

# **The Science and Meaning of Mom's Soup, the Placebo and Medicine, Plus Compassion, Love, Healing, Health, God and Everything Good**

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## ***Abstract***

This paper is the new and improved result of my curiosity in such things as mom's chicken soup, the placebo's sugar pill, our orthodox allopathic medicine, and finding the common denominator of how they relate to our healing and health. As a scientist, my overall purpose is to help us learn how to live healthier, happier, and longer. We are making breakthroughs.

Many people believe that mom's chicken soup cures us from our maladies. I have found it is mom's servings of her subjective tender-loving-care (TLC), not chicken, not soup and not curing, that help us heal. Having studied the scientific research of the placebo sugar pill, I learned it is the physician's subjective intent to please the patient and the patient's subjective intent to please the physician, not the physical placebo starch pill, that help us heal. Finally, I studied our conventional allopathic medicine: Our doctors, their staffs, and patients' subjective attention and care, not the pharmaceuticals' invasiveness, help us heal.

Inside us we are information systems. We deviate from health and return to health, mostly automatically and without knowing. We create, send, and collect compassion and its correlated benefits, the accumulation of which is love. With a sufficiency of love our subconscious signals our conscious with health, healing, and happiness. With an insufficiency of love subconscious signals conscious with love's reciprocals of pain, sadness and other forms of stress to create compassion, more love. The specific names and locations of stress are usually inappropriate and misleading given that they are responses of cumulative stress. They go away with more non-specific compassion, a sufficiency of love, "Thy will be done."

Pharmaceutical's physical allopathic medicine is the antithesis of compassion, love, healing, and health, but for some emergency mechanical care. In support, I could find no published theory of

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<sup>1</sup> KC Blair is a researcher and writer of communications, information, compassion, love, health, God, and more.

how allopathic medicine works. Starting with its advertising, it knowingly perpetuates the old snake oil salesman's adage: "*First ya make 'em sick, then ya sell 'em the cure.*" Inside pharmaceutical companies I never heard the phrase: "*First, do no harm,*" associated with pills and procedures.

The incidence of our creating compassion to enhance love and love's correlated benefits of well-being like health has been growing, as love has been replacing violence and ill-health from the beginning of humanity and significantly more from Enlightenment. From the long-term growing trend, not the short-term down-ticks, there is reason to believe and expect the power of love will soon be all-consuming.

Finally, I will report to you my personal changes associated with following my passion of compassion. I invite you to join me in creating more compassion, love. It works, it feels good, and it is free.

### ***Mom's Soup***

In my research I learned that soup was influencing people's health for the better. The main contributor to health was the number of soup servings. With more servings of soup followed fewer family member doctor visits and more healthy families. The rest of the variables were individual or combinations of physical ingredients which seemed to be contributing little or nothing to health. I hypothesized mom's subjective tender loving care (TLC) was the main information ingredient contributing to healing and I looked forward to continuing my search of the common denominator of health with the placebo.

### ***The Placebo and Its Effect***

Understanding the placebo and its effect helped me understand health. Placebo is Latin for "*I shall please.*" The physician and staff's intent is to please the patient, the patient's intent is to please the physician, and the incremental healing that occurs because of the placebo is called the placebo effect. The placebo may have been scientifically researched more than anything else but consumers have been told little about it and its effect. The placebo has many forms like a starch (sugar) pill, its shape, size, and color; the physician's white coat, a caring environment found in some medical clinics, and anything adding to the meaning of the placebo, "*I shall please.*"

I would like to share with you a summary of my learning of how placebos and drugs relate to our healing and health by developing a hypothetical pill. It is based on placebo findings, which have been synthesized from and summarized across many clinical trials by medical researchers.

- +10% First, we will start with starch as the ingredient, giving the pill its bulk, form, and name, “sugar pill.” If patients and consumers in a clinical trial are told there is a 100% chance their starch pill is a fake medicine that sometimes helps some people, it will help +10% (pre to post change versus the no pill control group).
- +30% If in the same clinical trial we tell another random group of people the chances are 50:50 (instead of 100%) the starch pill could be the real thing or a fake, it would have a +30% effect. This indicates how objective verbal information alone about an objective placebo pill can expand the subjective meaning to more people, intensifying their subjective beliefs, expectations, and healing.
- +40% To the +30% group let us add more objective physical ingredients slightly more sensitizing than starch, called “inactive ingredients.” Now the objective pill will have a +40% effect because just the presence of more objective, physical, inert ingredients adds to the subjective meaning, beliefs, expectations and healing of more people.
- +50% The average effect of the placebo on healing is now estimated to be well over 50% by corporate officers in large pharmaceutical companies.
- +90% Before adding the active ingredients, let us say we are giving placebo pills to people with pain and depression as “pain-relievers” and “antidepressants.” It is now known that the same placebo tested in each of these two different categories has grown to have a +90% effect on healing, versus no pills. Within these two contexts and more, most people are demonstrating their self-healing power without taking the expensive, active, invasive and harmful drugs. In addition, we can see that their self-healing power is increasing as more subjective meaning enters the markets through beliefs and expectations for more new products in their categories.

Note that the same placebo inert pill helps us return to health and healing across different categories. Might this indicate that health is supported by a sufficiency of one specific healing variable, the insufficiency of which results in our deviation from health? Could we have only one primary need and only one primary way to satisfy it? Could the intensity of the need differ between our meaning, beliefs and expectations within each context?

The placebo pill is solely used by medical researchers against which new drugs are tested by consumers in clinical trials. Think of a drug as a placebo (starch) pill with an active ingredient added. The placebo with the active ingredient(s) must “win” over the placebo without the active ingredient in order to be considered for progressing to the marketplace.

Finally, Mom's TLC and the physician-patient "I shall please" are similar in that they are both based on compassionate intent. From other studies of the placebo we learned when the physician and patient are trying to please each other more healing results than when only one of the two is trying to please the other. Also, a physician with "bad bedside manners" may be contributing nothing positive to patient healing.

I look forward to more people becoming more aware of their own subjective compassion-creating health systems to replace the risky objective treatments from the invasive pharmaceuticals. Clinical trials have demonstrated the more consumers comply with taking the harmless drugs the more they enhance their health. They responded the same with the placebo.

### ***Compassion: New, Incremental Love and Its Correlated Benefits***

Outside of modern medicine's clinical trials for new drugs, the Latin word "placebo" is rarely used. Instead, we use the word "compassion." "I shall help" works the same as "I shall please."

I have conducted several sets of scientific experiments that show the relationship of changes in compassion to changes in our overall health. Here are some of the findings.

1. Early in my consumer marketing research career I learned when we start communicating with others, we create significant dissonance in the data collected. That distorts the information's intended meaning and its transfer. The more different we are, demographically and otherwise, the more variance and dissonance was created. If instead, we start communicating with "empathy and equal care" between us the dissonance and distortion are replaced with resonance and the successful transfer of the intended meaning of our information. *The research and experiments took place between interviewers and their respondents, whom were evaluating new features on new cars in shopping malls. The variance studied was between interviewers, whom were not able to self-select their respondents. A chi-square analysis was used.*
2. Later I learned, unintentionally, when we distract others by replacing contentment and love with fear and depression, the consumers' overall health declines. I learned this as a supplier to pharmaceutical companies, which validated the old snake oil salesman's adage: "First, ya make 'em sick, then ya sell 'em the cure." This zero-sum (lose-win) strategy is still practiced by modern medicine's advertising and one-on-one in some doctors' offices. Its practice is more pronounced in politics, especially before elections. When I could not get drug companies to change for the better we terminated our relationships.

*We used large, in-market, real-world, randomly-controlled, multi-blind experimental groups receiving solo direct mail advertisements from a brand or a promotion company versus no-stimuli control groups. We followed-up several weeks or months later with valid telephone interviews, asking about subjective overall health on a 5-pt. scale, brand awareness and brands recently purchased. Tests of significance were applied to the differences.*

3. Next, I thought if some people working in communications could distract consumers by introducing fear and depressing their health, more caring people should be able to introduce compassionate information to enhance health without first making consumers sick. Our in-market experiments like in 2 above were successful at enhancing health. In addition consumers rewarded the brands with significantly greater brand awareness and purchases. This two-way compassion has been shown to be better than one-way compassion with regard to spreading love and enhancing health. *Consumers did not relate the interview brand to the mailer brand weeks or months earlier.*
4. Then, I thought if caring brand and company communicators continuously associated compassion and love like family unity with their brands' packaging and advertising they might be able to create the context in which all consumers would be exposed to more compassion in their environment, continuously. Caring marketers and grateful consumers might then choose to continue the two-way compassion between them in ongoing win-win relationships. It worked. **Eureka! Compassion between caring people can help change our reality, lives and world for the better.** The more we create compassion the greater is our love and its correlated benefits.
5. To help disseminate my know-how findings of compassion, love, life and everything good as fast as possible I put them on my website, GoodSamIAm.com, and other links for FREE. I then worked to attract attention to them, using other media.
6. Finally, throughout all of the above experiments I was curious as to whether compassion had to be associated with physical acts and our senses or if compassion could work from a distance and not through our senses, nonlocally. Now, other researchers and I have learned when we offer our compassionate intent like well-wishing and prayer to others from a distance, we can enhance their love and love's correlated benefits like health. I found that compassionate intent is nonlocal and does not need physical symbols, acts, media, and senses to work. However, compassionate intent's meaning and health effect can be enhanced depending on the physical symbols with which they are associated, as well as the meaning, beliefs, and expectations of the people involved.

We do not need the placebo or anything. We have the power of compassion to enhance our healing and health and that of others. We can use our compassionate intent and change our meaning, beliefs and expectations to be more optimistic and to enhance our health. Practice and patience help us learn self-healing.

From my research, hypotheses and findings I have developed ***The Compassion Theory of Overall Health: Compassion is our tool to replace dissonance with resonance, enhancing love and its correlated benefits of well-being like overall health. As we create and receive a sufficiency of love we become healthy. When we do not create and receive enough compassion, our love and health decline. Maintaining love is maintaining health.***

### ***Love: Cumulative Compassion and Everything Good***

Inside, we are systems and subsystems of information. Within and between these systems we are constantly deviating from health and returning to health. Our systems automatically give their attention and care to each other in need without us being conscious of the details. Our subjective-overall system of healing and maintaining health is based on compassion and love. Compassion is the giving of our attention and care to others and the self. Love is the accumulation of compassion and its benefits inside us. The more love inside the healthier we are, the less love inside the less healthy we are. It is easy to create new and incremental love by creating compassion and visiting our memories of others caring for us and us caring for them.

We are compassion creators, senders, and love collectors. When our subconscious develops an insufficiency of love and needs more to replenish the loss, it signals our conscious. No, it does not say I have a shortage of invasive medicine, surgery, hi-tech scans, lab tests, and doctor visits.

Our subconscious says we have a shortage of love and a need to replenish it. It says to enhance our health we should create more compassion and collect more love. It says to constantly create more compassion for our love reservoir and to send some to others while we are at it because everyone can always use more love and we get more in return when giving ours. It says we need more love within and between us, create more and I will stop nagging you.

How do we listen? We listen with the feelings from our emotions. When we have a sufficiency of love we experience well-being like feelings of health and happiness. When we need more love we experience the reciprocal of well-being like pain, sadness, and maladies. The negatives are seldom symptoms of a serious, physical condition. They are signals we have an insufficiency of love and need more compassion and love

for relief. The signals' locations and names rarely matter. They enter our conscious as signals from our subconscious that we need more love. As we satisfy our need for a sufficiency of love, the signals subside and leave our memory.

There seems to be a little more to help us maintain health. Inside us we have an abstract Love Ratio with our positives over negatives or more specifically our cumulative love and its benefits over our cumulative stress. To create and maintain a sufficiency of health we not only have to create more compassion and collect more love in the numerator but we also have to identify and remove the "distractors" of love in the denominator so we can maximize our Love Ratio. Examples of distractors are lingering memories of ongoing, irritating feelings associated with our emotions of loneliness, fear, hate, anger, hostility, resentment, and anything that is the reciprocal or opposite of love, detracting from the power of love. Our frequent and most harmful feelings are often associated with being disconnected from loved ones. Love, health, and life require we learn to replace the negatives with positives. We get more of what we focus to and less of what we focus from.

We seem to have one primary need and one primary treatment for relief. Our primary need is for a sufficiency of love. Our primary treatment for satisfying our need is to create and collect more compassion, new and incremental love. With a sufficiency of love and no distractors our signals go away and the power of our Love Ratio and love grow, indicating we are "excellent" on a verbal "overall health" scale of "excellent, very good, good, fair, or poor." I am always excellent and I work to stay that way.

### ***Love Is Growing***

We live in a Universe of Love. Our purpose is to create, find, receive, attract, store and send more love in any way we can.

The incidence of our creating compassion and enhancing love has been growing, as love has been replacing violence from the beginning of humanity and significantly more from Enlightenment. A scientist I know reacted in surprise to this new information with, "Humanity learns!" From the trend there is reason to believe and expect love will soon be all-consuming.

Psychologist Steven Pinker has a short talk and heavy book containing his research of the history of the decline in violence. Pinker found that we can directly track violence but little else from the beginning of humanity so he talks and writes about his findings of the long term declining trend of violence with its short-term upticks along the way.

My research and experimental findings show that love and violence have a reciprocal relationship so I see the growing trend of love and its correlates replacing violence and its correlates from the beginning of humanity. The love trend likely started growing from within our more similar relations like parents, siblings, children and other nearby relatives. Then, we learned to care for and trust our neighbors and friends similar to us in nearby communities. Love likely spread to other like-people nearby, followed by like-people in more distant communities, and now to people different from us around the world. Learning from the “Golden Rule,” empathy, compassion, and love grew from the beginning of humanity and significantly more with Enlightenment and its increasing supply and demand of personal freedom and free association. Associated with more love, less violence, and more freedom were bartering, free enterprise, free trade, increased communications starting with the printing press. Also associated with more love were affordable products from the industrial revolution, better health from the separation of drinking and sewage water, the growth of democratic republics, world trade, electronic communications and now new research of the awareness and practice of nonlocal compassionate intent.

Please keep in mind that we are all individual love reservoirs with different Love Ratios of positives over negatives. We each have different beliefs and expectations for love and healing based on different meanings of signals and treatments. We are meant to monitor our individual signals and regulate our compassion creation and distracter removals to enhance our Love Ratio, healing, and health, as well as happiness, peace, and longevity.

### ***Modern Medicine: Proven to Be More Harmful than Helpful***

When I wanted to compare *The Compassion Theory of Overall Health* to our conventional allopathic medicine theory, I could find no published theory for allopathic medicine. It seemed unusual that a mature science with so many scientists would not have developed and published a theory of how it works. I was curious how that could be.

When I searched for all the research showing the relationship of changes in our exposure to modern medicine to changes in our overall health there were few studies but every one of the relationships was of negative correlation. For example, I found seven cases when modern medicine, except for emergency trauma care, went on strike. I call these cases experiments, unintentionally conducted. In seven-of-seven cases (100%), when doctors, nurses and other medical workers stopped seeing patients the death rate declined (average: -32%) only to return to its pre-strike level when the strike was over. *The seven-strike data came from four countries over a forty-year period and the sources of deaths were obituary and funeral society data. In another study, using a “robust regression analysis,” it was determined that the changes in the incidence of*



*physicians to households directly predicted the changes in deaths to households. All other studies I found were consistent with these findings: Modern medicine, overall, is doing more harm than good.*

From all of my research I estimate over 50% of all U. S. deaths each year are due to our exposure to modern medicine. The more we expose ourselves to allopathic medicine the greater our likelihood of premature morbidity and mortality. Allopathic medicine has a Latin word for this problem, iatrogenesis or the iatrogenic effect: It means unintended consequences. We expose ourselves to allopathic medicine for condition A and die from the unrelated condition B.

People in the pharmaceutical industry have admitted to me they know of the harm they are causing. They usually volunteer to me something like, "It is much worse than you can imagine." They talk with each other about it, they have meetings with senior company officers about it, and they say they are suffering from guilt. They feel guilty for taking a paycheck when knowingly doing more harm than good to the people trusting them to first do no harm. They volunteered to me they take their paychecks because their families need the money. They say they entered the medical industry to help others or they became that way after working in it for awhile. Then, like a frog in a pot of cool water they got too comfortable when the water-warming started. I admire and empathize with the ones whom changed jobs when they learned of their negative effect and could not get upper management to change. There is little compassion from pharmaceutical workers to consumers. One day a woman in a large pharmaceutical company invited me to stay after my meeting. She wanted me to understand the harm her company was doing and then get the word out. I am still working on it.

Finally, there is evidence the more we depend on the objective toxic medicine, invasive surgery and medical appliances the weaker we become in using our mind, compassion, and love to heal and maintain our health. Our high-tech medical measuring devices like scans, lab tests and wellness-visits are ways to attract new customers and convert them to the invasive, interfering treatments and procedures that do more harm than good. By doubting the power of compassion and love we make it difficult to heal and be healthy.

Do we need a new strategy for maintaining health? I think so. Creating compassion enhances love and its correlated benefits like healing and health. It is more effective, efficient, and less harmful than allopathic medicine, which invasively interferes with our subjective love and healing systems. My new strategy is creating compassion and love in place of allopathic medicine.

When I say modern medicine and its physical and objective invasive treatment does more harm than good, the good would definitely be some emergency trauma care. Also, kudos to the many caring people in allopathic medicine, working mostly outside of pharmaceutical companies. They offer us their compassion

while trying to minimize the on-the-job risky invasive treatments and their unintended consequences. Without them, their industry and our lives would be much worse.

### *Skeptics' Q&A*

**Q1.** Again, how does healing and health work?

**A1.** Our health is about the subjective, our love within and between us. Creating compassion and compassionate intent enhance love, and its correlates of well-being like healing and health.

**Q2.** And, how does modern medicine work?

**A2.** Modern allopathic medicine is an illusion. We have been taught that it helps us heal but overall it does more harm than good. It is made up of our subjective and objective.

- a. Our subjective compassion and love from within us, our loved ones, doctors and their staffs give us their attention and care, contributing to our healing and health. Because the subjective is not visual or physical we do not sense its role in healing. We mistakenly doubt its contribution and give it no credit for our healing and health. We give the objective treatment credit for the work our subjective is doing. Then, there is the issue that our pain is from physical disease when it is not. It is more likely from an insufficiency of love.
- b. Our objective invasive treatment interferes with our healing and health. Its iatrogenic, unintended consequences, are responsible for creating more harm than good. Mother Nature is about compassion and love and knows what it is doing. Many in modern medicine do not.
- c. Consider that inside us we are always deviating from and returning to health. Sometimes allopathic medicine practitioners with their high-tech measuring devices think we are deviating from health when we are returning to health or maintaining health. Then, they mistreat us and make us worse.

**Q3.** Why do some physicians and treatments seem to work better than others?

**A3.** If our Love Ratio is sufficient we will not deviate from health. The lower our Love Ratio the more likely we will deviate from health. Our real immune system is our subjective Love Ratio. When we deviate from health, visit a physician, and top-off our Love Ratio with the physician's attention and care, we likely will heal faster and tell everyone we have the best physician and treatment. If he or she does not give us the incremental love we need and we visit additional physicians to accumulate enough love and heal, we will give credit to the last physician and treatment we had. The quality and intensity of our deviation from health, as well as our healing time, depends on our current Love Ratio level, our meaning, beliefs and expectations inside us, our contributors and surroundings of love.

**Q4.** But why do our personal doctors we love so much not teach us about compassion and healing?

**A4.** One Saturday morning a plumber-friend was visiting to fix my kitchen plumbing. We were talking about my research and I said something like, "I am curious why doctors do not prescribe compassion to help us

heal.” As his head went under my sink his voice got louder, “That’s easy! Doctors can’t charge for compassion.”

### ***Personal Findings***

While writing this paper I realized since following the scientific research data of my passion for compassion I have made major changes in my personal life. Here are some of my findings.

1. **I broadened my overall view of the universe.** I expanded my initial view from the mostly objective, physical, materialistic, sensory and deterministic to the mostly subjective and spiritual with infinite possibilities. Instead of seeing us as physical beings having an occasional spiritual experience, I now believe we are spiritual beings having physical experiences.
2. **I changed my view of the world.** I replaced my limiting, three-dimensional view, its current meaning, fixed beliefs and expectations to continuously testing new meaning and expanding or replacing current meaning with broader beliefs and expectations from creating more compassionate intent, unlimited love, and its benefits.
3. **I changed my point-of-view of science.** I changed from thinking I was an objective, experimental scientist to a compassion-creator contributing to the Science of the Subjective. I now try to practice my findings of creating compassion and love with others and myself throughout every day, still learning from my mistakes. The Science of the Subjective started with the study of mind, creating and organizing its information into relationships of meaning to help us get more of what we need and want. We all need love and its correlated benefits of life. From within, the subjective, we can focus our attention, intention and care; using our emotions and feelings to add our subjective to our objective and the physical world we want. I now use my feelings of compassion, love, and their reciprocals as my guide to what I need, do not need, want and do not want.
4. **I changed my view of compassion and love** from thinking compassion was a passive act like helping someone whom has been beat-up and robbed on the road to Samaria. Now I realize we can create compassion within and between us without a reason, 24/7, to enhance love and all of its benefits like making us healthier and happier. The more compassion we create the more of everything good like health and happiness accumulate. I learned our compassionate intent is like magic. It can be sent to another like flowers or candy but nonlocally and free and it can have a positive effect on the receiver and sender.
5. **I changed my health point-of-view and strategy.** I have found the following:
  - a. Except for some mechanical care, allopathic medicine is worse than no treatment,
  - b. Practicing The Compassion Theory of Overall Health is better than no treatment and

c. Replacing allopathy with compassion's practice enhances our health, fast.

6. **I changed from limiting to promoting infinite love.** I am in favor of more infinite love, more babies. I no longer support disconnecting and destroying our newest love generators from supplying our universe with infinite love. Instead, I fully support our highest potential compassion creators, – new, innocent babies struggling to be born. A potential baby and its love is protected by the impossibility of coming alive by itself. Then, two adults change the impossible to possible, – a baby and its infinite love are conceived. That act carries the responsibility of protecting and caring for the new love and life as well as its infinite potential love. If anyone needs help in having their rights protected, it is our most vulnerable babies from conception to birth and after. Without the right to be born, love and be loved none of our rights has any meaning. In the universe of love, babies rule.
7. **I changed my view of helping others.** I no longer support the use of force, violence and intimidation to take from some and give to others under the guise of compassion, love, and charity. To help others I support compassion, love, creativity, persuasion, volunteerism, patience, win-win strategies and the freedom to choose and prioritize whom and when to help. With force and bullying there is no love, no learning.
8. **I changed my focus of evolution.** Evolution is about the growth of the incidence and recognition of love. Compassion, love and its correlates like health, happiness, longevity and peace have been replacing violence and its correlates of fear, intimidation, and early death from the beginning of humanity. The long-term trend indicates the growth of love, except for short down-ticks, will soon be all-consuming.
9. **I changed my belief in a deity.** Throughout my consumer marketing research career I often was able to include my personal scientific experiments for my own interests. My intent was to improve the quality of my work and offer more value to my employers, employees and clients so we could have more meaning in our relationships.

From the beginning I felt like someone in addition to me was involved in my personal research intent, design, content and findings. For example, in my early research I determined that people's differences like their demographical variables created dissonance and separation between them that distorted the intent, meaning and transference of their information. I wanted to see if I could overcome that and I am still working at it. In my first set of experiments I remember developing a research design but I had no idea what the content of my experiments would be until one morning I awakened with the content. The experiments were to be about my research interviewers "offering empathy and equal care" to their respondents to change dissonance and separation to resonance and unity. While it seemed to be not my idea and at that time and it made no sense to me, it worked. The significance in the variance disappeared so the distorted communications transferred as our clients' intended new car design information. I was delighted years later when I learned this research represented not only interviewers-respondents but

physicians-patients, all communicators' communications and receivers' information, as well as those communing, nonlocally.

By following my data in later sets of experiments I learned, unintentionally, how to create attention and communicate fear and separation, then how to overcome it with love and finally how to use love without fear to create a better world. At that time I considered the possibility I was starting to have conversations with God. That surprised me because throughout all of my personal research and experiments I considered myself to be an atheist, yet my findings were better understood if I were open to the possibility they were God's answers, making my hypotheses my questions of Him. I talked about this with two friends. When asking for their opinions and advice about conversations with God, a scientist and atheist friend said, "Impossible! Don't lose your objectivity." My religious friend said, "You can try to remain objective but keep an open mind to the possibility that God exists and may want to guide you." I decided to be as objective as I could and keep an open mind. I have been thinking about the meaning of that decision and its outcome ever since.

As my learning continued I began to suspect everything was related in what some of my fellow members in the *Society for Scientific Exploration* (SSE) had been calling Consciousness. Later, at its Annual Meeting I heard one of its esteemed leaders and founders use the name "Source" in place of "Consciousness," when giving his paper. Among another group of Members I heard Consciousness and Source referred to as God. Finally, in the SSE forum I asked a well-known consciousness researcher if he thought Consciousness and God could be the same. He said something like, "Yes, absolutely! They are the same in every way and detail."

While conducting my experiments, I was following the work of Gary E. Schwartz. He was experimenting with afterlife communications and Spirit. I then developed what I called KC's Team of members whom, when alive, had offered me their compassion and love or I had offered them the same. KC's Team, now of several hundred, helps me answer some questions or at least make me feel better when thinking of them.

As I continued to follow my data it seemed to separate: On one path was the subjective of compassion, love, kindness, wholeness, unity, life, and afterlife, while on the other path was love's reciprocals of the objective, physical, material with its arrogance and narcissism, including fear, hate, separation, and physical death. After becoming aware of and experiencing both paths I realized I could choose to associate with the quality and quantity of either. I found myself starting to switch my dominance from mostly the rational to mostly the compassion and love as I researched them. Now, compassion is my passion. I should mention I grew up without understanding compassion and love.

Based on Schwartz's and my experiments I began to communicate or commune more with Spirit, God. When I really needed help and things seemed to be impossible I started asking God for help, "Thy will be done." Every time I asked for help He came through with the solution. With hindsight I still could not figure out how it would have been possible for me to create the way by myself.

Finally, I realized my experimental findings from creating compassion, love and unity; life's and love's correlated benefits of well-being were the same as what people attribute to God's help. God is love; God is everything, Consciousness, Spirit and the Source of all that exists and does not exist. He can make what seems like the impossible possible, especially when we ask Him for help. God is in us, we are of God and we are God's love-generators. So, using what I have learned about love also applies to and defines God. The evidence I have for Love's infinite power also applies to God's infinite power; same power and different names. I see the unity of science, religion, love, life, and God.

My personal research feels right as I create and follow my findings of Love, Life, and God. Interestingly, as I was gradually switching along the way from saying I was an atheist to a theist my arrogance seemed to be slipping away. Now I have no problem in saying I believe in God, The Supreme Being. In addition, I had never found any data in support of my atheistic view. Maybe I was always just an agnostic with arrogance. :)

10. **There were other changes in my life.** Some felt bad at first but with rationalizing and adapting I realized I was changing, others were changing and with every change we were creating different and better realities, lives and worlds for ourselves and others. I have good memories, all of loving relationships. I visit my memories of loving relationships, when needed.

Again, the above are my new, personal findings associated with my evolution of *The Compassion Theory of Overall Health*. I will continue working on and practicing *The Compassion Theory of Overall Love* to replace violence, war, force, control, manipulation, and intimidation with compassion, love, unity, peace, and life. I am disseminating my findings and practice through love and non-violence. Please join me to help research and practice living healthier, happier and longer.

## *Notes & Bibliography*

For this paper I have updated past research and added new topics from my new know-how.

To discuss any of this paper please feel free to contact me: [KCBlair@GoodSamIam.com](mailto:KCBlair@GoodSamIam.com).

(Proprietary) Almost all of my primary research projects have been for client organizations, the data of which my clients own, making that research proprietary to my clients. However, my peers in our client organizations, usually in several different functions and levels, have reviewed my science. While I cannot expose the project data, I can synthesize across the studies, summarize my learning and make my cumulative know-how available to others, as all suppliers do for their prospective clients.

K. C. Blair 1999-Present [www.GoodSamIam.com](http://www.GoodSamIam.com), KC Blair's free library of his scientific writings.

K. C. Blair Love Ratio, Infinity 2008, under revision. Signed copies available from [KCBlair@GoodSamIam.com](mailto:KCBlair@GoodSamIam.com).

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