# *Introducing a Holistic Health Care Education Model that Employs the Difference Between Being Healed and Cured*

NANCY-ANGEL DOETZEL
Mount Royal University

IAN WINCHESTER
University of Calgary

Abstract: The two authors of this article have been researching and discussing for many years the importance of a possible health care education curriculum that seriously considers the difference between being healed and being cured and the role spiritualty may play. While participating in a longstanding study of spirituality within healthcare, both authors observed their own experiences of having been diagnosed with "cancer" but still feeling healthy and happy. Despite their biological health circumstances, they have been living life to the fullest with optimism that they are able to function beyond any suppositions associated with a medical diagnosis. Thus, they have been revisiting their earlier research findings and their hypothesizing that there is a difference between being healed and being cured, which should be introduced into health care education. The authors conclude that there is considerable support in the medical research community for further work around the relationship between spirituality and being healed. Their objective has been to discover something their research participants have claimed, related to being healed or cured. And the authors wished to gain some understanding of their personal approaches to healing that might prove useful to mainstream medical practice in North America. In this research paper, the authors will report on what their long-standing research group, consisting of a medical professor, a religious studies professor, a professor of higher education, a sociology professor, a registered nurse and a Reiki healer have reported on so far.

Résumé : Les deux auteurs de cet article ont fait des recherches et discuté pendant de nombreuses années de l'importance d'un éventuel programme d'éducation en soins de santé qui considère sérieusement la différence entre être guéri et être guéri et le rôle que la spiritualité peut jouer. Alors qu'ils participaient à une étude de longue date sur la spiritualité dans les soins de santé, les deux auteurs ont observé leurs propres expériences d'avoir reçu un diagnostic de « cancer » tout en se sentant en bonne santé et heureux. Malgré leurs circonstances de santé biologique, ils ont vécu pleinement leur vie avec l'optimisme qu'ils sont capables de fonctionner au-delà de toute supposition associée à notre diagnostic. Ainsi, ils ont réexaminé leurs résultats de recherche

Journal of Educational Thought
Vol. 57, No. 3, 2024 & Vol. 58, No 1, 2025 3 - 26.

antérieurs et notre hypothèse selon laquelle il y a une différence entre être guéri et être guéri, qui devrait être introduite dans l'éducation en soins de santé. Les auteurs concluent qu'il y a un soutien considérable dans la communauté de la recherche médicale pour des travaux supplémentaires sur la relation entre la spiritualité et la guérison. Leur objectif était de découvrir quelque chose que notre participant à la recherche prétend être guéri ou guéri. Et nous souhaitions acquérir une certaine compréhension de leurs approches de la guérison qui pourrait s'avérer utile à la pratique médicale dominante en Amérique du Nord. Dans ce document de recherche, nous rapporterons ce que notre groupe de recherche de longue date, composé d'un professeur de médecine, d'un professeur d'études religieuses, d'un professeur d'enseignement supérieur, d'un professeur de sociologie, d'une infirmière et d'un guérisseur Reiki a rapporté jusqu'à présent.

## Examining Curing and Healing

In the following literature review pages, we are reporting on what is known on the relationship between healing and curing and spirituality in a health care educational context. For the purpose of this study, spirituality is defined as a latent inherent truth awakened by contemplation, rituals, peak life experiences and caring acts of kindness; when awakened, spirituality is a sensation of the sacred, a sentiment of hope, a feeling of enthusiasm and excitement, and a heart-felt sense of interconnection with others (Doetzel, 2006).

Situating their study within a scholarly framework, Moberg (2008) suggests that "as scientific knowledge of spirituality increases, so does a greater need for further research on the topic" (p.12). Moberg argues that studies of spirituality and healing are still in their infancy after having been generally ignored in the medical, social and behavioral sciences until recently. From an educational perspective, Moberg's research implications include the importance of applying findings to better facilitate a holistic medical teaching model that includes spirituality and differentiates the difference between being cured and being healed.

In her book, Mind Over Medicine, Rankin (2013) supports our research team's earlier findings (Winchester, et al, 2012) that there is a difference in being healed and being cured. To heal is to return to wholeness, whereas to be cured is to be freed of the disease process. Rankin points out that curing can occur without experiencing healing and alternately one can be healed without being cured. Rankin further explains that being ill can be an opportunity for spiritual awakening, and when the ill person is

awakened, they may return to a natural state of wholeness. Such a state of wholeness can put the body into a very relaxed state so that the body can repair itself.

Jain (2021) further indicates the process of healing is different from curing. Curing involves targeting the disease to get rid of it, whereas healing can "bring…a greater sense of peace and well-being no matter the medical outcome" (p. 10). In the book, Mind Over Medicine, Rankin (2013) supports Jain's standpoint with the presupposition that there is a difference in being healed and being cured. To heal is to return to wholeness. "You can be cured without being healed and you can be healed without being cured" (p. 179). Rankin explains that being ill can be an opportunity for spiritual awakening, and when the ill person is awakened, they may return to a natural state of wholeness. Putting the body into an optimally relaxed state could help the self-repair mechanisms of the body to heal an illness. As suggested by Jain (2021), "the path of healing is realignment with our Divine Consciousness…. healing is about reconnecting with the deepest core of who we are" (p. 45). Thus, for this author, healing relates to our spirit, our soul and the God of our understanding.

At the Conference for Consciousness & Human Evolution (TCCHE) held at the Airport Hilton in Toronto, Sept 13-15, 2024, and attended by one of the authors, several people spoke about having been diagnosed with more than one cancer, but they were still living life to the fullest, feeling healthy and happy daily. A panel, including Dr. Bruce Lipton, spoke about how X-rays, MRI's and ultrasounds cannot show the "spirit" of a person diagnosed. And the panel agreed the spirit is the "divinity" within people. Members of the panel insisted that we are all sparks of the divine. Spirit is an invisible force; and energy field; spirit is a piece of God. The panel also spoke about the "power of belief" and mind over matter; a person believing they are healthy despite a diagnosis. Healing is tapping into the divine part of self; we are light beings; spiritual beings having a human experience, the panel indicated. Additionally, The TCCHE panel suggested that altruism can allure the heart to leap across the fence of disbelief; it is a social contagion that can bring infectious happiness and healing while awakening a person's spirit.

When the TCCHE panel was questioned about the difference between being healed and cured, some panelists agreed that "curing is a medical term."A person can be cured of cancer, and lose their

life, because of the side effects of treatments, such as chemo or radiation. Curing may "fix the body" or just cover up symptoms. When the panel was questioned about the difference between healed and cured, they indicated that some healers believe that through them something is happening; they are channels; we have a body, but we are not just the body. Our identity is an energy field. Like media "we are the broadcast, not the source, which is the divine; divine intelligence is giving up ego."

During our decade long research sessions, our lead researcher, Dr. Russ Sawa pointed out that "in human persons, spirit is enfleshed." He suggested that the term 'spiritual' means "the transcendence of the person", and indicated "spirituality is a universal phenomenon, involving a subjective experience of the sacred." The literature (Helminiak, 1996) further indicates that "spirit unfolds on four levels: experience, understanding, judgement, and decision. Spirit makes humans be human" (p. 105). Despite such acknowledgements about spirituality, our research team agreed that western medicine has tended to overlook spirituality and spiritual healing and alternatively has focused on a cosmic, reductionist aspect of health care. We aimed to be operative from the four major elements of human functioning suggested by Helminiak: "empirical, intellectual, rational, and responsible" (p. 105).

Our research group interests were augmented by some team members' personal healing experiences. Reflecting on some data from transcripts of our weekly discussions led one author to reflect on her husband's alleged healing experience. When he arrived home in excruciating pain one afternoon, she rushed him to the emergency room at a local hospital. They were informed, after an X-ray was taken, that his intestine had blockage which prevented him from digesting any food or releasing toxins. A physician said her husband would need surgery within the next few days to remove the blockage. As an alternative to the surgical procedure, our team member put together a multi-faith prayer circle composed of believers from Christian, Jewish and Muslim communities who joined hands as they stood around her husband's bedside and prayed together. The circle was a caring group of individuals who demonstrated compassion and hope, as they prayerfully called out to the God of their understanding, while requesting divine healing. Our team member felt electricity flowing in and out of her, as she

prayed. And she noticed her husband's face was gradually taking on a healthy appearance.

After these prayers, her husband received Reiki from a member of our research team. He claimed the treatment had given him energy and a sense of wellness. The following morning, her husband's X-ray showed a major change in the intestinal blockage and his physician suggested delaying surgery. Another prayer session, the following evening, appeared to have resulted in the blockage being totally removed, as her husband never required any surgery. Acting very healthy and happy, he left the hospital the following day. Several weeks later, the doctor stated that his X-rays taken did not show any evidence of the original diagnosis. This suggests he was both healed and cured.

Before this experience of being prayed for, her husband had doubted her dependence on faith and prayer, when she was diagnosed with cancer herself. Being informed that an illness could annihilate her life within a few months, if she didn't receive surgery, coerced her to look death in the face and embrace her dear life. During the traumatic moments of being within this life-or-death situation, she sought out spiritual healers and engaged in singing, dancing and writing before and after surgery. Several Shaman healers entered her life at that time, and she benefited from their spiritual interventions, ranging from rituals to prayers. "Through heroic journey and efforts, the shaman helps a patients transcend their normal, ordinary definition of reality, including definitions of themselves….and of their illness" (Harner, 1980, p. xvii). With Shamans, "caring and curing go hand and hand" (p. xviii). After spending time with two Shamans, our team member viewed her illness as a teacher and a blessing, not as an illness or a curse. She came to believe that some healing had already taken place before her surgery. On route to the operating room, she had also received the anointing of the sick by a priest, who prayed for the surgical procedure to result in healing. Later,her physician could not explain how or why she had healed from the surgery and cancer so quickly and successfully. He said that he had sensed angels in the operating room guiding him in the surgical procedure.

Dr Ian Winchester, one of authors, shared the experience of his mother having been diagnosed with breast cancer at age 43. After her diagnosis she had a radical mastectomy without any counselling or plastic surgery that is common today. Although she suffered for the rest of her life from worry that she may still had cancer, she

never had a re-occurrence of breast cancer and died at 89. Winchester observed that she was clearly cured of cancer, but certainly she was not healed.

After our other author, Dr. Nancy-Angel Doetzel,was in a major car accident, she visited Lourdes and dipped in their healing waters and received healing prayers. The pain in her legs subsided and she was able to walk much better. However, X-rays still indicated that she had not been cured of the injuries received. Similarly, after visiting Fatima, and drinking some of the Holy Water there, her pain from injuring her tail bone disappeared. However, the swelling remained. The peace of mind that she felt, when visiting both Lourdes and Fatima, augmented a sense of having been healed and therefore she continues her life as if the accident never occurred.

Spiritual experiences such as the peace of mind attained during meditation are evident in "both automatic shifts and hormonal changes observed during such states" (Newburg, et al., 2001, p. 44); experiments conducted with Tibetan meditators and Franciscan nuns demonstrated their spiritual experiences "were in fact associated with observable neurological activity" (p. 36). Other studies have demonstrated that people participating in spiritual behaviours such as prayer and meditation have experienced decreased heart rates and improved immune systems, and individuals involved with ritualised dancing, singing or chanting have experienced ineffable pleasurable feelings, by stimulating the brain's cortical rhythms. Dyer (2001) noted that "just being in the energy field of those who meditate raises the serotonin levels of the observers" (p. 58). Serotonin is a neurotransmitter in the brain that affects how peaceful and harmonious a person feels.

Some literature reviewed within our group was taken from the book, "Reinventing Medicine." In this book, Dossey (1999) suggests that healing can be achieved at a distance by directing loving, compassionate thoughts, good intentions and prayers towards someone ill. Dossey believes that the "distant intention of prayer" is a major secret kept in medicine. "Every physician becomes a collector of anomalies that break the rules; cures and remissions that don't fit the norm . . . get quietly filed away over the years" (p.7). Prayer advocates are commonly suspected of promoting their personal religious beliefs under the guise of science.

In 1998, the World Health Organization (WHO) stated that a strictly biomedical view of patients will no longer suffice for health

care, given the mounting evidence of the value of spirituality and spiritual well-being to overall health and quality of life (Hartung, et al., 2014).Their stance is echoed by numerous medical accreditation agencies and professional associations that now require patients' spiritual needs be addressed. However, the Royal College of Physicians and Surgeons of Canada, who sets the medical model standards in Canada, does not specifically address spirituality (Hartung, et al., 2014). Studies addressing spirituality within health care could support innovating new medical standards.

Considering spirituality is an essential component of the human condition, such studies are significant. "Spiritual well-being promotes better immune function, is a major determinant of quality of life in patients, helps patients cope with illness, improves energy level in the chronically ill. It improves patient perceptions of quality of care, and can be an important coping resource (Hartung, et al., 2014, p.79). A major challenge for nurses has been trying to communicate appreciation for the spirituality of their patients. Terminological confusion abounds and is responsible in part for nurses "reluctance to address their client's spiritual needs" (Heriot, 1992, p. 69).

Collingwood (1940) argued that science and spirituality are "inextricably united and stand or fall together" (p. 41). He says this because the metaphysics of spirituality is a science of absolute presuppositions it is immeasurable and commonly ignored by scientists. Lerner (2000) argues that "spiritual oneness cannot be objectively verified, but our literature, our music, and our current yearning for spiritual connection" (p. 49) verify its authenticity. Also, a transformed state of consciousness associated with spiritual experiences is "biologically observable and scientifically real" (Newburg, et al., 2001, p. 7). As a higher state of consciousness, a spiritual experience may have a neurological nature that alters the brain.

Research (Newburg, et al., 2001) suggests that whatever the nature of a spiritual experience, meaningful neurological functional change, takes place within both the brain and heart. This insight suggests that human nature has mental, physical and spiritual dimensions that are interconnected (Bateson, 1994). According to Pearce (2002), people's hearts maintain a holographic electromagnetic connection with the mental, physical and spiritual dimensions of their being.

Prayer enhances people's conscious awareness of their

spirituality, which promotes a sense of well-being (Vaill, 1998). Research on intercessory prayer conducted in a controlled double-blind study with 406 individuals found that both the subjects being prayed for and the agents doing the praying improved their measures of self-esteem (Dossey, 1999). Other studies "reveal healing can be achieved at a distance by directing loving and compassionate thoughts, intentions, and prayers to others" (Dossey, 1999, p. 25). Thus, prayers may help in the healing process.

## Addressing Gaps

One of the gaps within health care education is that Spirituality is absent in the Canadian competency framework (Sawa, 2014). In contrast to the United States and Great Britain, the literature is limited with respect to spirituality in undergraduate curriculum in Canada (Sawa, 2014; Hartung, et al., 2012) However, CanMEDS competencies required of Canadian physicians include the expression of empathy, compassion, trustworthiness, effective listening and respect for diversity. And these expressions are associated with "spirituality," as indicated in a recent study of spiritual healers (Sawa, 2014).

Sawa (2014) outlines examples of how the Americans tend to honor spirituality within their health care system. For example, the importance of compassion is a part of their Code of Medical Ethics: The American Medical Association developed a Code of Medical Ethics that suggested physicians should provide competent care based on respect and compassion-values, which can be considered as the core to spirituality (Puchalski, 2014, p. 11.) as also stated by Sawa, 2014). The American College of Physicians indicated that physicians should extend their care to include psychosocial, existential, or spiritual suffering. In 2004, the field of palliative care cited spiritual, religious, and existential issues as a required domain of care (Sawa, 2014.)

Sawa (2014) and Hartung, et al. (2012) speculate that a person's spiritual well-being promotes a better immune function, which is a major determinant of quality of life in patients, as it improves their energy levels and understanding of compassion. Our research findings suggest that the expression of compassion is central to spirituality within most religious beliefs. Despite such acknowledgements about spirituality, the research team agreed that western medicine has tended to overlook spirituality and spiritual healing and alternatively has focused on a physiological

aspect of health care that relates to the Greek era (Sawa, 2014; Winchester, et.al., 2012).

"Spirituality" appears to mean different things to different people and often refers to an individual's attempts to find meaning in life which can sometimes include a sense of involvement in the transcendent outside institutional boundaries (Winchester, et.al., 2012) . Constructs from our research which are somewhat at variance with the current literature includes the finding that "divinity" is a consistent feature of spirituality amongst all religions/cultures, except Buddhism (Sawa, 2009). Tied to this was the construction of empowerment or energy. This energy was seen to be flowing from divinity. This can be applied to current concepts by viewing the clinician as a vehicle for divine activity. This is exemplified by the love and compassion demonstrated by the healer. At the same time, each person is viewed as having a nature, which contains divinity and grows towards a fuller and fuller expression of this divinity.

Researchers, such as D. Aldridge, in his article "Spirituality, Healing and Medicine" published in the British Journal of General Practice (1991) support spirituality within health care. Additionally, Graham and Al-Krenawi, Graham and Moaz, (1996) have examined the healing practices among the Bedouin that involve a spiritual component from the vantage point of Social Work. Both studies are very supportive of our research activities (Sawa, 2014; Winchester et.al., 2012). For example, Aldridge states:

> The natural science base of modern medicine influences the way in which medicine is delivered and may ignore spiritual factors associated with illness. The history of spirituality in healing.... reflects the growth of scientific knowledge, [relates to] demands for religious renewal, and [responds to] the shift in the understanding of the concept of health within a broader cultural context. General practitioners have been willing to entertain the idea of spiritual healing and include it in their daily practice, or referral network. Recognizing patients' beliefs in the face of suffering is an important factor in health care practice. (Aldridge,1991, p.224)

Recently, there has been considerable interest shown in England and Scotland, as well as in Australia, in encouraging health care workers to follow the lead of the World Health Organization which,

roughly a decade ago, began to consider the possibility of adding "spirituality" to its definition of "health". (See for example Cheungsatiansup's (2003) article that proposes the inclusion of spirituality in assessing health.)

In Scotland the Scottish Executive Health Department (SEHD) requires all physicians to consider that they have a responsibility for the spiritual state of their patients and in guidelines circulated to the Health Boards in 2002 the SEHD required NHS organizations "to develop and implement spiritual care policies that are tailored to the needs of the local population". Indeed, the Health Minister for Scotland had earlier expressed his determination to make spiritual care a central element in the way that the National Health Service cares for people, and that such care should be undertaken by the whole health care community (Chisholm, 2001).

Headley G Peach (2003) in Australia has written several articles on the necessity of taking the relationship between spirituality and health seriously as well as the need for more research into the linkages. In her 2003 article in the Medical Journal of Australia "Religion, Spirituality and Health: how should Australia's medical professionals respond?" she argues that a survey of the more rigorous studies looking at religiosity and the onset of, or recovery from, a broad range of medical conditions suggest a positive association between greater religiosity and a better health outcome. The evidence, she argues, is suggestive of a causal association but it is not conclusive.

Jain (2021) wrote a book, Healing Ourselves, to assist people to understand their abilities to ignite their own ways of healing. She shares the story of a child with a swollen brain who was only given a few months to live. Then after a distance healing experience, which involved prayer, the child's cancer went into remission and the case was viewed as "spontaneous remission." She explains that in many cases of such miraculous healing, people have reported having spiritual experiences. She states that "our inability to see past disease models is keeping us from understanding and repeating the spontaneous remissions' (p.13).

Not surprisingly, a Priest healer, interviewed for our study, remarked that "anointing of the sick removes a spiritual blockage bringing the body/nature into balance, like pharmaceuticals, (unpublished Sawa transcripts, 2009). "Great Spirit relates to the inner spirit of a person and a healer re-connects the inner spirit with Great Spirit (God). The source of healing is the Lord, God, Creator

or Higher Power and the healer is a conduit. Physical healing is seen as the Lord freeing a person's spirit or healing his/her soul by creating a harmony within the person. The healing occurs via prayer or healing Sacrament, "anointing of the sick" whereby an external power goes through a person and heals them spiritually, which gives them hope and forgiveness of sins. Forgiveness of sin occurs when the (spiritual) blockage, which is out of sync with the Creator, is removed (Unpublished Sawa's interviews, 2009.)

Our research team (Winchester, et.al., 2012) suggested that there is considerable support in the medical research community for further work around the relationship between spirituality, religion and health and in what follows we wish to report, in a general way, what our research group has been doing to add to the work done so far. Winchester remarks that except for the work of al-Krenawi, John Graham and Moaz, along with a few others looking at spiritual practices in diverse cultures, there is limited research on the wide range of spiritual healers who ply their trade in the North American context. To help fill this gap we have engaged in the work we wish to relate here.

## What is the Group Research About?

For five years we had discussed our research interviews with a wide range of "holistic" healers drawn from several healing traditions that may be loosely described as "spiritual" healing practices (Winchester, et.al., 2012). Most of these healers have been in Canada or the United States though their origins are often wider than this. Russell Sawa, our leader and a physician himself teaching at the University of Calgary Medical School, conducted interviews with 30 alleged healers. The interviewees were a purposeful sample drawn from a wide spectrum of healing practices. They were identified by word of mouth and often from earlier healers interviewed. These healers included Aboriginal, Shaman, Christian (both Protestant and Roman Catholic), Hindu, Buddhist, Chinese, Wicca and "Energy" healers, including Reiki practitioners. Our objective was to discover something of their claims to healing or even to curing and to gain some understanding of their approaches to healing that might prove useful to mainstream medical practice in North America.

Each of the 30 healers studied was asked to offer narratives of their healing experiences (Winchester, et.al., 2012). There were no definite set of questions chosen in advance and they proceeded to

tell their stories to the interviewer. New interviews were added as themes arose and required more data for further explanation. Whenever new questions arose, they were repeated in subsequent interviews. Audio tapes were made of each interview and transcribed in totality. Our approach was reviewed and approved by the Ethics Committee of the Faculty of Medicine at the University of Calgary. Whenever a transcribed interview was available our team met to discuss the interview in detail and to summarize it in terms of a collection of definite propositions representing the content of the interview for further discussion and comparison. Our approach is centrally in the qualitative research tradition and follows, in large measure, the approach suggested by Bernard Lonergan in his book *Insight.* But it is also evident that we were guided in large measures also by everyday common sense in our trying to understand what our informants told us.

## Who Were the Researchers in our Study?

Our team of researchers consisted of Nancy-Angel Doetzel, an adjunct faculty member at Mount Royal University, Ian Winchester, a Full Professor and Dean Emeritus, in the Faculty of Education at the University of Calgary, Russell Sawa, a physician and Associate Professor in the medical school at the University of Calgary, Hugo Maynell a retired professor of philosophy of religion, and Debbi Zembal a practicing nurse and energy healer in the Reiki tradition (Winchester, et.al., 2012).. What we discovered early on was that on the one hand there were some striking similarities in the practices and claims of all our healers interviewed. But equally important, there were striking differences among them. In our research we summarized the most important similarities and differences. While each healer had interesting cases to bring to the interview, and while all such cases were plausibly characterized by what struck us as very honest and believable interviewees, we were disappointed on one point with practically all the alternative healers interviewed. Not one of them kept good records of the physical or mental state of the patient before or after intervention by the healer in question (Winchester, et.al., 2012).

Interventions in all cases involved the healers listening carefully to the patients coming to them with a complaint and subsequently making suggestions as to what the patient might do next or what treatment to follow (Winchester, et.al., 2012). Often the narrative of the healer involved the patient coming to the healer

with a prior diagnosis made during ordinary, western medical practice. These diagnoses might involve such things as broken bones, tumours or cancers, infections that would not heal or go away or, in one interesting case: the patient's suffering from being unable to enter the kitchen in his apartment due to a headless man blocking the way. In practically every case relayed to us the healer claimed to have affected a form of healing for the disorder.

## Healing vs. Curing

Initially we (Winchester, et.al., 2012) assumed that what was meant by healing was that a "cure" in the standard Western meaning of the term was what had resulted. But in fact, in most cases, while the physical disorder was often claimed to be still present, it no longer blocked the patient from getting on with their lives in a normal or practically normal fashion. In some cases, not only did our healer claim to have "healed "the patient in this sense, but also to have been involved in the process of the patient's physical or mental disorder disappearing entirely, that is of "curing" in the ordinary Western medical sense. However, in no case was supplementary material of the kind we would have liked to see offered us in the form of a prior medical diagnosis of the physical disorder with appropriate pathological study or post treatment study indicating the disappearance of the disorder.

Because of this sort of distinction forcing itself upon us frequently in our earliest study of these interviews, we began to make a practical distinction between "healing" and "curing" (Winchester, et.al., 2012). Something like "kissing it better "appeared to be systematically going on in the actions and results of practically all of our alternative healers using what they frequently considered as spiritual means of intervention.

## Ordinary vs. Paranormal Intervention

Another distinction that forced itself upon us early on in our study of the interviews is that between what one might call claims of ordinary spiritual intervention and claims of para-normal intervention (Winchester, et.al., 2012). Some literature we discussed within our group meetings was taken from the book, "Reinventing Medicine." In this book, Dossey (1999) states "many studies reveal that healing can be achieved at a distance by directing loving and compassionate thoughts, intentions and

prayers to others, who may even be unaware these efforts are being extended to them" (p. 25). Dossey believes that the "distant intention of prayer" is a major secret kept in medicine. "Every physician becomes a collector of anomalies that break the rules; cures and remissions that don't fit the norm . . . get quietly filed away over the years (p.7). Prayer advocates are commonly suspected of promoting their personal religious beliefs under the guise of science.

One interviewee appears to have silenced some of his stories that appeared out of the ordinary (unpublished interviews, Sawa, 2009). As a physician engaging in healing work, this study participant claimed that he surrenders his intellect and analytical mind when receiving the Blessed Sacrament. He insisted that "perfect love casts out fear" and the "greatest weapon we have against illness is knowing Jesus." To assist this interviewee with being an instrument for healing, he prays with his secretary before seeing any patients. His choice to pray appears to support Helminiak's (1996) suggestion that spirituality is "deification through the Holy Spirit and in Christ" (p. 37). During his interview, this physician revealed that a female patient had calmed down and expressed a healing experience after she had touched a picture of Jesus, hanging on his office wall. He also told the story of a man with terminal cancer who was prayed for by him; and later this patient's ultrasound was reported as being normal, and the patient claimed he had been healed. Additionally, the physician articulated a case of a patient having recovered from being in a coma, two weeks after he had prayed for this patient. And, following the healing experience, this patient had spoken to the physician about having a near death experience. To verify alterations in patient health conditions after prayer, all the successful healing cases reported by this physician are documented with in his medical files.

When reviewing the transcript of this physician healer, we questioned why his successful stories of faith healing were being muted, rather than spoken openly about with peers or written about in journals. Having his stories muted could be a case of withholding a major truth about complementary health care. We wondered if he feared being misunderstood by his peers or being labeled "unprofessional" by traditionalists within the medical profession.

## Searching for Answers to Ordinary Spiritual Intervention

The ordinary spiritual intervention was invariably connected with the concern of the healer to listen to and to understand the cultural, religious or philosophical presuppositions of their patients and how they understood their disorder, ailment, trouble or problem that had brought them to the healer in the first place (Winchester, et.al., 2012).

One might say that the healers all treated the patient's "spiritual understanding" in the sense of the German notion of "geisteswissenshaft" where "spirit" here is related in a central sense with how the person is imbedded in their particular culture or their particular understanding of that culture. This is not a common usage in the English language, and it makes it rather difficult for us to talk well about the relationship of "spirit" to "culture." We refer to the social sciences in this context, but that papers over the possibility that most of human spirit resides in the context of human culture, a culture that is entirely man-made but is just as real for us as is bumping into a rock or a tree or being pulled downward towards the centre of the earth by the force of gravity after the manner of the world recognized by physics. In all such "ordinary spiritual intervention," while there is understanding of the patient's picture of the world from the vantage point of the spiritual or holistic or non-traditional healer, there may be primarily a compassionate regard for the patient and wise suggestions as to how better to conduct one's daily life. This intention to help and the invocation of manifest love in the sense of *caritas* in Latin or *agape* in Greek was claimed by practically all our healers.

To take one typical example, one patient came to a healer with an apparently incurable cancer (Winchester, et.al., 2012). The patient was terrified of dying of cancer and unable to function any longer in everyday life. The healer was able to convince the patient that the best chance of cure was that the patient come to grips with that everyday life and carry on much as before. The patient understood this and with the aid of the healer began functioning again. The physical symptoms of the cancer subsided, and the patient went back to a productive and useful life for several years before ultimately succumbing to the disease. This patient, in our terminology, was healed but not cured (Winchester, et.al., 2012).

The reverse possibility also exists (Winchester, et.al., 2012). For example, suppose someone comes to a healer after having a

breast removed for breast cancer but the patient cannot get through a day for the rest of her life without worrying about the recurrence of the cancer either in the remaining breast or somewhere else on her body. Even though this patient might live until her nineties and suffer no recurrence of the cancer, she is medically cured of her cancer but certainly not healed. What our non-traditional healers often do is to help such a person towards healing given a prior medical intervention of a curative kind so that they can get on with their lives in a normal fashion (Winchester, et.al., 2012).

## Paranormal Claims

On the other hand while a number of our healers engaged in what we might term intervention relating directly to the immediate cultural understanding of the patient in ways that are like "kissing it better" with a child, others made claims of the invocation of special and uncommon powers or interventions either by themselves, or by some form of guide in a world outside our everyday, or by the invocation of a higher power similar to that invoked by, say, Alcoholics Anonymous (Winchester, et.al., 2012). Such claims were common among Roman Catholic, Hindu, Shamanistic, Reiki and other energy healers. But they were not part of the claims of Wiccan or Buddhist healers.

Here are a couple of examples.

### *The Case of Headless Max*.

One of the cases we refer to is the case of Headless Max (Winchester, et.al., 2012). The case in question involved a patient coming to a spiritual healer because the patient could not enter his own kitchen in his flat because he invariably encountered an apparition behind the kitchen counter, an apparition with no head. This headless being blocked the way into the kitchen for the patient in question. The story continued as follows. The patient worked in northern Alberta with an oil exploration firm. His daily work involved flying into remote regions of the lake and forest country of northern Alberta in search of geological information, usually with a colleague. To fly in and out of the remote location the patient and his colleague would arrive by helicopter and depart by helicopter. Sometimes the helicopter could not actually land, so the two colleagues would have to be picked up by their climbing up a rope hanging from the helicopter. On one fateful occasion the patient climbed up the rope

first and the colleague second. But at some point, while flying away to find a more secure landing point before being able to get into the helicopter, the colleague simply fell off the rope and disappeared, never to be found. On return to his flat the patient always saw Headless Max in his kitchen. The healer was a Roman Catholic priest who told the patient that he was suffering from possession by a demon, something that the patient, himself a Roman Catholic, believed possible, and that the healer would do an exorcism of that demon which he did following the standard Roman Catholic procedures. Headless Max disappeared, never to return. In this case a higher power was invoked, namely God acting through the Holy Spirit as referred to in the Apostles creed as a member of the Holy Trinity.

Perhaps of all our cases this one, which came early in our experience, has been most important for us, for it permitted us to see a situation in which the separation between healing and curing, which was generally an important distinction for us, dissolved or appeared to dissolve (Winchester, et.al., 2012). On the other hand, it posed a number of puzzles for us in its own right. Was this a case of a psychological illness that could only be cured by "spiritual" means? Was it important, for example, that "demons" objectively exist who could possess an individual in such a way that they could not get on with their everyday lives so long as they were so possessed even to the extent of not being able to go into their own kitchen? Some of our research group believed in the existence of demons, some in the possibility of their existence and some thought that such beliefs could not generally be part of the common experience of mankind, though "real" for some individuals. Or was it sufficient that both healer and patient (or sufferer, perhaps) believed in the existence of demons on the one hand and in the possibility of exorcism of the demon through religious means on the other? Or was it even possible, perhaps, that while a patient would have to believe in the demons which "possessed" him or her, the healer need only enter the "personal world" of the patient and offer the exorcism as a for which the patient might believe could affect a cure without sharing the reality of the world with the patient? Could, for example, a healer could be effective even though not sharing the personal world of the patient? Our research team did not resolve these matters to our satisfaction as a research group. However, members of the research team continued to explore cases in which the healer appears to be good at entering into the personal

world of the ill person in such a way that healing, if not curing, is possible through the intervention of the healer.

## The Case of an Aboriginal Patient and Healer: Common Reality and Extraordinary Reality.

In another case an aboriginal patient was suffering from personal difficulties relating in part to family relations and in part to physical symptoms (Winchester, et.al., 2012). The healer, himself aboriginal, suggested to the patient that he would dream tonight and that he, the healer, would join him in his dream and together they would visit and approach some of the patient's wise ancestors to find out what to do. The patient believed in this course of action and engaged in the dream exercise with his healer, listened to his ancestors in his dream with the guidance of the spirit guide that the healer had met and invoked for the journey in the dream land and the patient engaged in the suggested course of action and was no longer bothered by his personal difficulties or physical symptoms.

This again raises for us questions relating to the "worlds" inhabited by healer and patient seeking healing intervention (Winchester, et.al., 2012). It suggests, perhaps, that we must distinguish between the common world of everyday waking life for most of us, the common world of common sense and natural science, and the personal worlds that are so real for the patients who approach alternative healers of the kinds interviewed. Again, some of our research team think that if something is part of the personal world of an individual seeking healing intervention then that personal world is in fact part of the "real" world, though perhaps an unusual extension of it. For others on our team a distinction has to be maintained between the common world of common sense and natural science, a world that all of us experience and where we can engage in common and repetitive activities on the one hand, and the private or in any event non-common world of individuals in which they experience extraordinary things not found in the common world. For those of us with this latter view, both the experiences of the common world of common sense and natural science are real experiences for us all, but in the case of the extraordinary experiences of some of the patients and healers, that part of their world is real for them but not real in the common world.

## Other Cases.

Generally, for most cases related to us, the healer not only would find out how the patient's suffering, disorder, disease or distress was related to their personal beliefs but might invoke a hypnotic state, or a state of meditation, or prayer with the patient (Winchester, et.al., 2012). Sometimes this might involve the healer describing to the patient how he, the healer, had entered the patient's mind and met a spirit guide to the patient's mental and physical states, perhaps by moving to the "Buddha plane" and directly experiencing the patient's troubles and once knowing what the difficulty was returning to the everyday world to suggest a course of action to the patient. Thus, for this healer sometimes cure and sometimes healing were invoked through paranormal means, namely, apparent answer to joint prayer.

While several of our healers were drawn from Shamanistic, Aboriginal, Wiccan, Buddhist, Hindu or Energy healing traditions, many of our healers were drawn from the Roman Catholic faith, many being priests, bishops or lapsed priests now actively engaged in healing full time (Winchester, et.al., 2012). It was perhaps not surprising that the healers from the Roman Catholic faith believed that such healing as they could bring about was due to the healing power of God's spirit, a spirit who they (the healers) felt as at best a conduit for. But the healers from most of the other traditions, Shamanistic, Aboriginal, Energy and Hindu for example, also saw themselves as a conduit of healing power or energy or spirit not their own. Indeed, only the Wiccan healer claimed to have healing power herself and to possess special abilities not related to a higher power as such. On the other hand, healers from non-Christian traditions did not speak of the intervention of the "Holy Spirit" or of God directly but often referred more generally to the intervention of a "higher power".

Energy healers often invoked a notion of "energy" which they sometimes claimed simply to be identical with the ordinary notion of energy as we find it referred to in contemporary physics (Winchester, et.al., 2012). This energy might be involved both in the process of diagnosis and in treatment, the patient's energy conveying to the healer what was wrong and the healer's energy passing to the patient and effecting healing and perhaps cure of the disorder claimed by the patient. We retained an open mind to these very diverse claims to special powers related either to long years of training or to their being in possession of special and unusual

paranormal powers. Indeed, as mentioned above, only the Wiccan healer claimed to have healing power herself and to possess special abilities not related to higher power as such. While the Buddhist healer did not invoke a higher power, neither did he claim to be healing himself, but rather something more like leading the patient into a better path.

## Discussion

Perhaps the most important findings of the research team were the distinctions we found ourselves having to make given the material at hand in the interview narratives (Winchester, et.al., 2012). First, we had to distinguish between healers telling us of those patients who were able to go on with their everyday lives after the healers' interventions and those who we referred to as healed

Second, we had to acknowledge claims to those who appeared to be free completely of their presenting symptoms and who they wished to pronounce as cured. Nonetheless, some of these seemed destined to spend the rest of their days living as if they were still in distress from their presenting ailment or complaint, for example, a now "cured" or completely removed cancer. However, the reverse was more often true, namely, that while the patient was rarely cured in a medical sense in that their presenting disease or disorder completely disappeared never to return, commonly they were able to go on with their lives as if the presenting disease or disorder was largely unimportant and no longer an impediment to living fully.

Third, it became clear to us that all our healers worked with patients who came to them hoping to be healed and perhaps cured and that all the healers had definite compassionate intentions to heal and perhaps cure. Thus, we believe that the intentions of both the patient to be healed and the compassionate, loving intentions of the healer in the sense of *caritas* or *agape* are both crucial in the healing success of non-Western healing traditions. And a major part of this compassion was listening to and entering into the cultural world, the world of the deeply held beliefs, of the patient. The distinction between such healing by listening to and entering into the world of the patient before offering advice or treatment that accepts and takes that world into account and healing by the invocation of special and unusual powers of the healer appears to us to be central.

There was a meditative component in many of the interventions of our healers which paralleled in some respects the approach of the

Aboriginal healers who had their patients enter into a dream world with them (Winchester, et.al., 2012). The invocation of prayer, of meditation, of breathing exercises, of relaxation and perhaps of hypnosis, seemed to us to be of this nature in the claims of many of our healers. We intended to study these claimed unusual, perhaps paranormal, powers more fully in future studies that will involve healers like those whose narratives we have just studied and are planning joint work with scholars in Indian and Israel as well as in Canada. In these studies, however, we will not simply ask the healers to tell their stories but will work with both healers and patients to follow their course of diagnosis and treatment by such healers, making sure that the lack of adequate prior diagnostic materials and medical follow up is not ignored.

Perhaps the most important result of our research team studies is that all our holistic healers, from whatever tradition, listened carefully to their patients, attempted to understand and enter their cultural heritage and world view, and offered suggestions and treatments with love and compassion that arose from that understanding (Winchester, et.al., 2012). If this approach could be encouraged in all the next generation of education, physicians, surgeons and family practitioners coming out of Canadian medical schools, an improvement in patient health would most likely be made. Finally, the suggestion of the Scottish Health Department (Chisholm, 2002) that further research should be undertaken to determine precisely which elements of spiritual care are effective and what are some of the differences between being healed and being cured could be at the center of our future research education programs.

## *References*

Aldridge, D. (1991) "Spirituality, healing and medicine", British Journal of General Practice, 41 (351): 224-227

Al-Krenawi, A; Graham, J.R., Moaz, B. (1996), "The healing significance of Negev's Bedouin Dervish", Social Science and Medicine, Vol. 43, No. 1, July, pp. 13-21(9)

Balboni, M.; Sullivan, A; Enzinger, A; Epstein-Peterson, Z; Tseng, Y; Mitchell; Mistak, j; Zollfrank, A; WanderWeele, Tyler, J; Balboni, T. (2014). Nurse and Physician Barriers to Spiritual Care Provision at the End of Life. Journal of

Pain and Symptom Managements. Vol. 48 Issue 3, P. 400-410

Burkhardt, M. (1994). Becoming and Connecting Elements of Spirituality for Women. Holistic Nursing Practice. Vol 8, No 4, pp 12-21.

Cheungsatiansup, K. (2003) "Spirituality and Health: an initial proposal to incorporate spiritualhealth impact assessment in the World Health Organization, Examples of Health Impact Assessments", Environmental Impact Assessment Review, 23(1), pp. 3-15.

Chisholm, M.(2002), ``Speech delivered at the Spiritual Care in the NHS Conference on 16th November, 2001``, Scottish Journal of Healthcare Chaplaincy, 5: 24-26.

Collingwood, R. (1940). *An Essay on metaphysics.* Oxford, UK: Oxford University Press

Doetzel, N. (2006). *Cultivating spirituality within leadership: Synergizing heart and mind.* Detselig Enterprises

Dossey, L. (1999). *Beyond mind-body to a new era of healing: Reinventing medicine.* NewHarperCollins.

Dyer, W. (2001). *Ten secrets for success and inner peace.* Hay House.

Hariot, C. (1992). Spirituality and Aging. Holistic Nursing Practice. Vol. 7, No1 pp. 22-31. Vol.49, No 6. pp. 413-435.

Harner, H. (1990). The Way of the Shaman. New York, NY. HarperCollins Publishers.

Hartung, Y. E., Henriques, L.M., & Nyhof-Young, & (2012). Towards an Outline for an Undergraduate Medicine Curriculum in Spirituality." University of Toronto Medical Journal 89(2): 78-81.

Helminiak, D. (1996). *The Human Core of Spirituality: Mind as Psyche and Spirit.* University of New York Press.

Jernigan, H. (2001). Spirituality in Older Adults: A Cross-Cultural and Interfaith Perspective. *Pastoral Psychology*

Koenig, H (2001), ``Religion, spirituality and medicine: how are they related and what does it mean? ``, Mayo Clinic Proceedings, 76 (1225-1235)

Lerner, M. (2000). *Spirit matters*. Hampton Roads

Peach, Hedley G.(2003), ``Religion, spirituality and health: how should Australia`s medical profession respond?, Medical Journal of Australia, 178(8): 415

Pearce, J. (2002). *The Biology of transcendence: A blueprint of the human spirit.* Rochester. Park Street Press.

Puchalski, C. M., Blatt, B., & Kogan, M (2014). "Spirituality and Health: The Development of a Field." Academic Medicine **89**(1): 10-16.

Williams, David R and Sternthal, Michelle J (2007), ``Spirituality, religion and health:evidence and research directions``, Medical Journal of Australia, 186: 247-250

Moberg, D. (2008). Research in Spirituality, Religion, and Aging. *Journal of Gerontological Social Work, 45:1-2, pp. 11-40*

Newberg, A., D'Aquili, E., & Rause, V. (2001). *Why God won't go away: Brain science and the biology of belief.* Random House.

Rankin, L. (2013). Mind Over Medicine: Scientific Proof That You Can Heal Yourself. Hay House

Sawa, R. (2009). Unpublished Sawa interviews.

Sawa, R. (2014) Teaching Spirituality In Undergraduate Medical Education: Are There Gaps. *Paper presented at a University of Calgary Faculty of Education conference, Feb. 2014*

Turner, K. (2021). *Healing Ourselves: Biofield Science and the future of Health..* Sounds True.

Vaill, P. (1998). *Spirited leading and learning.* Jossey Bass.

Whitehead, C. Kuper, A; Freeman, R; Grundland, B; Webster, F. (2014). Compassionate care? A critical discourse analysis of accreditation standards. *Medical Education Journal 48: pp.632-643.*

Winchester, I; Sawa, R; Doetzel, N. Maynell, H. Zembal, D. (2012) Toward Better Holistic Education: What Can We Learn From Spiritual Healers. In Groen, J., Coholic, D., Graham, J (Eds.).*Spirituality in Social Work and Education*, pp. 205-216.

**Author and Affiliation**
Dr. Nancy-Angel Doetzel
Instructor
Sociology & Anthropology Faculty
Mount Royal University
Email: ndoetzel@mtroyal.ca

**Author and Affiliation**
Dr. Ian Winchester
Professor
Werlund School of Education
University of Calgary
Email: winchest@ucalgary.ca