

The Healing Hand Revisited

Sidney Weltmer, Laying on of Hands, and the Search for a Measurable Mechanism of Healing

Alisha Bradley, M.A.

October 2026 | Version 1.0

*Independent working paper. This paper presents developing theological propositions, historical inquiry, research questions, and interdisciplinary hypotheses.
It has not undergone peer review.*

Abstract

In 1897, Sidney Abram Weltmer founded what became the Weltmer Institute of Suggestive Therapeutics in Nevada, Missouri. His work combined laying on of hands, suggestion, mental expectation, prayer, and what he described as magnetic healing. In *The Healing Hand*, Weltmer attempted to systematize practices that had long existed in religious and healing traditions and to teach them as reproducible methods. His claims were ambitious, and the historical record does not provide the kind of controlled evidence required to establish that his reported cures were caused by a transferable healing force. Yet the questions he raised remain strikingly modern. Christian Scripture contains an equally provocative claim: believers will “lay hands on the sick, and they will recover” (Mark 16:18, NKJV). Jesus himself is repeatedly depicted laying hands on the sick, and the practice continues in Acts. This paper asks whether an old theological and historical question can be reopened with modern tools: Does interpersonal touch during intentional healing produce effects that exceed expectation, suggestion, ordinary touch, and placebo? If so, what is being transferred or coordinated between practitioner and recipient? I propose that the question should not be reduced prematurely either to a mysterious energy or to placebo. Modern research permits several distinguishable hypotheses: expectation and placebo; touch-mediated neurophysiology; interpersonal physiological or neural synchrony; practitioner-recipient imagery and expectancy coupling; measurable electromagnetic or bioelectrical interaction; and, within a Christian theological framework, divine healing mediated through the laying on of hands. These possibilities can be separated experimentally. Weltmer's century-old project can therefore be revisited not as proof of a forgotten healing technology, but as an unfinished research question.

Author's Note

This paper is part of my developing inquiry into the convergence of mind, body, soul, spirit, psychology, neuroscience, and Christian theology. I am especially interested in questions that were once treated seriously enough to generate institutions, books, experiments, testimonies, and sustained public discussion but later moved outside mainstream scientific inquiry.

My interest in Sidney Weltmer is not an attempt to declare every historical healing claim verified. It is an attempt to recover the question. Weltmer appears to have believed that healing through the hand could be learned, practiced, observed, and improved. More than a century later, we possess technologies he did not have: EEG, fNIRS hyperscanning, ECG, heart-rate variability, electrodermal activity, high-sensitivity electromagnetic instrumentation, endocrine measures, thermal imaging, motion tracking, and modern randomized trial designs. If there is something real occurring between two people during intentional laying on of hands, we are better equipped than Weltmer was to ask what it is.

A Conversation Buried in History

Sidney Abram Weltmer (1858-1930) was a preacher, teacher, author, and healing practitioner. Historical records preserved by the State Historical Society of Missouri report that in 1897 he founded the American School of Magnetic Healing in Nevada, Missouri, where he developed a process involving laying on of hands combined with suggestion. The institution later became known as the Weltmer Institute of Suggestive Therapeutics. Weltmer's 1922 book *The Healing Hand* described a three-fold method: suggestion through the hand, suggestion through the spoken and written word, and suggestion through what he called telepathy. Its contents included chapters on prayer, suggestion, laying on of hands, thought transference, nerve centers, magnetism, mind, consciousness, and the Weltmer Method. Whatever conclusions one reaches about his theories, this was not merely an isolated folk practice. Weltmer attempted to build a coherent model of human healing around the relationship among touch, mind, expectation, suggestion, and spiritual reality. The institute continued beyond Weltmer's lifetime. Historical materials show resident courses in the 1930s teaching suggestion therapy, practical magnetic healing, and related methods. That history matters because the central question did not disappear because it was definitively answered. In many respects, the intellectual framework surrounding it changed, and the conversation moved to the margins. I want to bring the question back.

The Biblical Claim: They Will Lay Hands on the Sick

The Christian reason for reopening this question is not Weltmer alone. Mark 16:18 contains the statement that believers “will lay hands on the sick, and they will recover” (NKJV). The longer ending of Mark (16:9-20) has a significant textual history: most contemporary textual scholars regard it as absent from the earliest recoverable form of Mark, while other scholars defend its antiquity and authenticity. That textual issue should be acknowledged rather than hidden. The practice itself, however, is not dependent upon a single verse. The Gospels repeatedly depict Jesus touching sick people and laying hands upon them in healing. Luke 4:40 states that Jesus laid His hands on every sick person brought to Him and healed them. In Acts 28:8, Paul enters the room of Publius's father, prays, lays his hands on him, and heals him. James 5:14-16 likewise situates prayer for the sick within the embodied life of the Christian community. Christian Scripture therefore presents healing as spiritual but not necessarily disembodied. Prayer, spoken words, touch, oil, hands, bodies, and human relationship appear within healing narratives. This creates the theological question at the center of this paper: What if laying on of hands is not merely symbolic?

What Weltmer Thought He Had Found

Weltmer's language belongs to his historical period. He used terms such as magnetic healing, suggestion, telepathy, positive and passive mental conditions, and the communication of thought. Some of these concepts do not map cleanly onto contemporary scientific categories. But beneath the terminology is a recognizable experimental intuition. Weltmer was asking whether the state of one person could influence the state of another; whether the practitioner's expectation mattered; whether the recipient's receptivity mattered; whether touch served as a channel of influence; whether mental imagery and suggestion altered bodily processes; and whether healing could occur through mechanisms not adequately captured by the medicine of his day. Historical accounts associated with Weltmer report successful healings and the institute built a large following. Those reports establish that healing was claimed, practiced, taught, and experienced as effective by many participants. They do not, by themselves, establish efficacy under modern controlled conditions or prove that a physical healing energy passed through the hand. That distinction is precisely why the work should be revisited rather than simply believed or dismissed.

The Remaining Question: Can Human Hands Heal?

The question can be stated plainly: Do human beings have a capacity, under particular conditions, to facilitate measurable healing through intentional touch or the laying on of hands? If the answer is yes, a second question immediately follows: What is the mechanism? There is already strong reason to reject one false dichotomy. The alternatives are not simply “a mysterious healing energy” versus “nothing happened.” Human touch itself has neurophysiological consequences. Research has examined effects of touch and interpersonal interaction on

cortisol, oxytocin, noradrenaline, autonomic regulation, affect, pain, and social neurobiology. A 2019 scoping review identified 64 studies examining neurophysiological effects of touch and gaze and concluded that the consistency of several beneficial trends warranted further clinical investigation. Modern two-person neuroscience adds another layer. Hyperscanning studies measure two brains simultaneously during interaction. A 2024 meta-analysis of fNIRS hyperscanning studies found robust interpersonal neural synchronization across close-relationship interactions, and a 2025 systematic review of clinical encounters found interpersonal neural synchrony in all 11 included reports, although the field remains small and methodologically heterogeneous. None of this demonstrates that laying on of hands heals disease. It does demonstrate that one person's embodied state can become measurably coordinated with another person's during interaction. The healer-recipient dyad is therefore scientifically tractable in ways unavailable to Weltmer.

Beyond Placebo: The Hypotheses Must Be Separated

“Placebo” should not become a catch-all explanation for every improvement that occurs in a healing encounter. Expectation is real and biologically consequential. If a recipient expects relief, that expectation can influence perception, pain, stress, attention, behavior, and physiological processes. Suggestion may therefore be part of a healing encounter without explaining every possible effect.

A rigorous Weltmer-inspired research program should distinguish at least five mechanisms. First is expectancy/placebo: the recipient's belief that healing will occur produces measurable changes. Second is ordinary therapeutic touch: warmth, pressure, interpersonal safety, attention, and social connection alter neurophysiology. Third is interpersonal synchronization: practitioner and recipient become coordinated at behavioral, autonomic, or neural levels, potentially allowing the practitioner's regulated state, attention, or expectation to influence the dyad. Fourth is imagery and expectation coupling. The practitioner may hold a vivid internal representation of the recipient as restored while the recipient becomes receptive to that representation. My broader proposition that “imagination is the technology” becomes relevant here. Could the practitioner's internally generated representation participate in a shared interpersonal process that changes the recipient's expectation, autonomic state, attention, pain processing, or other biological variables? Fifth is a direct physical-transfer hypothesis: some measurable electrical, electromagnetic, thermal, mechanical, or other signal generated by the practitioner's body contributes causally to the recipient's change. A Christian theological model adds a sixth possibility: the hand is not the ultimate source of healing at all, but an embodied point of contact through which divine healing is mediated. These hypotheses are not interchangeable. They require different controls.

Is There an Electrical Impulse Passing Through the Hand?

This is one of the most important places to be precise. The human body is bioelectrical. Nerves, muscles, the heart, and brain depend upon electrical activity, and that activity can be measured at the skin or scalp through technologies such as ECG, EMG, and EEG. The body also produces weak electromagnetic fields associated with physiological activity. What has not been established is that a practitioner can intentionally transmit a disease-healing electrical impulse through the hands into another person in the manner sometimes proposed by magnetic-healing traditions. That is a testable hypothesis, not a scientific finding. Modern instrumentation makes the hypothesis unusually interesting. If a distinct signal passes from practitioner to recipient during intentional healing, researchers could ask whether it differs from baseline, ordinary touch, sham healing, and non-contact intention; whether it changes with practitioner experience; whether it correlates temporally with physiological changes in the recipient; and whether blocking, insulating, grounding, distance, or other physical manipulations alter the effect. A genuine transfer mechanism should leave some reproducible signature. If no such signature appears while clinical effects remain, the inquiry would move toward other mechanisms rather than simply ending.

Imagination as Technology: A Dyadic Model of Healing

Weltmer's emphasis on suggestion and the mental condition of both healer and recipient intersects directly with my developing work on imagination. Mental imagery is capable of producing real emotional and physiological responses to events that are not physically occurring in the present moment. My broader question is whether imagination should be

understood as an active representational system through which expectation, meaning, perception, physiology, and behavior can be organized. Healing creates a particularly interesting two-person version of that question. Suppose the practitioner does not merely “hope” that the recipient improves but forms and sustains a vivid internal representation of health, restoration, movement, calm, or wholeness. Suppose the recipient is simultaneously attentive, receptive, expectant, and physically connected through touch. Could those two states become coupled? The mechanism need not be described vaguely as mind reading. Researchers could measure simultaneous EEG or fNIRS, heart-rate variability, respiration, electrodermal activity, facial and muscular activity, and subjective imagery. They could examine whether practitioner-recipient synchrony increases during healing intention, whether synchrony predicts outcome, and whether imagery content or vividness changes the relationship. The central question would become: Does the practitioner's internally represented expectation of healing measurably alter the dyadic system? If so, “suggestion through the hand” could turn out to contain several processes that Weltmer grouped together because the tools needed to separate them did not yet exist.

A Modern Experimental Design

A serious study should be designed to make competing explanations fight for explanatory power. Participants with an ethically appropriate, measurable condition - for example experimentally induced pain, stress reactivity, or another outcome suitable for controlled research - could be randomized across conditions such as: intentional laying on of hands by a trained practitioner; identical touch without healing intention; sham practitioner with healing framing; healing intention without physical contact; expectancy manipulation without practitioner healing intention; and a neutral control condition. Where feasible, recipient expectancy should be measured before and after the encounter. Practitioner expectancy and imagery vividness should also be measured. Blinded outcome assessment would reduce observer effects. Simultaneous measures could include EEG or fNIRS hyperscanning, ECG and heart-rate variability, respiration, electrodermal activity, skin temperature, EMG, pain or symptom ratings, and relevant endocrine or inflammatory markers depending on the research question. Sensitive electromagnetic measurements could be added specifically to test a physical-transfer hypothesis. The critical analysis would not merely ask, “Did people feel better?” It would ask which condition produced change, when the change began, whether it exceeded expectancy-matched controls, what physiological systems changed, whether practitioner-recipient synchrony predicted outcome, and whether any independently measurable physical signal tracked the effect. A later clinical trial could move from short-term laboratory outcomes to disease-specific or symptom-specific endpoints only after feasibility and mechanism studies established a rational foundation.

How Could We Differentiate Healing From Placebo?

The strongest evidence would come from dissociation.

If improvement occurs only when recipients believe they are receiving healing, regardless of who touches them or what the practitioner is doing, expectancy becomes a strong explanation. If intentional practitioners outperform expectancy-matched sham practitioners while recipients cannot reliably identify which condition they received, something beyond recipient expectation would require explanation. If practitioner-recipient neural or autonomic coupling predicts improvement after controlling for expectancy, synchrony becomes a candidate mechanism. If a measurable physical signal from the practitioner's hands reliably changes during healing intention, precedes a recipient physiological response, predicts outcome, and can be experimentally interrupted or modified, a physical-transfer mechanism becomes substantially more plausible. If healing effects occur without contact, a simple conductive electrical-transfer explanation becomes less plausible and attention would shift toward expectation, sensory cues, interpersonal coordination at a distance, measurement artifact, or hypotheses not yet adequately characterized. This is why “placebo or healing” is too crude a question. The

better question is: Which components of the encounter carry causal information?

Theological Meaning and Scientific Measurement

Christian theology changes the interpretation of the experiment without eliminating the need for the experiment. If healing ultimately comes from God, science may be able to measure effects without being able to measure God as an experimental variable. The same distinction appears throughout interdisciplinary work: an instrument can measure what happens in the organism without necessarily adjudicating every metaphysical claim about ultimate causation. The biblical laying on of hands may therefore be approached at two levels. Theology asks whether God has given human beings an embodied role in ministering healing. Science asks what reliably happens when that practice occurs. If measurable effects are found, science would still need to determine whether they are explained by touch, expectation, suggestion, interpersonal synchrony, imagery, bioelectrical interaction, some combination of these, or an unexplained residual effect. Theology would then ask what those mechanisms mean within a Christian account of human beings and divine action. Mechanism does not necessarily eliminate meaning. Discovering how a process occurs is not the same as discovering why it exists or who ultimately stands behind it.

Why Resuscitate Weltmer?

Weltmer matters to me because he appears to have stood inside a question that modern disciplinary boundaries later divided into separate rooms. He was talking about hands and bodies, but also mind. He was talking about suggestion, but also prayer. He was talking about expectation, but also healing. He was interested in what happened in the practitioner and what happened in the patient. He tried to teach a method rather than leave healing entirely in the realm of accident or anecdote.

Some of his explanations may not survive modern testing. Some may be redescribed in contemporary language. Some of his claimed effects may prove inseparable from expectancy or ordinary touch. It is also possible that careful research could identify phenomena that are not adequately explained by those factors. The point of returning to Weltmer is not to canonize his conclusions. It is to recover the audacity of his question and submit it to better methods.

Primary Research Questions

1. Does intentional laying on of hands produce measurable effects beyond expectancy-matched placebo and ordinary touch?
2. Are changes observable in autonomic regulation, pain, stress physiology, neural activity, endocrine markers, immune markers, or functional outcomes?
3. Do experienced healing practitioners produce different effects from untrained individuals when touch, time, attention, and recipient expectation are controlled?
4. Does healing intention alter measurable electrical, electromagnetic, thermal, or other physical activity at the practitioner's hands?
5. If a physical signal is detected, does it temporally precede or predict changes in the recipient?
6. Does practitioner-recipient interpersonal neural synchrony increase during intentional healing compared with control conditions?
7. Does autonomic synchrony or inter-brain synchrony predict improvement independently of recipient expectancy?
8. Does the practitioner's imagery vividness, expectation, or internal representation of the recipient's healing predict dyadic synchrony or recipient outcomes?

9. Does recipient imagery become more similar to practitioner imagery during the encounter, and can that similarity be measured without relying only on retrospective self-report?
10. What changes when physical contact is removed while healing intention is preserved?
11. Can any observed effect be disrupted through physical manipulations that would be expected to alter a genuine electrical or electromagnetic transfer?
12. How should a Christian theology of laying on of hands interpret mechanisms such as touch neurophysiology, expectation, neural synchrony, or bioelectrical signaling if those mechanisms prove relevant?

Working Proposition

Sidney Weltmer's work should not be treated as proof that the human hand transmits a healing force. Neither should it be discarded merely because his vocabulary belongs to another scientific era. He left behind a question. Christian Scripture leaves us with a related and even more provocative one: What does it mean, in an embodied human being, to lay hands on the sick and see them recover?

A century after *The Healing Hand*, we can ask the question differently. We can separate suggestion from touch, touch from intention, expectation from practitioner effects, synchrony from placebo, and measurable physical transfer from metaphor. We can observe two nervous systems at once. We can measure the practitioner's body and the recipient's body simultaneously. We can test whether imagination and expectation remain private events or become part of a measurable interpersonal system. Perhaps Weltmer's "healing hand" will ultimately be explained by mechanisms already beginning to emerge in social neuroscience. Perhaps some claims will fail. Perhaps a residual phenomenon will remain. But the question is no longer too vague to investigate: Do human beings possess an embodied capacity to facilitate healing through the laying on of hands, and if so, what exactly passes - physically, neurologically, psychologically, relationally, or spiritually - between the person who lays on the hand and the person who receives it? That is the conversation I want to bring back.

References

- Adel, L., Moses, L., Irvine, E., Greenway, K. T., Dumas, G., & Lifshitz, M. (2025). A systematic review of hyperscanning in clinical encounters. *Neuroscience & Biobehavioral Reviews*, 176, 106248. <https://doi.org/10.1016/j.neubiorev.2025.106248>
- Kerr, F., Wiechula, R., Feo, R., Schultz, T., & Kitson, A. (2019). Neurophysiology of human touch and eye gaze in therapeutic relationships and healing: A scoping review. *JBIM Database of Systematic Reviews and Implementation Reports*, 17(2), 209-247. PMID: 30730854.
- Mu, Y. (2018). Neural mechanisms underlying interpersonal coordination: A review of hyperscanning research. *Social and Personality Psychology Compass*, 12(11), e12421. <https://doi.org/10.1111/spc3.12421> State Historical Society of Missouri. Ernest C. Weltmer Collection (C4044). Historical note and Weltmer Institute materials.
- Weltmer, S. A. (1922). *The Healing Hand: Teaching the Principles of Healing Through the Three Fold Method of Suggestion Through the Hand, Suggestion Through the Spoken Word and Written Word, Suggestion Through Telepathy*. Weltmer Institute of Suggestive Therapeutics Co.
- Zhao, Q., Zhao, W., Lu, C., Du, H., & Chi, P. (2024). Interpersonal neural synchronization during social interactions in close relationships: A systematic review and meta-analysis of fNIRS hyperscanning studies. *Neuroscience & Biobehavioral Reviews*, 158, 105565. <https://doi.org/10.1016/j.neubiorev.2024.105565>
- The Holy Bible, New King James Version. Mark 16:18; Luke 4:40; Acts 28:8; James 5:14-16.
- Lunn, N. P. (2014). *The Original Ending of Mark: A New Case for the Authenticity of Mark 16:9-20*. James Clarke & Co.