



Randomized, Open-Label, Four-Arm Pilot Study to Quantify Coaching Success and Increase in General Wellbeing of Healthy Subjects after Coaching Using the TimeWaver Coaching Module

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Abstract

Purpose: The TimeWaver Coaching approach is a method developed by TimeWaver, a manufacturer of Information Field devices and software. This approach combines the application of the TimeWaver system with coaching methods to support the client in achieving their personal goals.

Even though the TimeWaver Coaching module was successfully used in coaching practices for several years, scientific proof of the effectiveness is still missing. This is why this study was performed.

Healthy volunteers who had given informed consent were randomized to one of the application groups, receiving full coaching with or without harmonization of the Information Field, or receiving a shortened coaching session with or without harmonization of the Information Field.

We measured: individual goal attainment using the Measure Yourself Medical Outcome Profile (MYMOP) scale; wellbeing using the WHO-5; and mental wellbeing using the Warwick-Edinburgh Mental Wellbeing questionnaire at the beginning and after three weeks.

Two factorial analysis of variance confirmed that the harmonization of the Information Field has a positive impact on outcome variables, whereas no differences could be found for different coaching approaches.

It was demonstrated that the TimeWaver Coaching module is effective in goal attainment and improving wellbeing in healthy volunteers.

Introduction

Coaching is an egalitarian, dyadic relationship between a client and a professional coach, involving a systematic process focusing on collaborative goal setting, constructing solutions and fostering clients' self-directed learning and personal growth [1]. The coaching process involves a coach, who is usually a trained professional, working with a client or clients to identify areas for improvement or development, set goals and create a plan of action to achieve those goals.

Coaching can be applied to a wide range of areas, such as personal development, career development, leadership development and sports performance. It can also be used to address specific issues or challenges, such as stress management [2], time management [3] and communication skills [4].

The role of the coach is to provide guidance, support and feedback to the client or clients as they work towards their goals. This can involve helping the client to identify their strengths and weaknesses, set realistic goals, develop strategies for achieving those goals

and overcome any obstacles that arise along the way [5].

Overall, coaching is a powerful tool for personal and professional development, helping individuals to unlock their full potential and achieve their goals in life.

The coaching concept of the study combines the application of the TimeWaver system with general coaching methods to support the client in achieving their goals.

The TimeWaver system is used to analyze and harmonize possible imbalances in the client's Information Field. For this, a special physical noise source is used, which analyzes various resonances of the Information Field. Based on this analysis, targeted measures such as harmonization of the Information Field, homeopathy or other alternative applications can be recommended in order to bring the client's Information Field back into balance.

The biofield is the part of the Information Field that is connected directly to the body of organisms and its processes, including consciousness [6].

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Biofield science is an emerging field of study that aims to provide a scientific foundation for understanding the complex homodynamic regulation of living systems. By furthering our scientific knowledge of the biofield, we arrive at a better understanding of the foundations of biology [7].

The term biofield was proposed in 1992 by an ad hoc committee of CAM practitioners and researchers convened by the newly established Office of Alternative Medicine (OAM) at the US National Institutes of Health (NIH). The committee defined biofield as “a massless field, not necessarily electromagnetic, that surrounds and permeates living bodies and affects the body [8].

Biofield hypothesis implies that complementary therapies act dynamically on bioregulation, rather than on structural function relationships central to the current biomedical paradigm [9].

Recent advances in biofield research have shown that emotional states, intention, stress and other psychosocial factors can significantly affect biological function. Molecular, cellular and organismic function and regulation are thus interwoven with and can be influenced by emotion, cognition and psychosocial factors, suggesting the existence of a “subtle”-i.e., low-energy system of biofield-interactions connecting these activities [10].

As a holistic property of the organism and proposed regulator of life functions at multiple levels, the biofield could be seen as conductor regulating the musicians performing the perpetual symphony of life [11].

Despite the ongoing debate and research, the concept of the Information Field remains a topic of interest and investigation for scientists and practitioners across a range of fields, including physics, biology and alternative medicine. While more research is needed to fully understand the nature and function of these fields, many experts believe that they may hold the key to unlocking new insights and opportunities for the future of science and medicine.

Methods

Design

The study was designed as a four-armed, open three weeks duration application with a measurement point at the beginning and at the end of the study. A study protocol was finalized before commencing recruitment. Volunteers were recruited via an existing network of persons interested in this type of application. After signing the online informed consent form, participants were randomly assigned to one of the four study groups:

Group A: Individualized coaching with complete TimeWaver analysis **AND** harmonization in the Information Field.

Group B: Individualized coaching with complete TimeWaver analysis **WITHOUT** harmonization in the Information Field

Group C: TimeWaver Coaching with brief analysis **AND** harmonization in the Information Field

Group D only TimeWaver Coaching with brief analysis **WITHOUT** harmonization in the Information Field

Participants

Participants were volunteers who felt that they would profit from some self-help application in their general wellbeing or were coping with particular issues, such as sleep problems, low affect or lack of energy. They gave informed consent to participate.

Application device

TimeWaver systems have been used for more than 15 years by thousands of users worldwide to support the holistic health of people with the help of the Information Field.

The Information Field, as non-measurable and superspatial field, connects the spirit and soul of the human being with each other and at the same time also contains the hidden connections to their environment and other living beings [12].

In our opinion, it connects man with his deep self and with the origin of the universe. Technically, the TimeWaver system communicates with the Information Field via seemingly random quantum processes in order to analyze and harmonize imbalances.

Application

A coaching session with the TimeWaver Coaching module consists of four steps.

Self-evaluation

This part includes personal reflections of the client; it is the conscious realm according to C. G. Jung [13]. The evaluation is carried out on a scale of 1 to 10 points, referring to their satisfaction with the corresponding aspects of life. Life issues quickly emerge, on which the coaching sessions can be built.

Goals and reality

In the second step, a quantitative and qualitative assessment of the (undesirable) current state is carried out. The best achievable result and realistic goals (e.g. dreams, wishes, visions, etc.) are defined. The client is given a "toolbox" with which they can achieve their goals.

Discovering possibilities through Information Field analysis

In this step, the conscious is compared with the unconscious by means of Information Field analysis on eight different levels. The goal is to bring the unconscious aspects into the client's consciousness. TimeWaver also analyzes the largest discrepancies between conscious and unconscious events. At this stage, the client's perception is to be changed.

Creating an action plan

Finally, there is a common definition of goals and their time frames, in the form of short-term and long-term goals. The resulting action plan is given to the client in the form of a clear printout, so that in addition to the harmonization in the Information Field (which is running in the background), the participant also receives detailed instructions for practical implementation.

The difference between individualized coaching (groups A and B) and shortened coaching is that in the former, the coaches discuss the procedure and analysis results in detail with the study participants. In doing so, the coach exerts a regulating effect on the client's objectives and provides additional information that improves the understanding of the process.

In groups C and D, the TimeWaver coaching sessions were performed according to a standardized procedure in which there are no individualized interactions between the coach (or better TimeWaver analyst) and the client. The study participants only received the results of the analysis and were not guided by the coach in the individual process stages.

Outcome measures

As primary outcome we used an individualized score, the Measure Yourself Medical Outcome Profile (MYMOP) score



Figure 1. TimeWaver Coaching Wheel

[14,15]. This is an individually defined measurement system following the generic approach of goal attainment scaling [16]. Individuals are free to define as many – usually up to three – areas of their physical or mental state that they want to see changed. This can be, for instance, sleep, energy and mood in one patient, and mobility, pain and sexual interest in another. This way, everyone can choose their own areas of change. It is initially rated on a 10-point numerical rating scale. The content area is securely stored and used in the follow-up measurement for the participant to reassess. We used three concerns that participants could mention and rate at the beginning and after 3 weeks study participation.

As secondary outcome parameter we chose the WHO5-Well-Being Index [17,18], a 5-item scale that has been found to be both very parsimonious, reliable and widely applicable to measure wellbeing on a generic scale. The five items of the scale reflect on the state of the last 2 weeks (cheerful and good spirits, calm and relaxed, active and vigorous, woke up fresh and rested, daily life filled with interesting things) and are rated on a six-point Likert scale (“at no time”, “some of the time”, “less than half of the time”, “more than half of the time”, “most of the time”, “all of the time”). The items can be summed up to yield a sum score ranging from 0 to 25.

Additionally, to assess the mental part of wellbeing we used the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS). This is a validated tool for assessing mental wellbeing and has been used in numerous studies [19].

Adverse events were elicited by an open question.

Outcomes were measured by presenting the questionnaires as online questionnaires, as soon as informed consent was received, and then again after two weeks, using an email prompting system that led participants to the online questionnaire.

Since the study was conducted with healthy, well-informed volunteers giving informed consent, ethical counsel was not sought and was not necessary according to local legal frameworks.

Statistical evaluation

We assumed that the independent factors of coaching and harmonization versus no harmonization of the Information Field would result in

- an increase in all outcome parameters in all study groups
- a difference between the study groups with the following tendencies:

complete coaching + harmonization (A) > complete coaching without harmonization (B) = shortened coaching with harmonization (C) > shortened coaching without harmonization (D)

A three-step hierarchical evaluation was planned for this study:

1. Test of pre/post differences by means of paired t-test for each study group.
2. Test of the study arms as an efficacy test of the therapeutic principle with a multivariate analysis of variance with coaching type and harmonization/no harmonization as independent variables.
3. Test of differential efficacy by pairwise comparisons of application arms; based on the study design, it is assumed that efficacy decreases steadily from group A to D.

Safety outcome criteria

The evaluation of the safety outcome criteria (incidence of Adverse Events) is strictly descriptive.

Results

Baseline values

One hundred and forty-one participants consented to the study and completed both questionnaires.

41 (Group A) participants of the study performed a complete coaching session and harmonization of the Information Field,

34 (Group B) performed a complete coaching session but without harmonization of the Information Field,

36 (Group C) experienced a shortened coaching session and harmonization of the Information Field,

30 (Group D) experienced a shortened coaching session without harmonization of the Information Field.

Baseline data are presented in table 1.

As can be seen in table 1, the randomization process yielded four quite comparable groups. The majority of the participants, 88%, were female. The average age was 49.3 years, the youngest participant was 31.6, the oldest 82.3 years old.

Concerning mean baseline values of scores, the assessed group differences are quite small and not statistically significant (confidence intervals are overlapping for all of them).

In the application groups for complete coaching with (A) and without (B) harmonization of the Information Field as well as in the group with shortened coaching and harmonization of the Information Field (C), the goal attainment scores of all three measured parameters increased noticeably (1.5-2.0 scoring points) and significantly over the course of the 21-day application phase, while in the group shortened coaching without harmonization only a slight non-significant increase can be observed (Figure 2a).

The same pattern can also be observed for the increase in general and mental wellbeing. Whereas in groups A, B and C, an almost similar increase in mean scores occurred during the study phase, in group D no statistically significant increase could be detected.

A two-factorial analysis of variance with the independent factors coaching and harmonization results in significant effects for the harmonization factor for the parameters goal achievement and mental wellbeing. The factor of full or shortened coaching, on the other hand, has no significant influence on either parameter (Table 2).

Table 1. Gender (absolute frequencies and percentages), average age (min- max), mean scores for WHO-5, Goal attainment score and WEMWBS scales, [95% Confidence Intervals].

	A: Complete coaching and harmonization of the Information Field	B: Complete coaching without harmonization of the Information Field	C: Shortened coaching and harmonization of the Information Field	D: Shortened coaching without harmonization of the Information Field	Total
Gender					
Female	37 (90%)	30 (88%)	34 (94%)	23 (77%)	124 (88%)
Male	4 (10%)	4(12%)	2 (6%)	7 (13%)	17 (12%)
DNS	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Age					
Mean (min – max)	49.68 (32.8 – 73.5)	49.81 (37.4 – 73.9)	51.47 (31.6 -74.2)	51.27 (32.5 – 82.3)	49.26 (31.6 – 82.3)
Outcome Parameters Baseline					
WHO-5 Score	44.7 [38.8 – 50.6]	42.3 [35.6 – 49.1]	52 [45.9 – 58.1]	45.6 [37.8 – 53.4]	46.14 [42.9 – 49.4]
Goal Attainment score	3.88 [1.5 – 6.3] -	4.21 [1.9 – 6.5]	4.26 [1.9 – 6.6]	4.7 [2.4 – 7.0]	4.22 [3.1 – 5.4]
Warwick-Edinburgh Mental Wellbeing score	32.34 [20.4 – 44.3]	35.48 [21.4 – 49.5]	35.48 [21.4 – 49.5]	32.56 [19.8 – 45.3]	33.06 [27.2 – 38.9]

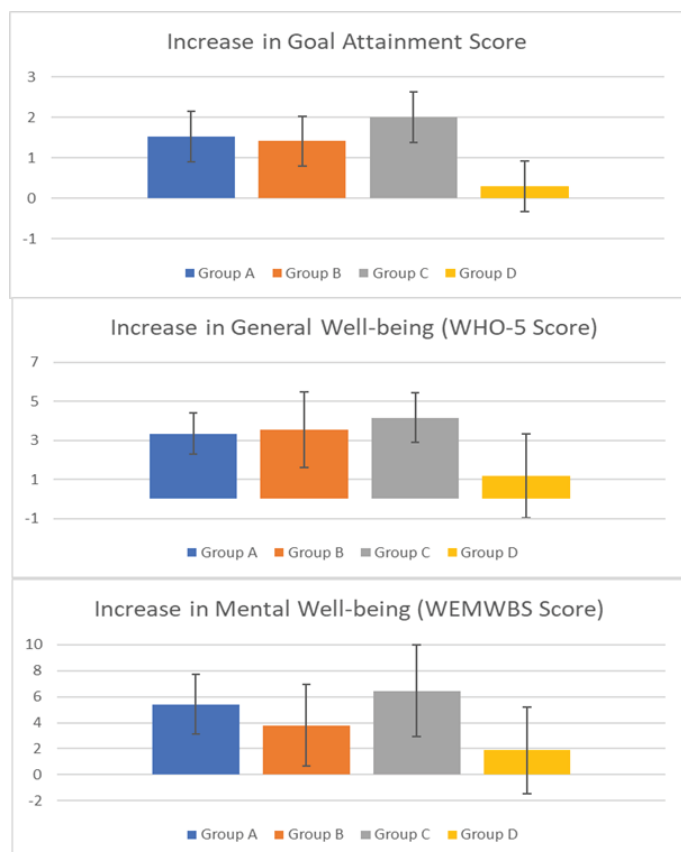


Figure 2: Increase in Goal Attainment Score (A), WHO-5 Score (B) and WEMWBS score during the 21 days study phase in the different application groups: A = complete coaching with harmonization, B = complete coaching without harmonization, C = shortened coaching with harmonization, D = shortened coaching without harmonization, mean values and 95% confidence intervals.

This also applies to the increase in general wellbeing, although the influence of harmonization is not significant here.

The difference between the groups with and without harmonization can only be observed in the groups of shortened coaching, whereas the increase in parameters in the case of full coaching is almost the same for the harmonization group and the group without harmonization.

Because different coaching approaches have no statistically significant effect on any of the measured parameters, pre/post effect size (Cohen’s dRM) was determined for the pooled participant groups undergoing harmonization of the Information Field.

The effect size was calculated according to the method proposed by Cohen [20] for repeated measures, including the correlation between pre and post values in the correction factor.

All effect sizes are statistically significant different from zero (no effect) and within the range of middle size effects (0.675) for increase in mental wellbeing to very large effects (1.404) for increase in general wellbeing.

Safety analysis

Altogether 18 individuals reported some kind of adverse issues (see table 3). In some cases these issues were obviously not related to any of the study procedures (8 cases). In 10 adverse events it could not be ruled out that a relation to the study procedure could exist; these were headaches (3 cases), exhaustion (2 cases), acne inversa, eczema, conjunctivitis, knee pain and impaired immune system (one case each).

None of the adverse events shows any of the criteria for being serious.

Discussion

The results of this pilot study are indicating clear evidence for the effectiveness of focusing on personally important topics initiated by the initial coaching session, including Information

Table 2. Two Factor Analysis of Variance, factor 1 Coaching, factor 2 harmonization, as a pre-test Kolmogorov-Smirnov test was performed as a test of normal distribution, and Bartlett's test was performed for homogeneity of variances, both tests showed no significant deviations.

Goal Attainment	Sum Sq	DF	F value	Pr(>F)
(Intercept)	212.82	1	59.95	3.071e-12 ***
Factor 1. Coaching	3.21	1	0.903	0.343845
Factor 2. Harmonization	25.58	1	7.2053	0.008271**
Factor 1. Coaching: Factor 2. Harmonization	19.69	1	5.547	0.020089 *
Residuals	436.64	123		
General Wellbeing	Sum Sq	DF	F value	Pr(>F)
(Intercept)	1164.94	1	62.556	1.269e-12 ***
Factor 1.Coaching	18.78	1	1.0086	0.31721
Factor 2. Harmonization	59.77	1	3.2097	0.07566
Factor 1. Coaching: Factor 2. Harmonization	78.42	1	4.211	0.04228 *
Residuals	2290.54	123		
Mental Wellbeing	Sum Sq	DF	F value	Pr(>F)
(Intercept)	2387.3	1	34.681	0.00000003***
Factor 1.Coaching	5.6	1	0.082	0.77508
Factor 2. Harmonization	295.6	1	4.294	0.04034 *
Factor 1. Coaching: Factor 2. Harmonization	67.8	1	0.9856	0.32277
Residuals	8466.7	123		

Table 3. Occurrence of Adverse Events in the course of the study per study group

Description of the event	Group A Complete coaching with harmonization	Group B Complete coaching without harmonization	Group C Shortened coaching with harmonization	Group D Shortened coaching without harmonization	Total
Common cold		1	2	1	4
Headache	2	1	2	1	3
Exhaustion	2				2
Eczema	1				1
Acne inversa	1				1
Conjunctivitis	1				1
Wrist bruise		1			1
Foot injured		1			1
COVID 19 infection		1			1
Sinus infection		1			1
Knee pain			1		1
Impaired immune system					1

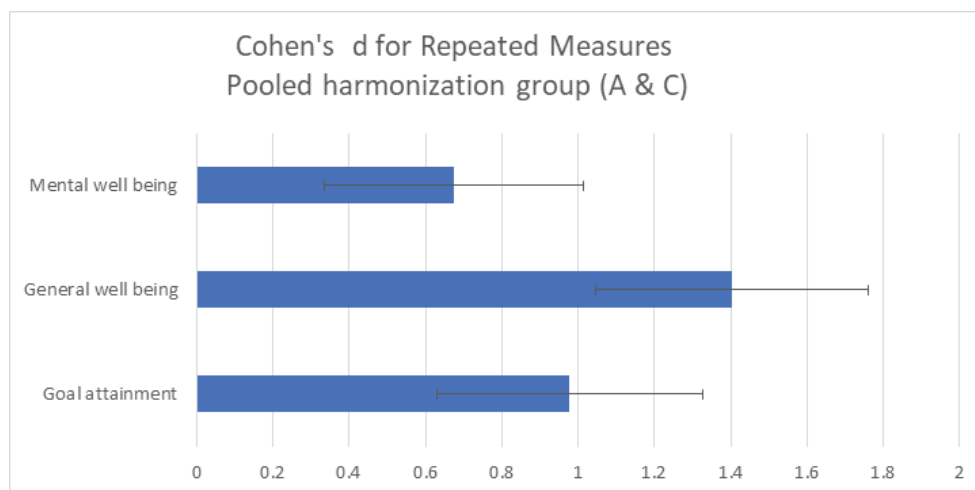


Figure 3. Effect size (Cohen's d_{RM}) for Increase in Goal Attainment Score, general wellbeing (WHO-5 Score) and (mental wellbeing (WEMWBS Score) during the 21 days study phase, Mean values and 95% confidence intervals.

Field analysis and harmonization against the setting of focusing on individual goals without harmonization of the Information Field. The effect of harmonization of the Information Field is highly significant and the effect size for pre/post comparison within the pooled harmonization group is within the range of large effects [21].

The second independent factor of different coaching settings has no significant effect on any of the outcome parameters. This works against our initial hypothesis assuming that both independent factors will result in additive total effects. The difference between the two coaching strategies and the study design with a relatively short duration of 3 weeks only was not sufficient to achieve significant different improvements.

The finding of a positive application effect of Information Field harmonization must be seen against the fact that the study was designed as an open study. The study was not blinded and participants knew that they were being harmonized, thus the application effects due to different procedures and application effects due to participants' expectations cannot be separated.

In the context of mind-body medicine, the concepts of the placebo effect and subtle interactions both play significant roles, but they represent distinct phenomena.

The placebo effect in mind-body medicine refers to the phenomenon where a patient experiences genuine improvements in their condition due to their beliefs and expectations about a treatment, even if the treatment itself is inert or has no direct physiological effect [22]. In mind-body interventions such as meditation, acupuncture or energy healing, the placebo effect can be particularly pronounced due to the strong connection between mental and physical states [23]. A person's belief in the effectiveness of the intervention can lead to positive changes in their health and wellbeing, often influenced by psychological and emotional factors.

Subtle interactions refer to the idea that there may be influences, energies or forces that are not readily measurable by conventional scientific methods, but are believed to play a role in mind-body interventions [24,25]. Some mind-body practices, such as traditional forms of meditation, energy healing and certain alternative therapies are based on the premise that there are subtle energies or interactions within the body or the

environment that affect health and healing. These interactions are thought to be beyond what can be observed through conventional scientific measurements.

In summary, both the placebo effect and the concept of subtle interactions play roles in mind-body medicine, but they operate on different levels. The placebo effect involves the psychological and cognitive aspects of a patient's beliefs and expectations, while subtle interactions refer to potential energies or forces that are less understood and not easily measured by conventional scientific methods. To our understanding, it is essential to approach these concepts with an open mind while critically evaluating the available evidence to understand their implications for health and wellbeing.

The limitations of this study should be taken into account, although it was well suited to detect a difference between applications. For a more robust assessment, some external and objective measurements in a clinical sample would strengthen the findings. The application duration was short, only 3 weeks; long-term monitoring might be useful to document the stability of improvements.

Conclusion

We conclude that TimeWaver analysis by use of the TimeWaver Coaching module followed by harmonization of the Information Field is effective in improving goal attainment and general wellbeing in medically healthy volunteers. The approach tested within this study can be considered useful coaching option.

Availability of data and materials

The datasets used and/or analysed during the current study are available from the corresponding author on reasonable request.

Competing interests

The author has the following conflict of interests: PM is an employee of Healy World GmbH, a sister group of the TimeWaver GmbH, the sponsor of the study.

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