

COMMUNICATIONS, CONSCIOUSNESS & HEALING

From a Marketing Researcher's Perspective

K. C. Blair

A paper given to the Society For Scientific Exploration,
23rd Annual Meeting in Las Vegas, NV, May 20-23, 2004

ABOUT K. C. BLAIR

K. C. owns K. C. Blair Associates, Inc., a marketing services company since 1973. The firm develops information and conducts experiments, helping consumers and large marketing companies communicate with each other. K. C. is a member of the American Marketing Association and Society For Scientific Exploration.

New contact information:

K. C. Blair
K. C. Blair Associated, Inc., CEO
Good Samaritans International, 501(c)(3), Founder, Director
KCBlair@GoodSamIAm.com
WWW.GoodSamIAm.com

Thank you for coming. I am grateful to past, present and future SSE researchers for sharing their findings with me. Now it is my turn.

I'm a marketing researcher and our firm helps consumers and large companies communicate with each other. We investigate new ways to communicate, develop advertising and use the marketplace as our experimental laboratory to see if our hypotheses are true.

While our research is proprietary and the data belong to our clients, we can synthesize and analyze across the studies and discuss our summary of findings and conclusions.

COMMUNICATIONS, CONSCIOUSNESS & HEALING **From a Marketing Researcher's Perspective**

Let me synthesize and summarize from our experiments.

1. Between and within us there is dissonance, distorting our communications and acting as a barrier to the intent of our information. But using *compassion* in the form of empathy and care, we can replace dissonance with resonance, enabling the intent of our information to transfer.
2. Focusing on new information within us influences our health for better or worse, which, in turn, influences the variables correlated with health. It turns out we know our own overall health better than anyone else and what we say about it influences it in that direction.
3. Information that changes our focus to dissonance, *depressing* our health, we call negative. It creates a need for relief and a search for wholeness. The old snake oil salesman's adage, "First ya make 'em sick, then ya sell the cure," is alive and well.
4. Information that changes our focus to resonance, *enhancing* our health, we call positive. Compassion is positive information, working through the senses as well as independently through consciousness.
5. Any time compassion is absent from communications, dissonance is likely to be present, resulting in a barrier to the intent of our information. When compassion is present it changes the focus from the dissonance of our differences to the resonance of our unity, enabling the intent of our information to manifest.
6. Marketers, adding the compassion ingredient that creates the feelings of love and unity to their brand symbols (like Gerber, Campbell Soup, Michelin, Cheerios, Volvo and OnStar), enhance our health, happiness, longevity and their brand equity and company value. Consumers do not need these brands but they want to buy them to get the compassion they do need.
7. Introducing a new communication content model:
Dissonance → Compassion → Resonance → Health → Correlates

BACKGROUND

From hypotheses testing, our more traditional marketing communications' model has evolved.

Content → Media → Exposures → Audience

The content travels through the media at a certain exposure rate to the audience. While we have learned much about the media, exposures and audience, less is known about content. Everyone agrees that content should contain consumer benefits but I am not aware of anyone able to consistently create what consumers need, want and will buy. In this paper we will shed new light on content and the brands that have learned to help themselves by first helping consumers.

In recent years, to improve our product we have studied such topics as consciousness, quantum physics, energy and information, mind-body-spirit, integrative medicine, compassion, health and healing. But what we would like to share with you in this paper are our newest experimental findings, which contribute to the understanding of communications, consciousness and healing. We define consciousness as mind.

1. COMMUNICATIONS BETWEEN US

a. There Is Evidence Of A Barrier Between Us. A number of years ago I supervised car clinics in the Midwest. We moved new cars into malls and our middle-aged housewife interviewers interviewed consumers about the experimental cars versus control cars at each end of the malls. One interviewer would recruit the passing shoppers and turn them over to the next available interviewer so the interviewers did not self-select their respondents. At the end of the interviewing phase the questionnaires were tabulated, differences between experimental and control cars were found and tests of significance were conducted.

I had read in the marketing research journals about a phenomenon called “interviewer variance,” which meant that when interviewers interviewed random sets of respondents the data between interviewers had significant variance, where there should have been none (e.g., Freeman and Butler, 1976). I became curious to know if there were interviewer variance in our data. Since we always had interviewers sign their completed questionnaires I decided to code them and cross-tab our car clinic data by interviewer.

We found significant interviewer variance in our data. This was not good because it added distortion to our consumer feedback, reduced the confidence in our data and led to bad decisions. Later we found out that significant variance seems to be in all data collected by interviewers.

b. The Barrier Is Associated With Our Differences. To learn more about interviewer variance, in the next car clinic I asked the interviewers the same demographic questions as the interviewers were asking the consumers. I thought maybe certain kinds of interviewers, defined by their demographics, would explain the unwanted phenomenon.

We found, once again, significant interviewer variance but it was only when the demographics and especially income were different between the interviewers and respondents. When demographics were the same, there was no significant variance.

c. Empathy + Care Eliminated The Barrier. In an attempt to eliminate the significant interviewer variance, two identical experiments were set up in our next two car clinics. In each, we randomized the interviewers into experimental and control groups and assigned them to opposite ends of the malls. I instructed the experimental groups to “treat each respondent with empathy and equal care” and added a page at the end of their questionnaires, asking the experimental interviewers whether they treated the last respondent the same as the previous ones and reminding them to treat the next one with empathy and equal care. I asked the experimental interviewers not to share what we were talking about with the control group and offered to send them a copy of the results, making them partners in our experiments. Being professionals, the interviewers liked being part of the experiment to improve their work.

We found no significant interviewer variance in the experimental groups regardless of whether there were or were not demographic differences between interviewers and respondents. In the control groups, we found the same significant variance when demographics and especially income differed between interviewers and respondents but not when demographics were the same.

When interviewers focused on empathy and care for the respondents, there was not significant interviewer variance in the data and no distortion in the communications. The intent of the information transferred. It was as if when each interviewer focused her attention and intention on her own version of empathy and care for the respondents, it made all of the interviewers the same as perceived by the respondents.

d. The Barrier Seems To Be About Perceptions and Attention. Significant interviewer variance is a measure of the respondent data, which includes distortion due to differences between interviewers. But the distortion seems to be associated more with the perceptions created by the respondents and interviewers and the attention they put on them. When the attention and intention changed to compassion, the barrier was not present, even though the physical demographic differences remained.

e. A Barrier Between Patient and Physician Has Been Discovered. More recently, we read of significant variance between doctor and patient. It was found in health clinic longevity research conducted by medical researchers. The relationship of white physician and black patient data explained more of the significant variance, while white physician and white patient data explained less. Anecdotally, whenever I talk about this with Afro-Americans they tell me they have never been confident going to white doctors and women in the audience often volunteer they do not like going to men doctors. For example, a report appearing in the Dec. 2, 2003 edition of *Annals of Internal Medicine* showed that patients and their doctors who share the same race will leave the office feeling more satisfied with the encounter.

Physicians with whom we have talked say they cannot spend enough time with patients to be compassionate. But recently it was reported that new physicians were taking up house calls because they said they enabled more compassion, better communications, enhanced patient healing and their own health. Do communications lead to compassion or does compassion lead to communications? By following the data we have learned that compassion eliminates the barrier between us, enabling the intent of the information to manifest, resulting in successful communications.

f. There Is Dissonance Between Senders And Receivers Of Information. It seems likely that the significant variance between interviewer and respondent, physician and patient, are examples of a larger phenomenon between all senders and receivers, observers and observed, marketers and consumers. When we focus on our differences, dissonance occurs, which may create the illusion and feeling of separation between us. We use the word dissonance and not separation because when dissonance is present some communications take place but the intent of the senders' information is less likely to manifest in the receivers.

g. There Is Dissonance And Resonance Between Senders And Receivers. *When compassion is absent in communications, dissonance is likely to be present, resulting in a barrier to the intent of our information. When compassion is present it changes the focus from the dissonance of our differences to the resonance of our unity, enabling the intent of our information to manifest in others.* In an information feedback loop all parties are senders and receivers and responsible for successful communications. Yet, anyone at any time may *not* be focusing on compassion, increasing the probability they will be experiencing dissonance, its rationale of differences, as well as its correlates instead of resonance and its correlates.

h. Marketing Relevance. All of this is important to consumers and marketers because it influences consumer awareness, health and the correlated variables of purchasing, brand equity and company value.

2. NEGATIVE, UNHEALTHY INFORMATION. In a number of in-market experiments for non-prescription drug products we direct mailed advertisements to large random experimental groups but not to random control groups of consumers spread around the country. The manufacturers' names, brands or "Carol Wright" were on the outside of the envelopes. Ten weeks later, on average, we telephone-interviewed randomly equivalent subgroups of the experimental and control groups. Prospective respondent phone numbers were selected at random from the total. We asked the respondents about their overall health, brand awareness and recent purchasing. Respondents were unlikely to have associated the interviews with the mailings. Interviewers did not know there were mailings or different groups.

We found in the incremental analysis of the experimental versus control groups that *the ads were associated with higher incidences of depressed consumer health and increases in awareness and consumers purchasing the advertised brands.* It happened in seven of

seven cases. And the more sick the group, the greater were the percentage increments associated with the ads. The adding of coupons, increasing coupon values and the adding of samples in that order, were associated with similar but more extreme results. Interestingly, the clients' marketers and I examined the ads before and after the experiments and at that time the ads did not seem to be either negative or positive. The ads mentioned symptoms, diseases and offered the product.

These experiments were the first in which we had added at the beginning of the questionnaires our subjective overall health question, "Would you say your overall health is excellent, very good, good, fair or poor?" We added it because we thought if the drug advertising did not increase purchasing maybe the ads' information would enhance consumer health, which would be an excuse to get more research projects in the future from our clients.

While trying to figure out how drug ads that did not look negative seemed to lead to depressed health, my family happened to visit a restaurant owned by an old friend who was dying of cancer. His face lit up as he came to our table and talked with us. Then someone asked him how his disease was responding to his new experimental medicine. His smile turned to sadness; his depression seemed to last for the rest of the evening. I have since observed many people, when they are first exposed to negative information, experience sadness and depression.

The research of Seligman on optimism and pessimism indicates that when we refocus our attention from health to depressed health or visa versa we get less of what we are switching our attention from and more of what we are switching it to. Information that depresses health we call negative, information that enhances health we call positive.

The old snake oil salesman's adage, "First ya make 'em sick, then ya sell the cure," is alive and well. *When our drug clients' ads switched consumer attention from contentment and health to symptoms and disease, health became depressed in some consumers. That likely created a need for relief and wholeness, resulting in a search for satisfaction. The brands in the ads implied immediate relief if bought and used, which some consumers did. But the data indicated the depressed health and perhaps the need and search continued for at least ten weeks, the average length of time between receiving the ads and being interviewed.*

Sometimes it feels like we are surrounded by all kinds of snake oil reps, switching our attention from resonance to dissonance so they can sell us their form of relief. They are not just drug companies but the media with their threatening headlines and sound bites, politicians with their divisive class warfare of income, race and gender and charitable organizations focusing on the differences between the haves and have-nots and the guilt we should feel about them.

It is easy to blame these institutions as the symbols of our distress, our continuous need and search for relief and wholeness. But then I realize we are the ones who create the negative meaning and dissonance inside us by accepting what the snake oil people say,

focusing on their half full glass that needs the relief from their snake oil. That explains why relief and a return to wholeness can only come from within us, when we learn how to see the same glass as half full and focus on it. This is not New Age blather. It is based on experimental findings. A growing number of physicians and medical researchers say, “All healing comes from within.” Wise people have always said, “Happiness comes from within.”

3. WE KNOW OUR OWN HEALTH. Because we were surprised that the drug ads depressed health and because there were concerns we were measuring claimed health, which might be different from actual health, we searched the literature to determine the validity of our subjective overall health question. Longevity researchers, using health clinic data, reported patients’ first-visit-answers to *our subjective overall health question, or variations of it, predicted death and morbidity or life and health over the next ten to twenty years better than anything else.* That included answers to objective questions of current and past diseases and conditions, physician-administered physicals and physician-written assessments.

We then learned through our own research that answers to our subjective question, when used in telephone interviews, predicted group health when the incidence of serious disease was known and differed between groups.

The value of being able to use this question to measure overall health is that we can conduct communications’ experiments with consumers and know that we are validly measuring the actual health response, which seems to influence certain correlates like brand awareness and purchasing.

4. POSITIVE, HEALTHY INFORMATION

a. Nonlocal Compassionate Intent. Above, we learned that direct mail advertisements for nonprescription drugs, arriving unexpectedly and intrusively, depressed health, increased brand awareness and purchasers. Next, we decided to test the other extreme, i.e., using nonlocal information in the form of compassionate intent to positively influence health and its correlates. Compassionate intent includes sending positive thoughts, prayers and well wishing from a distance (nonlocally), bypassing the physical senses. There is a growing body of evidence from scientific experiments that compassionate intent is information that transfers instantly through consciousness, having the positive effect of healing (see, for example, Sicher et al., 1998)

We designed our nonlocal experiment with people spread around the country with the help of a telephone interviewing company. Tens of thousands of subjects were represented by names and phone numbers or just phone numbers on lists scheduled for telephone interviews in the near future. The topics and survey questions of the various interviews had nothing to do with our experiment. We were interested in the telephone interview completion rates in each of our random groups in response to compassionate intent.

This experimenter's intent was to enhance the health of the potential respondents in the experimental groups, thinking that would result in higher interview completion rates versus the control group. While we could not measure health, we did measure the telephone interview completion rates thought to be directly correlated with health. We assumed that the better you feel the more likely you would be to give a completed telephone interview. And the healthier the group, the higher would be its completed interview response rate.

To accommodate the variables of our experiment, potential respondents were divided into ten random subgroups. Two people, called the compassionate intenders, focused different quality and quantity of compassionate intent on potential telephone interview respondents in eight of the random experimental groups. The ninth experimental group was designated to reflect only the experimenter's intent and was sent no compassion from the intenders. The tenth random group was the control. The two compassionate intenders were the only ones to know which group received which treatment. But I had sent certified envelopes, containing the group-stimuli codes, one to the marketing research company owner and the other to myself, to be opened after my presentation of the report. They were not opened until after I reported the results. Telephone interviews were attempted with the subjects during the week the compassion was intended for them.

The computer provided a flow of randomly selected phone numbers from the total for the interviewers to attempt completed interviews over the interviewing period. It also kept track of the attempts and completes. Interviewers did not know there were different groups or that an experiment was taking place. No one at the interviewing company looked at any data or knew which groups were which until the tables reached my desk.

We found that all nine experimental groups had completion rates greater than the control group. The percentage increments were somewhat larger than what we would expect from successful advertising stimuli in our marketing experiments.

The compassionate intent variables with the highest completion rates were 1) "one compassionate intent for the period" rather than one, three and six per day for the entire period and 2) "two intenders per group" rather than one per group. There were two other interesting groups: a) the "experimenter effect only" and b) the "backward effect" had increases about three-fourths as large as the average increase. The "experimenter effect only" did not receive any compassionate intent like the eight groups but was intended to measure the experimenter's intent. The "backward effect" had compassion intended one week after interviews were completed. No data were looked at or tabulated until after week two. In consciousness and quantum physics the mind of the observer or experimenter has been found to have an effect on the data and the backward effect is independent of time and space.

While we intended to use compassionate intent to enhance health, which we thought would increase prospective respondent completion rates and interviewing productivity, we can only assume and infer that health was enhanced as we were not able to measure it directly. *It seems that compassion creates and adds to resonance between and within us,*

which increases certain correlated variables like health. It is not known if health is a link between resonance and other correlated variables or just correlated with them. But if health were a link, we suspect in our experiment that health was enhanced more than the telephone interviewer completion rates and resonance increased more than health was enhanced

b. Compassion, Locally And Nonlocally. Here are some examples of brand symbols offering compassion. We suspect the compassion works locally through the senses and nonlocally if the marketers' intent accompanies the compassion.

The most successful brand using compassion may be Gerber. Over 99% of babies use Gerber from time to time and it has an 85% share of the commercial baby food business. Gerber is pure compassion. One time when Beech Nut baby food tried to mimic Gerber's compassion in its advertising, it increased Gerber's sales at its own expense.

Other products becoming successful brands using compassion are Cheerios, Michelin, Campbell Soup, Volvo and OnStar.

Michelin without compassion was a product represented in the ads by a fat, serious cartoon scientist pointing out the physical attributes of a precision-made German tire. Purchasers were limited pretty much to Mercedes-type cars. With compassion the happy, wise Michelin Man looks over the safety of our loved ones as they drive around during their busy day. "Michelin, because so much is riding on our tires." Michelin has become a successful brand and now represents a wide range of car owners.

Campbell Chunky Soup before compassion was a hardy product in a large can for a big hungry man. Sales were limited. With compassion, Chunky Soup is represented by little boys in big jock bodies with their mothers standing over them, telling them to eat their Chunky Soup to be big and strong. "Yes, mom-m." Sales have responded positively to the compassion and the product has become a very successful brand with equity.

Volvo before compassion was that boxy car made in socialist Sweden. Its sales were limited. With the compassion and love of the crash-test dummies the boxy Volvo has become the symbol of people who care more about the love and safety of their families than pop stylish design. The product has become a more popular and successful brand. The company now is so successful it is replacing boxy with style and it thinks it can maintain the safety image with compassion and family unity.

OnStar, before compassion, was the most expensive mobile phone system destined to failure. It then added the compassion of the radio ads with live people and real problems calling in for help. The empathetic and caring OnStar operator and the competent OnStar system responded to satisfy the customers' need for relief. The brand is becoming a huge success. "OnStar, always there, always ready."

Notice the dissonance from the differences without compassion and the resonance from the unity with compassion.

I like to talk about Cheerios as a case history of an old declining product evolving by learning how to become a successful brand because of compassion. A number of years ago, when Cheerios was in its decline, the FCC started allowing products with oats to make the claim that oats reduce cholesterol and enhance heart health. Cheerios marketing management had been anticipating the FCC action and quickly introduced to the market a new TV campaign. But the tactic failed just like so many other brands that tried to market health claims. It seems that telling consumers they will be healthier if they buy and consume a product or brand does not necessarily make consumers buy and consume it to get healthier. Could it be the consumers do not think they need more oats or the product for their heart and health? Who knows more about their overall health than the individual consumer?

Then Cheerios started a new TV campaign of compassion that has successfully revitalized the brand, adding equity to it and value to General Mills.

The first ad showed a young daughter with her father in the kitchen getting ready to eat breakfast early in the morning. The daughter sees her dad carry a box of Cheerios to the table and asks why he always eats Cheerios. The father responds with something like Cheerios reduces cholesterol, which is good for my health. She ponders and they begin a loving daughter-father talk over breakfast about other things. But on the way to work the father stops at a newsstand, reaches in his pocket for change to pay for a paper and pulls out a hand full of coins and Cheerios. The father ponders, smiles and pays for the paper. Feel their love for each other.

The second successful Cheerios TV commercial in the campaign shows a little boy walking into his parents' bedroom, offering a bowl of Cheerios to his father and mother in bed in the middle of the night. While he is barely old enough to talk and walk, he compassionately says he wants them to be healthy. The parents return the compassion for their concerned little boy by eating the Cheerios for him in bed in the middle of the night. The voice-over says, "Cheerios lowers cholesterol, which is good for the heart." Interestingly, the cumulative health research now shows the relationship of oats, cholesterol and heart health to be very weak at best and selling health through food advertising rarely enhances health or purchasing. Health experiments show the relationship of compassion and heart health to be very strong. So, it appears that a declining brand has been revived because consumers want to associate with the compassion and feelings that enhance health, which the Cheerios symbol now brings into their lives. The taste of Cheerios is not mentioned in the ad. Does someone at General Mills believe compassion and Cheerios resonate with the TV viewers, increasing consumer health and brand equity? Is the mention of cholesterol and health necessary?

The third Cheerios commercial in the campaign is for a successful line extension. It shows driverless Cheerios and strawberry trucks parked on the street next to each other in front of a grocery store. The viewers recognize a spark of passion between the two before they pull away, empty of drivers but full of love, to end up parking side-by-side at the top of Lover's Lane. The voice over says, "The new good tasting strawberries and Cheerios"

is the result of their love. While the emphasis may be more on the new good tasting strawberries and less on cholesterol and health, we believe its success is based on the new incremental resonance between the consumers, the passion of the two trucks in love and Cheerios + strawberries. Resonance to the scientist is love to the poet.

The fourth Cheerios TV ad in the campaign appeared before the holidays. It showed a grandmother talking to her grandchild in the highchair. With her finger she pushes around dry Cheerios to form a map of the US to show where all the baby's aunts, uncles and cousins were coming from for the holidays. The baby may not understand grandma's words but we all feel the love between them and her love for the rest of her family. At the end the camera focused on the box of Cheerios in the cupboard with a wreath around it. The voice over says Cheerios is part of the family and has already arrived for the holidays. There was no mention of cholesterol, health or good taste. We are left with the good feelings from compassion and unity. They are associated with the Cheerios symbol.

Brands with the compassion ingredient in their communications likely convert the dissonance to resonance between sender and receiver, enabling the information to manifest in the receiver. Then, compassion resonates inside us, enhancing health and the correlated behaviors of everything desirable.

“All Campbell Soup TV commercials that ever increased our long term sales contained what I called ‘the warm and fuzzies.’ That’s what you are calling compassion and resonance, K.C.” –Retired Market Research Director, Campbell Soup Co.

Consumers need compassion for health, happiness and longevity and that makes it an effective and efficient marketing communication's ingredient. To create an incremental and enduring synergistic bond between brand and consumer, compassion should be added to the brand so that when consumers are exposed to it they will want to buy it to feel better and experience the many positively correlated behaviors. This seems to be what “feeling good” is all about. Compassion, created and offered between us through such things as brand symbols, including advertising, packaging and public relations, dissolves our communication barrier. Compassion registered within us, enhances health, increases enduring purchasing and equity. This is not new. A baby food, cereal, mobile phone service, tire, car and soup went from being commodity products to valuable brands, testing and proving, large-scale and realistically, the incremental value of adding the compassion ingredient.

It would appear that consumers take compassion from wherever they can find it. They are even willing to pay extra to get it, when offered as a benefit through brands. And it may have a cumulative effect. A number of years ago Campbell Soup Company conducted a study of USDA household product ingredient usage data, household diary panel purchasing data through time and household health records from their physicians. The research found that the more often soup was served in a household the healthier were the household members. This research was the basis of the successful “Soup Is Good Food” campaign. We believe the relationship of the number of times soup is served and consumer health has more to do with compassion than nutrition. It is known from other

research there is a weak relationship between soup ingredients and health but a strong relationship between compassion and health.

Some people believe marketers manipulate consumers for profit but maybe consumers manipulate marketers into giving them symbols for incremental health and an overall good feeling, paying them incentives to get more of the compassion they need from the brands they want. Lucky for marketers and consumers, compassion's supply and demand are infinite.

5. COMMUNICATIONS WITHIN US

When information manifests inside us, unexpectedly and intrusively, it first creates resonance or dissonance, which influences our health for better or worse, and then influences the correlates.

It is interesting that focusing on compassion within us seems to convert dissonance to resonance. We not only know our overall health but also influence it with our attention and intention. Creating resonance and enhancing our health seem to influence changes in variables correlated with resonance and health, like purchasing and productivity.

When focusing on negative information we change resonance to dissonance, our health becomes depressed, which creates a latent need for relief and a return to health. We then search for relief at the local and maybe nonlocal levels. And satisfaction may come from the local and nonlocal levels, as well.

6. NEW MODELS OF CONSCIOUSNESS, COMMUNICATIONS AND HEALING

When we started writing this paper we only had one model for communications, consciousness and healing. But maybe more than one would be helpful. Here are a number of variations for different assumptions and contexts, requiring more research.

a. The every day model (from interviewer variance research):

Dissonance → Compassion → Resonance → Correlates

Senders and receivers often focus on their perceived differences, creating dissonance between them. But when our attention switches from differences to compassion, our dissonance is replaced with resonance, enabling the intent of the information to manifest.

b. Manipulative model (from drug advertising research)

Hyped Dissonance → Depressed Health → Search → Purchase → Depressed Health
Drug company advertising switches attention to dissonance with symptoms, pain, disease, which, in turn, depress health. A latent need for relief and a search for a return to wholeness develop. Immediate satisfaction is sought by buying and using the product in the ad. But depressed health remains.

c. The loving person model (from nonlocal compassionate intent research):

Compassion → Resonance → Correlates

Nonlocal compassionate intent creates resonance, enabling the intent of the correlates.

d. Traditional healing model:

Compassion → Resonance → Health → Correlates

Before writing this paper we have been using this model because most healing experiments focus on enhancing health and we have thought that influencing health changed the correlated variables we have been measuring like purchasing and giving completed telephone interviews. Is health a link or just another correlate of resonance?

e. For now we will use the following model:

Dissonance → Compassion → Resonance → Health → Correlates

Senders and receivers of communications often have dissonance between them. When exposed to compassion, dissonance is replaced by resonance, which enhances health and the correlates.

In this new light, there seems to be a natural and existing symbiotic relationship between marketing, resonance and health. As we spend more time interacting with more symbols that offer us compassion, our odds increase of getting and staying healthy, happy, longer. Marketers, adding compassion to their brand symbols, help change dissonance to resonance. Consumers then buy more of the brands they want, to get the compassion they need. It's a win-win.

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