanoma cohort. The most interesting findings were confined to the breast cancer cohort, as demonstrated by the following findings among the treated group of mice (results averaged among individual mice and among Phase I and II of the experiment):

- Suppression of tumor growth compared to control mice ($P < .0001$)
- Delay of tumor growth ($P < .0001$)
- Lower weight of posthumously extracted tumors ($P < .05$)

It is important to note that both the treated as well as the control cohorts of mice went metastatic, showing that, despite measurable healing effects from the treatment, it was insufficient to produce a cure. In the future, dosage amounts—whether they be amount of time in the recording session, number of healers, number and length of playback sessions, or other variables—could be adjusted to discover minimum thresholds for consistent cure rates.

Low Frequency Healing?

One of the most remarkable data points has to do with the nature of the recording and the playback thereof. Of the 30-plus signals recorded during the healing sessions, the only substantial differences from control recordings “were found at extremely *low* frequencies (3.5-5 Hz)” (Bengston, 2023). Not only are such frequencies inaudible for mice (or humans), but the speakers used to playback the compiled .wav file to the treated mice were incapable of reproducing frequencies at such low ranges (Bengston, 2023; Bengston, 2024).

Such findings cause one to wonder whether the changes in the low frequency signals observed for the healing sessions have any immediate connection with the healing effects, or whether they are simply a “side effect” of the healing intention. One way to explore this further

would be to employ a more robust speaker and amplifier system capable of playing back the full range of signals and to compare the healing effects of the robust speaker system with those of the cheaper speakers used thus far.

With that said, the healing effects already observed with the cheaper speakers offers a proof of concept that the low frequency signals are non-essential to the healing process. While perhaps they might be part of the “lossiness” puzzle—since the recording playback has weaker results than hands-on-healing, these frequencies might conceivably carry some of the “missing” healing information—they cannot be viewed as a *sine qua non* of healing.

The Role of Intention

If the low frequency signals are not required for healing effects, then we must ask: What mechanism actually connects the healing sessions to the treated groups of mice? I would argue for the somewhat unsatisfying answer of *intention*. There is precedent in the field of parapsychology for such a paradigm. Although early versions of the remote viewing protocol developed by Puthoff and Swann employed the use of latitude and longitude numbers as the target coordinates—and later on, an encoded set of coordinates—the standard protocol eventually shifted to an entirely arbitrary set of numbers assigned to a target. This originally came about when Bill Ray had trouble with the encoding device and “simply wrote down a bunch of arbitrary numbers” to stand in for the target “coordinates” (Rogge, 2023). Although the monitor for the session was puzzled at this choice, the viewer was none the wiser and still produced successful results.

This episode led to the realization that the target numbers *per se* had nothing to do with the target; it was only the link in the tasker’s mind that connected the two. As Rogge (2023) explains, Bill Ray “was establishing a link of some sort between the manila folder, the coordinates, and the feedback.” This mental link was enough for a successful remote viewing session. Explained again, “The viewer, instead of being oriented to where a particular geocoordinate was on the planet, was picking up on the *intention* of the tasker” (Rogge, 2023). The arbitrary string of numbers simply acted as a sort of “trigger” to begin the viewing session and engage in acquisition of the target information.

In much the same way, it appears as if the intention of the healers in the Faraday cage at IONS connected directly to the treated group of mice, with the (lossy) playback of the recording acting as a trigger to activate the healing effects.

Without making any claims about the overlapping mechanisms of anomalous healing and anomalous cognition, I would take this similar phenomenon as *prima facie* evidence that both processes can be directed merely by intention, without the *sine qua non* necessity of a physical or digital medium. Such media seem to be as helpful as a pragmatic trigger to link the two, but they are not themselves the healing agent.

Suggestions for Further Testing

Testing this hypothesis might present some challenges. But one way to start would be to introduce blinding to the healing session itself. Proper blinding would still include a BHM session, but the participants would *not* be aware that they are being recorded *or* that there is an extraneous target group involved. Since the typical purpose of using the BHM on cotton is to store healing for future use, the healers might naturally be inclined to think of an extraneous target group; thus, healers might best focus their BHM session on a plant, animal, or human target within the Faraday cage.

Hiding the recording instruments from the healers, of course, would be a technical challenge and might require a low lighting environment. Should this sort of blinding prove unfeasible, experimenters might consider using misdirection or outright deceit to lead the healers to believe that the recording instruments are *not* being used to “store healing,” but rather to observe correlates of healing. Blinding and bracketing protocols could be extended to some of the experimenters as well, in light of the possibility of experimenter psi. (However blinding is introduced, one must still consider the possibility that participants could pick up on the true nature of the experiment via some form of ESP, consciously or unconsciously.)

Whether or not the playback of this recording produces healing effects would suggest ideas as to what role intention plays in the storage of healing. If no healing is produced based on the blind session *vis-à-vis* the sessions described in the 2023 paper, this might suggest that a *lack of intention* to store healing for an extraneous target group leads to a corresponding *lack of healing*—despite the session being recorded in some fashion. This would only be a suggestion rather than a definitive conclusion, of course.

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