

Healing

Barnum, B. S. (1998). Nursing theory. Philadelphia, PA: Lippincott-Raven Publishers. In chapter 7 in this book, Barnum discusses subordinating the concept of “cure” to that of “healing” or caring”, and reviews non-nursing healing movements.

Benor, D. J. (1991). Spiritual healing in clinical practice. Nursing Times, 87 (4), 35-37. Author discusses healing in the UK

Burkhardt, M. A. (1998). Reintegrating spirituality into health care. Alternative Therapies, 4 (2), 128-127. Believing that “spirituality permeates every encounter”, this author contrasts healing and curing, describes how spiritual expression may be encouraged through the telling of one’s story, and notes how prayer may be integrated into healthcare.

Csordas, T. (1988). Elements of Charismatic persuasion and healing. Medical Anthropology Quarterly, 2(2), 121-142. Two case studies are presented and the procedure, process, and outcomes of several healing encounters between two subjects and a Catholic priest are described in detail. Csordas perceived religious healing as open-ended and incremental and questioned whether it should not be viewed in terms of therapeutic process rather than outcome. He called for a theory of healing that would explain how transformation is actually effected by the therapeutic process.

Csordas, T. (1994). The Sacred Self: A Cultural Phenomenology of Charismatic Healing. Berkeley and Los Angeles, CA: University of California Press. The author notes that there has been a paucity of research examining the *experience* of the supplicant in healing. He therefore attempts to develop a phenomenological approach to the “self” that allows him to “specify the transformative effects of healing”.

Dossey, L. (1993). Healing words. San Francisco, CA: HarperCollins. A leader in the discussion of the non-local action of action in prayer, Dossey presents a stimulating discussion of prayer and healing, factors influencing prayer, and prayer research.

Geary, P. A., & Hawkins, J. W. (1991). To cure, to care, or to heal. Nursing Forum, 26(3), 5-13. The authors explore illness as a ritual and healing as requiring social support.

Glik, D. (1988). Symbolic, ritual and social dynamics of spiritual healing. Social Science and Medicine, 27(11), 1197-1206. In this qualitative study using participant observation, the author studied both Christian and New Age/metaphysical healing groups and concluded that “spiritual healing exemplifies a symbolic healing system”. She views this work as preliminary to the formation of a “substantive theoretical model” aimed at explaining how individual healing might be influenced by social and group processes.

Heidt, P. R. (1990). Openness: A qualitative analysis of nurses’ and patients’ experiences of therapeutic touch. IMAGE: Journal of Nursing Scholarship, 3, 180-186. A qualitative study examining the experiences of both client and practitioner during therapeutic touch healing encounters.

Horrigan, B. (1998). Delores Krieger, RN, PhD: Healing with therapeutic touch. Alternative Therapies, 4 (1), 87-92. Interview with Krieger on subject (including comments on “intentionality”).

Horrigan, B. (1999). Barbara Dossey, RN, MS on holistic nursing, Florence Nightingale, and healing rituals. Alternative Therapies, 5(1), 79-86. Dossey talks about patterns, intention, rituals, relationship, and stories as they relate to healing.

McGlone, M. (1990). Healing the spirit. Holistic Nurse Practitioner, 4(4), 77-84. The author contrasts the terms *cure* and *heal*, and notes how the “quality of relationship” differs in interactions leading to each. She notes that illness can actually be a cure for “time famine”, allowing us to focus on spiritual concerns. She also briefly discusses prayer and meditation, spiritual healing, and therapeutic touch.

McGuire, M. B. (1988). Ritual healing in suburban America. New Brunswick, NJ: Rutgers University Press. In this extensive study, researchers attended 255 group meetings and conducted 356 personal interviews in one New Jersey county to document local “alternative healing” beliefs and practices. Models for conceptualizing illness and healing are described for Christian, metaphysical, Eastern meditation, and psychic healing groups. Adherents of many different alternative-healing practices had “radically different” views of health and illness than those assumed by the dominant medical model. Many practitioners of prayer did not share basic assumptions regarding health and illness that are taken for granted by much of the health care community.

Novack, D. H., Epstein, R. M., & Paulsen, R. H. (1999). Toward creating physician-healers: Fostering medical students’ self-awareness, personal growth, and well-being. Academic Medicine, 74 (5), 516-520. Authors discuss how programs designed to specifically foster self-awareness, personal growth, and well-being in medical students should result in physicians who are truly able to bring about healing as they use *themselves* as diagnostic and therapeutic instruments.

Patterson, E. F. (1998). The philosophy and physics of holistic health care: spiritual healing as a workable interpretation. Journal of Advanced Nursing, 27, 287-293. An exploration “spiritual healing’ as the concept is related to holism, interconnectedness, and energy fields.

Pattison, E., Lapins, N., & Doerr, H. (1973). Faith healing. The Journal of Nervous and Mental Disease, 157, 397-409. Authors describe the results of structured interviews with 43 fundamentalist Pentecostal persons who had reported faith healing experiences. These experiences were not viewed as extraordinary events by the participants and were more valued as reaffirmation of lifestyle and belief system than of removal of symptomatology (the actuality of which was not investigated). This article (in which participants’ beliefs are categorized by authors as part of a “magical belief system”) is interesting as a contrast to the more legitimized context within which spiritual beliefs and practices are being researched today.

Targ, E. (1997). Evaluating distance healing. Alternative Therapies, 3 (6), 74-78. The author notes difficulties of experimentation involving distant healing but concludes there is enough evidence to support existence of the phenomenon. She offers suggestions to meet the “vigorous challenge” of this type of experimentation.

Wendler, M. C. (1996). Understanding healing: a conceptual analysis. Journal of Advanced Nursing, 24, p. 836-842. The author explores the philosophical underpinnings of the concept of healing, provides defining attributes, and gives model and contrary case examples. Antecedents and consequences are also noted.

Wilderquist, J. G. (1991). Another view on spiritual care. Nurse Educator, 16 (2), 5,7. In responding to another article on spiritual care, this author speaks of the overlapping of spiritual and psychosocial needs and contrasts such terms as *religious* vs. *spiritual* and *curing* vs. *healing*.

Wirth, D. P. (1995). The significance of belief and expectancy within the spiritual healing encounter. Social Science Medicine, 41 (2). 249-260. Significant differences in pre and post treatment scores for all dependent variables were found in subjects undergoing spiritual healing treatments consisting of 15 – 20 minutes of laying on of hands by a healer. Effectiveness of the healing encounter was also related to high expectancy. Allopathic medical examinations were included in the study lending credence to claims of improvement in organic conditions. The author postulates that communication or bonding between patient and healer contributes to efficacy of expectation in effecting healing.

Wirth, D. P., & Cram, J. R. (1994). The psychophysiology of nontraditional prayer. International Journal of Psychosomatics, 41 (Nos. 1-4), 68-75. This double blind, randomized, within subject crossover study examines the effects of distance nontraditional prayer (Reiki and LaShan healing methods) on electromagnetic energy flow at chakra energy centers using multi-site surface electromyographic (sEMG) readings. Findings are discussed within an interconnectedness of consciousness framework. A clear crossover effect was associated with the prayer techniques for two of the four muscle groups monitored. In post hoc analysis, however, this effect held for only one of the two healing groups employing the techniques (indicating probable differing efficacy between healers). Of interest to authors was the significant reduction of sEMG activity associated with the T6 muscle group (associated with the heart chakra in Eastern healing traditions) during the experimental condition. They postulated that the healers’ stance of love and compassion might be responsible for these physiological effects.