

**SPIRITUAL HEALING AND ITS CONTRIBUTION TO
CONTEMPORARY RELIGIOUS LIFE AND ALTERNATIVE
MEDICINE IN AOTEAROA-NEW ZEALAND**

**A thesis presented in fulfilment of the requirements for the degree
Master of Philosophy in Religious Studies at Massey University.**

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Year: 1996**

ABSTRACT

Spiritual healing spans many centuries, cultures, and health professions, yet the scientific study of spiritual healing is lacking from the literature of religious studies. There is no doubt that spiritual healing is very much a part of many religions; healing was in fact a practical foundation for the Christian religion as taught by Jesus Christ and his disciples. As a result of breakdown in religious organisations spiritual healing has become the foundation from which many movements away from conventional religions has occurred and consequently sects, cults, and practitioners of alternative medicine have gathered followers and flourished as they practise their mode of spiritual healing.

The ultimate purpose of this study was to discover new knowledge about the phenomenon of spiritual healing from the viewpoint of both healer and healee, i.e., those who recognise or have experienced spiritual healing as a distinct process of healing. Phenomenology provided the philosophy and the basis for the overall design of the study which sought to discover the contribution of spiritual healing to contemporary religious life and alternative medicine in Aotearoa-New Zealand. Triangulation was the method of choice to explore the essence of spiritual healing in a primary research survey carried out in the **Manawatu** region of Aotearoa-New Zealand.

The strength of phenomenology lies in the lived experience and understandings of people, therefore a more accurate account of the phenomenon of spiritual healing was established from experiential data acquired from the primary research study. The results from the primary research study enabled the researcher to demonstrate knowledge which was context specific and relevant

to the literature about spiritual healing within the domain of religious studies. It also described the contemporary position of spiritual healing in religious life, and alternative medicine in Aotearoa-New Zealand today.

One of the major procedures many healers use to effectively heal the physical, energetic or etheric levels is a hands-on approach to the patient (healee) in treatment, either through actually touching the body or holding the hands a short distance off the body. The results of my primary research demonstrates that these methods of healing confirm the literature and are practised today. Illustrated experiences of healers and healees during spiritual healing interactions, as described in chapter four, indicate that through spiritual healing physical changes occur during healing interactions. Results of biophysical changes in pulse rate, blood pressure, and cranial rhythm, as well as experiential findings, show evidence for an energy ('e') exchange between the healer ('s') and healee ('s') during the act of healing with both people being affected and indications of a higher spiritual source ('S') at work during the interaction. From this study an equation for spiritual healing is proposed as follows:

$$\begin{array}{ccccccc}
 's' & & + & 'S' & & + & 'e' = & 'H' \\
 \text{(spirit of healer)} & & & \text{(higher Spiritual source)} & & & \text{(energy)} & \text{(healing)}
 \end{array}$$

In Aotearoa-New Zealand, conventional medicine, nursing and religion have failed to treat the whole person, i.e., body, mind and spirit. Although their philosophies encourage the holistic approach evidence indicates that there is limited knowledge available within the professions and some role confusion for the provision of spiritual healing. However, a 'holistic' philosophy has always been part of alternative medicine and in both Britain and America alternatives

(iii)

are becoming an accepted and established part of their health care systems. There is currently a growing interest in alternative medicine and natural therapies within the health professions in Aotearoa-New Zealand and units of learning are being developed for the New Zealand Qualifications 'Framework'. Indications are that spiritual healing will become a major aspect of religious life and alternative medicine over the next decade in Aotearoa-New Zealand.

PREFACE AND ACKNOWLEDGEMENTS

In a work such as this I am indebted to a large number of people who affected the journey taken in producing this thesis.

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My appreciation goes to my supervisors, Bronwyn Elsmore and Peter Donovan, for what they have taught me about doing research; Peter for his expertise and advice when needed, and Bronwyn who supervised the project from beginning to end and who always made herself available when required to assist and to keep me on track.

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CHAPTER ONE

INTRODUCTION

The experience of healing as an intrinsic part of human life is well documented as a subject of human interest. Traditional, alternative, or non-medical forms of spiritual healing are not new and have always been part of culture and religion, having "been practised since the dawn of mankind".¹ This thesis seeks to demonstrate through phenomenological inquiry the essence of spiritual healing and its contribution to contemporary religious life and alternative medicine in Aotearoa-New Zealand. A primary triangulation study enabled the researcher to gain a closer look at the healing event in order to discover experiential narratives about spiritual healing and biophysiological changes which might occur to both healer and healee during a healing interaction.

Aims and Purpose of the research

In approaching the broad question about the spiritual dimension in healing, a subset of questions relevant to the context of the study were formulated for the primary research study which was conducted in three stages.

¹ Akerele Olayiwola (1984) WHO's Traditional Medicine Programme: Progress and Perspectives. *World Health Organisation Chronicle*, 38 (2). pp76-81.

Stage One:

- (a) To discover whether people consult with someone who uses a spiritual dimension in healing when they have health problems.
- (b) To discover whether people offer healing through the spiritual dimension
- (c) To discover whether people heal themselves using a spiritual dimension
- (d) To find out what avenues (or kinds) of spiritual healing are identified by people using a spiritual dimension in healing.
- (e) To determine what framework people who use a spiritual dimension in healing function within (professional, cultural, religious, spiritual).

Stage Two

- (a) How do people find the above methods being of value to them?
- (b) Is this kind of healing effective for people?

Stage Three

- (a) What do people experience during healing using a spiritual dimension?
- (b) Does healing through the spiritual dimension affect the physical dimension for these people?

Through an exploratory triangulation study, answers were gained to the above questions as an attempt was made to elucidate, from people living in the Manawatu region of New Zealand, the lived meaning and understandings about the spiritual dimension in healing and to describe the religious, spiritual, and professional framework that people who practise and exercise a spiritual dimension in healing function within.

Methodology

Phenomenology as the overall design and methodology, allowed for a certain freedom of focus in its approach to the topic and peoples' experiences - emphasis was placed upon the importance of individual experience; this then provided the researcher with a first hand description and understanding of spiritual healing from both healer and healee viewpoint. Phenomenology also provided a valid and reliable research approach in order to accomplish the aims of the study. Phenomenology defined and used for this study was:

"An approach to human inquiry that emphasizes the complexity of human experience and the need to study that experience holistically as it is actually lived."²

Because in phenomenology the individual's lived experience and understandings are of utmost importance when describing events, experiences of the practitioner (healer) who experienced a spiritual dimension while attempting to heal another person, and the experience of the person being healed (healee), were sought in the primary research study which was carried out in the Manawatu region of Aotearoa-New Zealand.

Triangulation methodology using a multiple method approach for data gathering was selected as the best way to bring rigor to the research and provide a valid and reliable study in the primary research. Results were analysed using quantitative and qualitative methods, again to add validity and reliability to the study. Themes arising from the results were then compared with experiences from the wider global community as presented in recently published literature; a comparison of similarities and differences are shown in chapter five.

Background to the study

The researcher herself has spent many years working in health care situations in Aotearoa-New Zealand and overseas, firstly, as a nurse and midwife, and secondly, in the area of alternative medicine as a naturopath, homeopath, and osteopath, and thirdly as a self-professed healer who recognises the spiritual dimension in healing. Interest in researching the area of spiritual healing was sparked by an earlier study on the topic.³

More people visit an alternative practitioner for spiritual healing as part of their treatment than any other kind of health practitioner was demonstrated in

² Polit, Denise F. and Hungler, Bernadette P. (1993) Essentials of Nursing Research: Methods, Appraisal, and Utilization. 3rd Ed., Lippincott Co., Philadelphia, p.442.

³ Martin, Melva (1991) The Spiritual Dimension in Health Unpublished Research Paper for 35.699, Massey University.

that earlier study. Healers in the study acknowledged spiritual healing either as a stand alone procedure or combined with other therapies and they considered their healing ability and themselves in various ways, such as a "tool" in the healing process; a "facilitator" for healing; a "channel for the Holy Spirit"; a "channel for a Spirit Guide"; and an "instrument of light" or "energy" or "a gift from journeying friends or ancestors who have gone before".

Conclusions reached from that study⁴ demonstrated people do find a spiritual dimension important in healing, and significantly some people prefer to use the term "spiritual" rather than "religious" in discussions about the spiritual dimension. From the results I categorised three groups who demonstrated differences in beliefs and understandings - (1) "humanistic", (2) "divine" (basically Christian), and (3) "universal energies". This research also showed that health teachers require more input into the literature of their professions before they are able to confidently understand and teach about the spiritual dimension in healing.

The Public Health System in Aotearoa-New Zealand

Today, in Aotearoa-New Zealand changes are taking place in the public health system. Management systems within Crown Health Enterprises (CHE's) down to people at grass roots level in the community are all affected as ways are sought, within a difficult economic climate, to meet people's needs in times of sickness and in the promotion of health. Smaller, and country hospitals are closing, long term psychiatric patients are leaving institutions and being rehabilitated in the community. "Shorter stays in hospital, and increasing use of day surgery", together with "budget blowouts" shows the new system is not working effectively to meet people's health needs.⁵

⁴ Martin, 1991, pp. 169 - 170.

⁵ Keene, Lyndon (1994) Reforms Round-up: CHE Deficits Tell Sick Story, in Nursing New Zealand, October issue, p. 9.

In New Zealand, for the financial year ending March, 1994, Government Health expenditure amounted to \$4,776,179,000 private household, private health and charitable organisations spent \$1,412,019,000 giving a total from all sources \$6,188,198,000. Most Government funds went to "Vote:Health" and in turn to service the public hospital system - \$4,177,391,000 (67.51%).⁶

"Health reformers, after dealing with hospital services, are now looking at the primary sector, where spending has been driven largely by GP decisions."⁷ An example of dissatisfaction with the health system occurred at a meeting in Wanganui recently where "more than 500 people gathered ... to protest cuts to public health services... the meeting also passed a unanimous vote of no confidence in the Government and the Central RHA's [Regional Health Authority] community health group."⁸ This state of affairs indicates that all is not well in the public health area.

Research commissioned and published by the New Zealand Health Department,⁹ demonstrated the extent of complementary therapies in the Wellington region of Aotearoa-New Zealand. Judith Johnston,¹⁰ director of the Health Services Research and Development Unit, indicated that this was a "significant piece of New Zealand research", and that it was a beginning which helped "identify issues in health care and health care provision in

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- ⁶ Muthumala, D. & Howard, P.S. (1995) Health Expenditure Trends in New Zealand 1980-1994. Performance Monitoring and Review Unit, Ministry of Health, Wellington. p.58.
- ⁷ Slater, Mary (1995) Nurses and Doctors: the New IPAs in Kai Tiaki: Nursing New Zealand. April issue. p.12.
- ⁸ O'Connor, Teresa (1995) More Cuts Likely Nation-wide, in Kai Tiaki: Nursing New Zealand. July issue. p.21.
- ⁹ Leibrich Julie, Hickling Janet, Pitt George (1987) In Search of Well-being: Exploratory Research into Complementary Therapies. Dept. Health, Wellington. p.2.
- ¹⁰ Leibrich et al., 1987, p. iii.

important areas" such as "increased personal responsibility for health" and "more collaborative relationships with health professionals." Results from this study indicated that alternative or complementary care was an increasingly established part of health care and that people were looking for alternatives to orthodox health care. One of the reasons people gave for seeking alternatives was because orthodox care was not meeting people's needs.¹¹ For the first time information about complementary therapies was gathered, from a New Zealand community, for a government funded research project; this provided information which was lacking in the literature.¹²

Within the New Zealand Government subsidised health care system, complementary health care in general is not yet recognised for compensation, although the Social Welfare Department will provide some benefits for needy people who choose to attend an alternative health care practitioner. Medical practitioners may refer patients to chiropractors and some osteopaths; *these practitioners are compensated through The Accident Compensation Corporation (ACC) for Complementary treatment provided.*

Traditional, alternative, complementary, and conventional medicine

The growing interest in traditional, alternative and complementary healing practices throughout the world can be verified by the increasing number of practitioners practising a wide range of therapies. Estimated figures from overseas surveys into the use of complementary therapies indicate that at least 10 per cent of the population use them; for example, there are 20,000 healers in Britain alone.¹³

There are no figures for the overall estimated use of complementary therapies in Aotearoa-New Zealand. Community interest over the past ten years can be gauged through the growth and sale of popular alternative health magazines published in New Zealand and sold to the general public such as *Healthy*

¹¹ Leibrich et. al., 1987, p.45.

¹² Fougere Geoff, Marwick John, Scott Claudia, (1986) Choices for Health Care: Report on the Health Benefits Review, Govt. Print, Wellington. p. 49.

¹³ Leibrich et. al. 1987, p. 13.

Options, *Rainbow Network*, and *Growing Awareness*, as well as increasing numbers of advertisements in newspapers and listings of practitioners in the yellow pages of telephone directories.

In the area of education, major private training institutes such as the South Pacific College of Natural Therapeutics in Auckland, and the Naturopathic College of New Zealand in Timaru, have been teaching naturopathy for at least 15 years and setting standards for the profession. Today, many more private training institutes are offering courses in natural therapies, e.g. the College of Natural Medicine in Christchurch; popular magazines also advertise courses¹⁴ in massage, herbs, homeopathy, aromatherapy, nutrition, naturopathy, osteopathy, herbal energy, colour, Bach flowers, spiritual healing, Bowen technique, and meditation. Polytechnic Colleges are now teaching natural therapies and a course in naturopathy, under consideration for approval at degree level by the New Zealand Qualifications Authority, is currently being taught at Aoraki Polytechnic in Timaru.

In order to assist the development of standards and competencies for natural therapists and their professions the New Zealand Qualifications Authority took a significant step forward during 1994 and set up advisory groups for '*Manual*' and '*Natural Therapies*'. Delegates within these groups are representative of a wide range of natural therapies and they are currently in the process of establishing units of learning which will eventually become part of the government '*Framework*' for national education and training in Aotearoa-New Zealand. This move to establish national standards, through an orthodox avenue, is viewed by educators and others as an evolution in the acceptance of complementary therapies into the health care system in Aotearoa-New Zealand and it could be argued that New Zealand is fast following the United Kingdom where it is reported that:-

¹⁴ Healthy Options. Published by Healthy Options Ltd., Tauranga, N.Z. 1995, Feb/March issue.

"the gathering of healers into self-regulatory and certifying bodies has been a most important contribution to the acceptance of healing."¹⁵

Diana Pennell,¹⁶ New Zealand Nurses Organisation professional advisory group member, discusses the need for research on alternative therapies and points out the opportunity nurses have "to validate complementary therapies", she says:

"It is becoming clear that nurses' interest in using these more traditional ways to help people is increasing. They may be used alongside, independently of, or because technology-focused treatments have failed to provide for peoples' needs. During use of these natural options, a strong therapeutic relationship is formed between a client and a nurse. This is a major contribution to healing."

The "therapeutic" intrapersonal relationship that Pennell writes about during use of "natural options" appears to be a key element in the process of healing. In describing the essence of spiritual healing it is clear that something happens during the interaction, it is therapeutic, and healing occurs. This intrapersonal relationship will be investigated further in the primary research.

Although science and medicine appear to have made major advances throughout the 20th century, Richard Gerber¹⁷ disagrees, pointing out that in many cases "conventional medical wisdom is misguided, ...through drugs and surgery ...and 'quick fix' physical solutions." He argues that scientists and physicians have not yet understood the "domain of the Spirit as it relates to the physical body" He writes:

¹⁵ Benor, Daniel J. (1994), Healing Research: Holistic Energy Medicine and Spirituality, Vol. 2. Helix, United Kingdom, p. 104.

¹⁶ Pennell, Diana, (1995) Research Needed on Alternative Therapies, in Kai Tiaki: Nursing New Zealand. April issue, p.4.

¹⁷ Gerber, Richard (1988) Vibrational Medicine. Bear & Co., Santa Fe, USA. p.44.

"The spiritual dimension is the energetic basis of all life, because it is the energy of spirit which animates the physical framework. *The unseen connection between the physical body and the subtle forces of spirit holds the key to understanding the inner relationship between matter and energy.*"

Yet, according to history, the development of the medical system as we know it today is, "modern... and an addition to, and later a demarcation from, earlier systems of healing which were religious in origin" ¹⁸

These earlier systems of healing were much akin to traditional, alternative or complementary medicine of today and it has been suggested that with a renewal of interest in, and use of, traditional or alternative medicine over the past 15 years "conventional medicine sees itself actually threatened by an unscientific rival."¹⁹ Conventional medicine is unintentionally facilitating interest in alternative sectors by ordinary people because the medical profession relies upon medicines which in many instances have failed to treat the whole person; body, mind and spirit. Also, side effects and iatrogenic diseases and side effects caused by drugs and technology are another reason why people are turning to alternative medicine. ²⁰

The British Medical Association in 1993 acknowledged public demand in Britain for complementary therapies and the Association "recommended that there be more collaborative research." As a result some doctors are now including complementary therapies in their practices and doing research in this area.

¹⁸ Gopel, Eberhard (1993) *Human Health and Philosophies of Life*, in Lafaille, Robert and Fulder, Stephen (Eds.) Towards a New Science of Health. Routledge, London. p. 27.

¹⁹ Fulder, Stephen (1993) *The Impact of Non-orthodox Medicine on our Concepts of Health*, in Lafaille, Robert & Fulder, Stephen (Eds.) Towards a New Science of Health, Routledge, London. P. 105.

²⁰ Lafaille, Robert (1993) Towards a New Science of Health. p.xiii

"American medical schools are introducing courses on complementary therapies in the wake of a survey showing that nearly as many dollars went to complementary therapists in 1992 as went to doctors"²¹

Practitioners of both orthodox medicine and alternative medicine generally recognise a common definition for health, as stated in the Constitution of the World Health Organisation, defined as follows:

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." ²²

Research methods, as well as attitudes towards spiritual healing, differ between the conventional medical profession and alternative medicine. Conventional medicine favours empirical research, i.e. the Newtonian model of scientific enquiry; clinical trials being a common quantitative method of research for them. It was reported²³ that experiments to confirm abilities of healers were performed at McGill University, during the 1950's, but results were published in parapsychology journals because no conventional journal would accept such reports. Spiritual healing as a topic is significantly absent from the medical literature and therefore warrants further investigation.

One problem is the difficulty in finding an appropriate scientific method to study spiritual healing. However, research based upon Einstein's model of scientific enquiry, ($E=mc^2$ which states that energy and matter are interchangeable; the body is made of matter, but can be addressed as energy) has provided an acceptable scientific means to research magnetic fields, radionics, and the electromagnetic effects of healers. For example, Glen Rein

²¹ Benor, Daniel (1994) Healing Research: Holistic Energy Medicine and Spirituality, Vol.2. Helix, United Kingdom. p. 89.

²² Pfister, A.M. Personal Communication, 23rd May, 1995. World Health Organisation, Geneva, Switzerland. p.1.

²³ Benor, D., 1994, p.8.

used this method in 1992 and studied healers and magnetic field emissions from their hands.

"The magnetic fields were measured using a flux-gate magnetometer sensitive from D.C. to 500Hz. Laskow [the healer] cupped his hands over the probe but did not touch it... Non-healers were unable to influence magnetometer readings.

A highlight of Rein's research occurred when a healer (Laskow), asked the Spirit to flow through him.

"One of the most interesting spontaneous magnetic field patterns was obtained when Laskow inwardly asked that Spirit flow through him. He asked Spirit to demonstrate its presence to science with a characteristic signature pattern. The tracing obtained gave a uniquely different pattern from the other patterns obtained and was characterized by sharp, frequent peaks in the negative direction."²⁴

Daniel Benor, a psychiatrist, has been researching healing for more than a decade and is an active member of the *Doctor-Healer Network* in England. This group of doctors, nurses, complementary therapists, and healers meet regularly to discuss practical and theoretical issues around the integration of healing with conventional medical practice. He suggests that:

"Holistic medicine is a growing, humanising movement in the health field. It emphasises treatment of the person who has the illness rather than of the illness the person has."²⁵

The philosophy of holistic medicine acknowledges the spiritual element as an integral aspect of each person which functions alongside the more recognised physical, mental and emotional parts of the body. Some medical practitioners, nurses, and alternative practitioners provide treatment within a

²⁴ Benor, D., 1994, p. 102.

²⁵ Benor, Daniel, 1994, p.89.

holistic model; this means that when a person is sick and treated holistically the whole person is considered and treated according to their needs.

Historical Influences of Religion on Healing in Aotearoa - New Zealand

The Maori people came in canoes across the Pacific ocean and established themselves as the tangata whenua of Aotearoa "arriving from the islands to the north some 1,000 years ago."²⁶ Although they are closely related to the other Polynesian peoples of the Pacific in language, culture, practices, and beliefs, today they maintain a separate identity in Aotearoa-New Zealand. Their oral tradition informs us that religion and healing have always been an integral part of Maori culture and this will be expanded upon further in the next chapter.

F. Edward Butterworth,²⁷ a historian and authority on the culture, language and history of the peoples of French Polynesia writes about "sacred stones" and "great power connected with these stones" and that "the legends say a coral pebble figures in many of the religious rites of the marae and seems to relate to the high chief and the high priest. Sometimes it is called a repentance stone." Whatever methods of healing were used among the Polynesian and Maori people perhaps the most important inclusion in healing rituals was "karakia".²⁸

Contact between Maori and European began with Abel Tasman and his crew in 1642, and later Captain James Cook and his crew in 1769; both these expeditions resulted in conflict with the Maori people. Later, migrations of people from many countries began; British and European colonies were the first to become established and this had a marked effect on the Maori people,

²⁶ Patterson, John (1994) Maori Environmental Virtues, in Environmental Ethics Vol.16, No. 4, Winter 1994, pp. 397-410.

²⁷ F. Edward Butterworth (1974) Pilgrims of the Pacific. Herald House, Missouri, USA. p. 89.

²⁸ Anderson, Atholl (1994) (Ed.) Traditional Lifeways of the Southern Maori by James Herries Beattie. University of Otago Press, Dunedin, N.Z. p. 379.

in particular on their religion and health. Christian missionary groups began sending missionaries to convert the Maori people; the first to arrive being the Church Missionary Society (Anglican) in 1814, next came the Wesleyan Mission Society (Methodist) in 1822, followed by the Roman Catholic missionaries in 1838.²⁹

During these conversion years many Maori left their old ways to follow Christianity as taught by the missionaries. However, between 1830 and 1870 some Maori adapted the Christian message to fit their own world view which enabled them to maintain Maori traditions "in a way that helped preserve the meeting house as a living focus of Maori identity, history and culture."³⁰

However, the Ratana Church, "while stressing many Maori values, rejected tohungaism, tribal division and tangihanga." This Church became established at the time of an influenza epidemic after Tahupotiki Wiremu Ratana began a ministry of healing "following a vision on 8 November, 1918 when a voice appointed him as Mangai or 'Mouthpiece of God'.³¹ His spectacular healings attracted many people to this movement.

People, (both Maori and Pakeha) who saw no value in traditional Maori healing became intent on stamping it out, and a Government "Act", the *Tohunga Suppression Act*, passed in 1907, aimed to prevent traditional healers, the tohungas, from practising healing. The 'Act' was apparently a direct response to Rua Kenana's (Ringatu) "socio-political-religious attempts to help Maori adjust to the many changes... on their society."³² Although this 'Act' did have some effect it did not altogether suppress tohunga activity and

²⁹ Davidson, Allan (1991) Christianity in Aotearoa. Education for Ministry, Wellington. pp. 5-18.

³⁰ Davidson, Allan, 1991, p.47.

³¹ Davidson, Allan, 1991, p.129.

³² Davidson, Allan, 1991, p.128.

the tribal tohunga continued to quietly function within tribal boundaries; this situation remains very much the same today.

Alternative European spiritual traditions such as Spiritualism, Theosophy, Golden Dawn and Freemasonry have had a major influence upon early New Zealand Pakeha society, "almost from the beginning of large-scale British immigration to New Zealand in the 1850's and 1860's."³³ All these spiritual groups practised their own tradition of healing and are still very much alive in society today.

Aotearoa-New Zealand is a country, influenced by immigration factors, developing its own unique religious environment. Most of the major religious groups that influenced the domain of healing in early days came from either America or Great Britain and some of these religious groups were:- Christian Science and the Church of Jesus Christ of Latter-day Saints, from America; Apostolic, Assemblies of God, Church of England (Anglican), Methodist and Presbyterian, from Great Britain. Many of the traditional Churches supported, (and still do) healing missions. Other healing groups are the Guild of St Rafael (founded by the esoteric Dr. Robert Felkin, a Freemason and Golden Dawn leader), and the interdenominational Order of St. Luke. From Europe came the Roman Catholic priests, nursing (the Sisters of Mercy) and teaching orders of women (the Sisters of St. Joseph). Perhaps the best known among the 'sisters' noted for their healing abilities were Mother Mary Aubert in the North Island and Sister Mary McKillop in the South Island.

Individual healing missions, sponsored by conventional Protestant Churches, have occurred in cycles throughout the years; Smith Wigglesworth in 1922, James More Hickson in 1923, A.H. Dallimore in 1927, 1931, and Dr. Christopher Woodard in 1958. These missions made their impact on society, being well reported in newspapers of the day; healing services were well supported and some people travelled great distances to attend.

³³ Ellwood, Robert S. (1993) Islands of the Dawn: The Story of Alternative Spirituality in New Zealand. University of Hawaii Press, Honolulu. p.1.

In more recent times an influx of healers have come to Aotearoa-New Zealand mainly supported by the traditional churches (Anglican & Presbyterian); for example, Delores and Bill Winders and the Rev. Ray Jones from England during September and October 1995, leading Christian healing services at seven different venues throughout the country. The Presbyterian Renewal Ministries also organised public healing services in ten centres throughout the country during these visits.³⁴

The 1960's saw the beginnings of the Neo-Pentecostal or Charismatic Revival which promoted healing as ministry within the church; today healing is very much a regular part of their Church activity.

Although difficult to define, many contemporary so called 'New Age' spiritual movements have become established in Aotearoa-New Zealand and most 'New Agers' take a keen interest in health, healing, and spiritual growth. Often these groups have no organisational structure and many alternative therapies and alternative religions are classified as 'New Age'. Many conventional churches actively discourage their followers from associating with or being treated by 'New Age' practitioners because "the problem with all these various energy concepts is the real possibility of demonic entanglements."³⁵

The 'New Age Movement' is said to contribute to unchurched religious life because it addresses the needs of many people for spiritual healing without the confines of a formal religious group. Robert Ellwood³⁶ in discussing a "New Age style of independent spirituality" points out that "the more New Zealanders want religion, but not *organized* religion, the more alternative groups... are apt to do well." He sees the "new Age people as being 1960's people "now well into middle age" well established with families and careers,

³⁴ Wholeness (1995) Lethbridge Pub., Levin, NZ. No.150, August issue. pp.1, 4.

³⁵ Weldon, John, and Wilson, Clifford (1980) Occult Shock and Psychic Forces. Master Books, San Diego, California, USA. p. 260.

³⁶ Ellwood, Robert S. 1993, p.197, 245.

and "looking for reaccess to the wonders of their youth" under new terms which represents a "level of spiritual independence and commercialism together."

Spiritual Healing and Religion

Richard Gerber,³⁷ a medical doctor currently working with the World Research Foundation in California creating a multi-disciplinary healing research centre, provides a useful description of spiritual healing.

"a form of healing which operates on the lower physical and etheric levels, but also corrects energetic disturbances at the emotional or astral, mental, and higher spiritual levels."

Gerber³⁸ suggests that "the recognition of our relationship to these higher frequency energy systems will ultimately lead to a fusion of religion and science as scientists begin to recognize the spiritual dimension of human beings and the laws of expression of the life-force."

Some traditional religious groups have specific directions, prayers, and ritual, for healing, an example is the Church of England (Anglican) *Prayer Book* which makes provision for "The Ministry of Healing"³⁹ and refers to the "laying on of hands [as] ...a symbol for the conveying of God's power. Among the gifts received from God by this means is that of healing."

The *Order of St Luke*,⁴⁰ an interdenominational healing group, made up from both clergy and lay persons, committed Christians, believe that healing is a

³⁷ Gerber, Richard (1988) Vibrational Medicine. Bear & Co., Santa Fe, USA. p.541.

³⁸ Gerber, 1988, p.66.

³⁹ The Church of the Province of New Zealand (1988) A New Zealand Prayer Book: He Karakia Mihinare O Aotearoa. Collins Pub. Auckland. p. 738.

⁴⁰ The Order of St Luke the Physician in New Zealand: A Healing Order for Church Members. Brochure.

continuing and essential part of the ministry of Jesus Christ and among its aims are to restore this ministry to the mainstream Church life.

An American study,⁴¹ researched spiritual healing within the context of American culture in two separate church communities: a rural West Virginia Pentecostal congregation, and the international Order of St. Luke situated in a Pennsylvanian city and demonstrated that these churches are effectively providing a healing service. This study also indicated that changes have occurred in the way people experience spiritual healing; no longer are people totally committed to the church community - "religious experience is just one type of experience a person might have in the unfolding of a spiritual healing":

"Within the modern context, spiritual healing is characterized as a process of personal growth initially stimulated by the onset of illness (conceived of as the individual being somehow intrapersonally out of balance)... As long as commitments to communities are perceived by the modern healee as promoting further personal growth and individuation, then involvement is likely to continue."⁴²

This seems to suggest that a person may get sick, go to church for healing and if healing occurs then that person becomes part of the church culture for personal growth. If healing doesn't occur then the likelihood of the healee remaining part of the group is remote.

Fuller suggests changes in the American church scene where physical healing is no longer part of the church's routine activities. He points out that as individuals have become more interested in "fringe" medicine they have joined a growing movement of the "unchurched" religious. Fuller traces the various ways in which "medical systems have served as carriers of an

⁴¹ Davis, Frank Stafford (1990) Charismatic Christian Spiritual Healing in two Cultural Contexts: An Existential-phenomenological approach. PhD Thesis (Psychology) Duquesne University. UMI pub. Ann Arbor. Michigan.

⁴² Davis, 1990, pp. 297, 299.

unchurched strain of American religious thought", in particular traditional and alternative medicine.

Alternative medicine in America is an established part of health care and "the connection between unconventional medical ideas and unconventional religious ideas is not at all new."⁴³ Americans disillusioned with religion and medicine of their day have turned to alternative healing in order to integrate body, mind and spirit; such alternative therapies often get classified as New Age movements, Fuller says:

"Many of our nation's religious beliefs are of the unchurched, or 'folk', variety. ...Historian Sydney Ahlstrom has described the kind of spirituality that Americans acquire from these self-proclaimed New Age movements as 'harmonial piety' insofar as their doctrines articulate a view of the world in which spiritual composure, physical health and even economic well being are understood to flow from a person's rapport with the cosmos."

In Britain spiritual healing is actively practised both within organised religion and outside it. Terence Ranger⁴⁴ reflecting upon the growth of spiritual healing in the United Kingdom suggests that movements of spiritual healing have grown within the Churches because contemporary Churches have withdrawn from their previous function of running hospitals and clinics.

In Africa an interesting situation has arisen; conventional medicine is unable to reach everyone and many poor are left without any orthodox system of health care. The working class and the poor are turning to Zionism, a practical religion specialising in a healing ministry. Jim Kiernan,⁴⁵ explains

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- ⁴³ Fuller, Robert C. (1989) Alternative Medicine and American Religious Life. Oxford Univ. Press, New York. p.4 - 11.
- ⁴⁴ Ranger, Terence (1982) in W.J. Sheils(Ed) The Church and Healing: Papers read at the 20th Summer Meeting & 21st Windsor Meeting of the Ecclesiastical History Society, Oxford. Pub. for Ecclesiastical History Soc. by Blackwell. p. xi.
- ⁴⁵ Kiernan, Jim (1994) The healing Community and the Future of the Urban Working Class, in Journal for the Study of Religion Vol.7, No. 1. March pp.49-64.

that Zionism offers something that is apparently lacking in other religious approaches - it offers a healing ministry "set within a conceptual framework that synthesises Christian and African perceptions of reality." He reports that there are "thousands of these churches, - accounting for 30% of the African population" and he speaks about this healing community as:

"a therapeutic turbine which is driven by canalising the turbulent energy of the Holy Spirit and which can then switch this concentrated mystical power, via its specialist operators, on to suffering individuals....these visionary specialists relay by touch and personal contact a charge of curative energy to their patients... all this fits easily into a Christian conception of spiritual healing."

Zionism offers the people, particularly the poor, a "caring, curing service" which is free of charge to all Zionists and non-Zionists alike.

Transpersonal Healing

Research studies in spiritual healing often refer to transpersonal healing particularly within the disciplines of nursing (Krieger,⁴⁶ Quinn,⁴⁷) and psychology (Davis,⁴⁸ Cooperstein⁴⁹). According to Cooperstein⁵⁰ the term "transpersonal healing" applies to

"...the variety of culturally unorthodox healing methods that do not ordinarily or necessarily involve the use of material objects (herbs, drugs, crystals, etc.) but rely chiefly upon the healers' (1)

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- ⁴⁶ Krieger, Dolores (1979) The Therapeutic Touch. Prentice Hall, Engelwood Cliffs, New Jersey.
- ⁴⁷ Quinn, J.F. (1989) Therapeutic Touch as Energy Exchange: Replication and Extension, in Nursing Science Quarterly, 2, (2)
- ⁴⁸ Davis, Frank Stafford, 1990.
- ⁴⁹ Cooperstein, M. Allan (1990) The Myths of Healing. PhD Thesis in Psychology, Saybrook Institute, UMI Dissertation Services, Ann Arbor, Michigan.
- ⁵⁰ Cooperstein, 1990, p. 13.

beliefs in scientifically unknown and non-validated forces, powers and energies, (2) the intervention of spiritual or spiritualistic entities, or (3) the purported existence of nonordinary (e.g. 'psychic') human potentials. These methods are presumed to involve the induction of nonordinary (or an altered state of) consciousness, resulting in a temporary restructuring, or transcendence, of the healer's typical world view and personal identity."

Because healing methods are "unorthodox" and rely upon "the healers beliefs in ... unknown powers and energies" it makes the scientific study of spiritual healing difficult. However, in the literature studies which have used biophysiological indices (blood pressure, pulse rate), and experiential data (Cooperstein,⁵¹ Davis,⁵² McKivergin⁵³). indicate that something physical and emotional happens during the transpersonal healing interaction. In my primary research, biophysiological indices were taken; the healer and healee were also provided with a short questionnaire, (based on findings from the literature about transpersonal healing), in order to obtain experiential data. The results shown in chapter four provides information about biophysical changes, and altered states of consciousness, in the subjects' personal identity during the healing interaction.

Contributions to the literature of spiritual healing have been mainly about healers.⁵⁴ In order to gain a more complete description of the healing interaction my primary research studied both healer and healee.

⁵¹ Cooperstein, 1990, p.156.

⁵² Davis, 1990, p. 220.

⁵³ McKivergin, Margaret Jane (1990) The Effects of A Non-traditional Healing Intervention on Physiological & Qualitative Measures of Well-being in Women. M.Sc. thesis for Ohio State University College of Nursing. U.M.I., Ann Arbor, Michigan. pp.61,163.

⁵⁴ Benor, Daniel J. (1994) Research in Spiritual Healing in International Journal of Alternative and Complementary Medicine, July issue. p.8.

Summary:

This chapter has introduced the thesis topic; its aims and purpose. It has been pointed out that few studies of this nature have been carried out within the discipline of Religious Studies so new knowledge from a religious studies viewpoint will emerge from the study. The overall design for this study is phenomenology which seeks to discover the lived experience and understandings from people about the spiritual dimension in healing.

An overview of science, medicine and alternative healing demonstrates possible reasons for an upsurge in popularity of alternative medicine as well as differences in research strategies and methodologies. Holistic medicine as a model to treat the whole person, is shown to be of increasing interest to health care professionals world-wide and research in this area is gaining momentum.

Historical influences from traditional and alternative religion on healing demonstrates that spiritual healing has always been a part of New Zealanders' way of life, at times ignored or suppressed, but still functional in various ways. Maori people maintain a tribal healer, the tohunga, and Pakeha have always had religious or spiritual healers acting as functionaries within religion or in alternative ways.

Reference to two American studies, (Fuller and Davis) show that early systems of healing are notable for their religious origins. These studies demonstrate that alternative medicine and spiritual healing are a vital and living part of unchurched American religious life today. British studies show that spiritual healing is historically a religious affair and still practised both within and outside traditional churches. In parts of Africa today religion has become very much the major vehicle for healing where no health care service exists.

It was pointed out that transpersonal healing is a term that is accepted and used in nursing and psychology and will be used in this study to focus on the healer and healee during the act of healing. Previous research studies into transpersonal healing indicated that physical and emotional changes occur during a healing interaction; instruments used

in my study aimed to determine whether results are similar or differed from those reported in the literature.

This thesis is presented in five chapters. Chapter one has introduced the topic, chapter two is a review of the relevant literature and will define the topic further, chapter three provides an in-depth discussion of methodology used for the primary study, chapter four describes results of primary research findings and chapter five is a discussion of results and conclusions.

CHAPTER TWO

REVIEW OF THE RELEVANT LITERATURE

Recent studies in alternative religion, traditional, alternative and complementary medicine, recognise spiritual healing as an important part of culture and society today. However, few research studies have surfaced about the transpersonal experience of spiritual healing within the discipline of Religious Studies yet it is very much a religious activity and lends itself to further study. In order to gain a broad overview and understanding of spiritual healing and current thinking in this area it is necessary to present meanings and research about spiritual healing as addressed by other disciplines as well.

In this chapter relevant literature is presented; firstly, to provide an understanding of terms used in the study, and secondly, to familiarise the reader with background material in the area of the study. This will enable the reader to gain an understanding of spiritual healing from an interdisciplinary approach and provide a foundation from which to view the contribution of spiritual healing to contemporary religious life and traditional or alternative medicine in Aotearoa-New Zealand. The literature review is in two sections:-

Section One: A brief discussion about *religion* and *religious experience* with their usage and understandings in culture and society relative to this study, also aspects of the words *spiritual* and *spirituality* are discussed with their relevance to *religion and healing*.

Section Two: A discussion about *spiritual healing* from the literature of *medicine, nursing, religion, and alternative medicine*.

Section One

Religion and Religious Experience in Contemporary Societies

In contemporary usage, religion is defined as a "system of belief in, [and] worship of a supernatural power or god."¹ Extending this definition, Alun Richards² suggests that:

"The word religion means linking - person with person, people with spirits, citizens with their own community, the tiny movements of our lives with the universe's great ones."

Religion, Richards says, is evolving and changing from whatever it once was so that today it can be conceived and described as "people's individual life aims" with symbols of religion in the form of ideologies, theologies, and kinds of worship that give meaning to life changing in a way that see individuals drawing from every culture stream, joining groups as they need to, and going to more churches. John Wilson³ puts it simply and suggests three conditions necessary for religion: beliefs about the supernatural, a way of life, and that the two should be connected.

Ever since William James⁴ suggested that there are many and different definitions for religion, a wide variety of ideas have emerged. James suggested that in any philosophical investigation of the "essence" of religion we were not likely to discover any one essence but many characters equally important in religion. He saw partitions dividing institutional and personal religion.

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- 1 Collins Pocket Dictionary & Thesaurus (1993), Harper Collins Pub., Glasgow, p.466.
 - 2 Richards, Alun. Why do People go to Church? in Crosslink, 1993, Vol.7, No.1 February. p.7.
 - 3 Wilson, John (1961) Philosophy and Religion: The Logic of Religious Belief. Oxford University Press, London, p. 16.
 - 4 James, William (1902) The Varieties of Religious Experience: A Study in Human Nature. Longmans, Green & Co., London, p. 26.

Personal religion, James saw as the "individual transacting business by himself alone" while institutional religion with its priests and sacraments, was secondary to personal religion. These ideas lead us to believe that religion begins with the self, it is primarily an individual, evolving experience, and an integrate part of everyday living. However, humans do not function alone and cultural and societal influences must therefore become important issues to be faced in the analysis of religion.

G. William Barnard⁵ points out that evidence strongly suggests that cultural tradition helps mould religious experience and that religious experience itself can act as a catalyst for cultural change. Lloyd Geering,⁶ for many years at the forefront of theological thinking in New Zealand, points out that the effect of cultural conditioning (from which our early beliefs arise), may be modified as we age because of life experience and our own reflection upon them, but he says that "they usually retain some aspects of our early conditioning to the very end."

If we are to believe this statement, then cultural indoctrination must eventually surface, albeit in a manner different than in the beginning because of maturity, reflection, and association with other people; elements of early beliefs changing to suit needs of the growing individual in a changing society.

Ten years ago, David Gerard⁷ said that two-fifths of people conceived God as "some sort of spirit or life force", a little under one-third believed in a personal God, one-fifth were unsure about what to think, and ten per cent

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- ⁵ Barnard, G. William, *Explaining the Unexplainable: Wayne Proudfoot's Religious Experience in Journal of the American Academy of Religion LX 2*. 1992, Summer Issue, p.244.
- ⁶ Geering, Lloyd. A. *Contemporary Expression of Faith*, in Veitch James (Ed.) (1990). *Faith in an Age of Turmoil*. Oriental University Press, London, p. 241.
- ⁷ Gerard David, *Religious Attitudes and Values*, in Abrams Mark, Gerard David, and Timms Noel, (Eds.), *Values and Social Change in Britain* (1985) MacMillan Press, London, pp. 50-59.

professed no belief in either, and so it seems that many people still retained belief in a 'God' but a God that is not associated with traditional religious beliefs.

Karel Dobbelaere⁸ reflects upon an analysis of religion in countries covered by the European Value Systems Study Group. Dobbelaere suggests that people's conception about God is related to the other beliefs held, and also to any church involvement. Conclusions reached in this study were that the number of people accepting traditional Christian beliefs and attending churches regularly has declined, especially among the young. The European Value study revealed that one person in seven attends church weekly yet more than three-quarters of respondents expressed a belief in God and 85% reported membership of one of the main Christian denominations.

Alan Webster,⁹ points out that the view of the majority in New Zealand describe God as a "life-force, spirit, not a person" which shows similarities to David Gerard's 1985 British study. Brookes and Martin¹⁰ responding from the Churches' viewpoint (in Alan Webster's study), explain that there are two main divisions within the Churches, the conservative and liberal. They say that for most regular church attenders belief is in a "personal God". However, they declare there is no problem for them in understanding God as "life-force, spirit, not a person," because, they say it fits with their definition of "pantheism."

Pantheism, defined by Brookes and Martin, is a word used in some religions "to describe their idea that God is so intimately related to the natural world and all things as to be indistinguishable from them." and they refer to a

⁸ Dobbelaere, Karel. Church Involvement and Secuarization in Barker, Eileen, Beckford and Dobbelaere, Karel (Eds.) (1993) Secularization, Rationalism and Sectarianism. Oxford University Press, Oxford, p.21.

⁹ Webster, Alan C. and Perry, Paul E. (1992) Values and Beliefs in new Zealand: The Full Report. Alpha Pub. Palmerston North, p.230.

¹⁰ Webster, Alan C. and Perry, Paul E. 1992, pp. 230, 232.

scriptural quote from the *Holy Bible*, which indicates that God "...is everything and he is in everything; and ...in him we live and move and have our being." ¹¹

Bryan Wilson¹² and Geoffrey Nelson¹³ both agree that pressure is no longer on people to attend Church. The main reason for this appears to be the voluntary nature of church attendance. No longer is attendance at Church a mark of social status within a particular society. Nelson brings up an interesting notion that attending Church, without the opportunity for social advancement, is nowadays an expression of genuine religiosity and he suggests that "it is much more likely that the churchgoer in modern Britain will be intrinsically rather than extrinsically religious."¹⁴ He sees creativity in religion and a rising tide of spirituality occurring on a world-wide scale. This creativity is evolving as either new religions, or a renewal or revival of old religions. Also Asian religions such as Hinduism, and Buddhism are being transplanted into western countries.

In America similar trends are evident - Robbins & Anthony¹⁵ point to emerging religious patterns and movements in America which are producing new churches. They say that the importance of traditional denominational structures may be declining. Robert Fuller¹⁶ identifies "a certain strand of

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- 11 Acts Ch.17 v 28, in A Readers Guide to the Holy Bible: Revised Standard Version. (1972) Thomas Nelson, Nashville, USA.
- 12 Wilson, Bryan (1985) *Secularisation: The Inherited Model*, in Hammond, Phillip E. (Ed.) The Sacred in a Secular Age. Univ. of California Press, Berkeley, p. 19, 20.
- 13 Nelson, Geoffrey K. (1987) Cults, New Religions & Religious Creativity. Routledge & Kegan Paul, London, p. 165.
- 14 Nelson, 1987, p. 165.
- 15 Robbins, Thomas & Anthony, Dick (Eds.) (1990) In Gods We Trust: New Patterns of Religious Pluralism in America. 2nd ed., Transaction Pub., New Brunswick, p.3.
- 16 Fuller, Robert C. (1989) Alternative Medicine and American Religious Life. Oxford University Press, New York, pp. 7, 8.

unchurched, or popular religious thought that appears to have a particular affinity with American culture" which he believes has partly resulted from failure within conventional churches to offer physical healing.

Ewart Cousins,¹⁷ points to research which revealed a large number of deeply committed spiritual seekers who had no formal connection with any church. Cousins sums up the situation by saying that a new spiritual awakening occurred in Western countries after the turmoil of World War II, which he believes began in America. It was a spiritual awakening to which he believes the churches were unable to respond.

By the late 1960's many people either left Christian Churches to follow Eastern masters and practise a different lifestyle or they included such practices as yoga and meditation into their own private religion and culture. Cousins goes on to say that during the 1970's Christians began searching their own traditions of Judaism and Christianity in order to discover spiritual wisdom comparable to that of Hinduism and Buddhism, and from this seeking and searching emerged a recovery of traditional Western spirituality. Furthermore, from the use of psychedelic drugs, psychotherapy, and parapsychology, emerged a spiritual awakening rather more secular than religious.

In defining spirituality Cousins views it as an experiential dimension of religion that deals with the "inner depth of the person" which must be open to the transcendent. Spirituality as an experiential dimension of religion may or may not include formal beliefs, external practices, and institutions;

Aotearoa-New Zealand is a small country with a population of 3,320,000, and from various statistical analyses shows a decline in religious affiliation since the 1960's; some reasons suggested for this decline are - the irrelevance of

¹⁷ Cousins Ewart, *Spirituality in Today's World*, in Whaling, Frank (Ed.), (1987) *Religion in Today's World*. Clark, Edinburgh, pp. 306-365

theology to the "modern world",¹⁸ a shift away from the church, acknowledging that "human beings are spiritual" and rejecting the "religious".¹⁹ The Church also fails to acknowledge a group of people who are "open to diversity in behaviour, and beliefs; where there is a strong focus on self fulfilment; and where many of those committed to social justice tend to stand."²⁰ This is not peculiar to New Zealand, as Britain, Europe,²¹ and America²² show similar trends.

Robbins and Anthony²³ suggest that there is a consumerist orientation to religion in America with patterns of church shopping and church switching and Occult, New Age, and Neopagan beliefs and practices spreading; they observe that these groups seem to resist firm organisation and there is some question about the survival of many new groups.

Recent debate among sociologists of religion, about the growth of sectarian and cultic groups in New Zealand, Australia and Canada, suggests that the situation in New Zealand, where conventional religions are not a strong influence on society and there is a decrease in traditional Christian group activity, imported sects and cults as well as indigenous innovation are more likely to become established. Michael Hill²⁴ argues that New Zealand is a

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- 18 Davidson Allan K. and Lineham Peter J. (1987) Transplanted Christianity (2nd Edition) Dunmore Press, Palmerston North, p. 308.
- 19 Webster, Alan C. & Perry, Paul E., 1992, p. 233.
- 20 Webster Alan C. & Perry, Paul E., 1992, p. 211.
- 21 Barker Eileen, Beckford James A., & Dobbelaere Karel (1993) Secularization, Rationalism and Sectarianism. Clarendon Press, Oxford, p. 19.
- 22 Fuller, Robert, (1989), p. 35.
- 23 Robbins Thomas, & Anthony Dick, (Eds.) (1990) In Gods We Trust: New Patterns of Religious Pluralism in America. 2nd Ed. Transaction Pub., New Brunswick, p.3.
- 24 Hill, Michael (1993) Ennobled Savages: New Zealand's Manipulationist Milieu, in Barker, Eileen, Beckford, James A., Dobbelaere, Karel (Eds.) Secularization, Rationalism and Sectarianism. Clarendon Press, Oxford, pp, 145-162.

fertile environment for development of sects and cults.

In international terms New Zealand is seen to have a low level of religiosity with 'religiosity' being defined by Webster and Perry²⁵ as "frequency of religious attendance, prayer, personal belief in God, belief in God as a person and frequency of awareness of or influence by a presence or power."

Stuart²⁶ has shown that many New Zealanders are nominally affiliated with churches, and suggested that they are generally disinterested in organised religion because "religion appears to be very much a private affair for many New Zealanders." Robert Ellwood²⁷ agrees, and suggests "the pioneer legacy of the pragmatic 'I'd rather do it myself in my own way' mentality remains a very important part of New Zealand character, in religion as much as in anything else." Being a "private affair" and "do it myself in my own way", brings us back to ideas referred to earlier in this chapter; Alun Richard's definition of religion involving individual life aims, with people selectively joining groups of their own choice,²⁸ and William James observation of the individual transacting business by himself alone.²⁹

Allan Davidson and Peter Lineham³⁰ say that churches have problems recruiting adherents because they fail to provide services to meet needs within the community. Davidson and Lineham point to the 1970's as a significant

25 Webster, Alan C. and Perry, Paul E., 1992, p. 48.

26 Stuart, W.J. (1982) *Secularization and Sectarianism: The Struggle for a Religious Future for New Zealand*, in Sharpe, Kevin J. (Ed.) Religion and New Zealand's Future. Dunmore Press, Palmerston North, p. 84.

27 Ellwood, Robert S. (1993) Islands of the Dawn: The Story of Alternative Spirituality in New Zealand. Universtiy of Hawaii Press, Honolulu, p, 197.

28 Richards, Alun., 1993, Vol. 7, No. 1, Feb, p. 7.

29 James, William, 1902, p. 26.

30 Davidson and Lineham, 1989, pp. 303 - 306.

time of rapid social change, with people in New Zealand seeking their own identity. Emerging movements such as feminist and Maori political activist groups were making their voices heard, sports men and women were achieving international fame; television, greater mobility of people within and beyond New Zealand, all these things, they say, contributed to a changing society.

Although this thesis is not about secular society, theories of secularity cannot be ignored in relation to religion. Andrew Greeley³¹ a sociologist, presents an interesting model for a secular theory of religion in which he suggests that religion takes its roots and draws power from the experiences of daily life; in his view the church becomes "more a result of religion than its cause."

Greeley views everyday experiences as the way individuals, families, and communities make life their religion (which may or may not include regular Church attendance) and "story" as a means to relate their spiritual experiences. Therefore, through their stories individuals are able to provide their own account of truth and spirituality. Healing is a unique and individual experience and the primary research data to be presented in Chapter four will remain faithful to the stories told by people in the Manawatu about their unique and individual experiences.

Bryan Wilson,³² (acknowledged by Barker et. al.³³ as "the doyen of sociological studies of religion in Britain") remarks that "secularization is not only a change occurring *in* society, it is also a change *of* society in its basic organization." He views this as either a deliberate process, as in the power of religious agencies to control, or a not so deliberate process, as in reduction of reference to, and reliance upon, the supernatural in everyday life. However,

³¹ Greeley, Andrew M. (1982) Religion A Secular Theory. The Free Press, a division of Macmillan Pub. Co., New York, p. 1, 2.

³² Wilson, Bryan (1982) Religion in Sociological Perspective. University Press, Oxford, p. 48.

³³ Barker, Eileen, Beckford, James A., Dobbelaere, Karel, 1993, p. v.

Wilson admits that revivals and new religious movements stimulate interest in religion and this may act as evidence against the secularisation theory.

Often people dissatisfied with their cultural religion or Church will change or shop around for another that suits their needs; this may be a sect or cult with an interest in health and healing. Bryan Wilson,³⁴ differentiates church from sect by the fact that "the church was hierarchic and conservative" and was a means of "social control" - the upper and ruling classes attended and controlled the churches whereas "sect was egalitarian, radical and an expression of the depressed condition of underprivileged groups." The Church tended to be "objective" in that it was an "external institution administering grace" and held a certain power over the individuals and society whereas the sect became a more "subjective fellowship, a community in which personal holiness was emphasised."

Phillip Hammond and Mark Shibley³⁵ suggest that the emergence of new religious movements world-wide is "evidence not of secularization but of sacralisation." Peter Donovan, agrees with Hammond and Shibley, that widespread secularity is a temporary state of affairs, and predictions for the future are for a religious revival, yet Donovan also points out that as our society becomes more cosmopolitan, "multifaith community relations groups, inter-religious study circles, and combined meetings for dialogue, prayer and worship"³⁶ are likely to become very much part of life in New Zealand.

³⁴ Wilson, Bryan (1970) Religious Sects. McGraw Hill, New York, p. 22.

³⁵ Hammond, Phillip E. and Shibley, Mark A., When the Sacred Returns: An Empirical Test, in Barker, Eileen, Beckford, James A., and Dobbelaere, Karel (Eds.) (1993) Secularization, Rationalism and Sectarianism Clarendon Press, Oxford, p. 37.

³⁶ Donovan, Peter,(1990) Zeal and Apathy: The Future, in Donovan, Peter (Ed.) Religions of New Zealanders. Dunmore Press, Palmerston North, p. 256.

Since the 1960's, the feminist movement has also influenced religion and Sally Purvis³⁷ writing about feminist spirituality points out that many women reject patriarchal religion because images of a male God is unacceptable to them. However, if God is imaged as 'person', then speaking of God as female as well as male is seen to be appropriate for feminists. More recently, feminist spirituality and religious studies about women have become more global and gender related. Ursula King,³⁸ summarises current thinking in this area by suggesting that future studies may shift from woman-centred approaches in the study of religion to a wider gender related focus where womens religious thought, language, practice and structures are primarily researched in relation to both sexes and not women alone.

The Father/Mother concept of God is not new to religion and Donald Corcoran,³⁹ a Christian writer, demonstrates that an underlying characteristic of mystical and monastic Christian religions was the acknowledgement of the fatherhood/motherhood of God.

The Church of England (Anglican), *once* called the Church of the Province of New Zealand, has created a religious identity in triplicate which evolved to meet the spiritual needs of all its adherents - Pakeha, Maori, and Polynesian. Each of the three streams within the Church use their own structure and language to worship and govern their own section of the Church.^{39a}

In 1964 the General Synod of the Church of England in New Zealand established a Commission to revise the *Book of Common Prayer* in order to meet the needs of culture and society in the Island nations of the South

³⁷ Purvis Sally B., *Christian Feminist Spirituality*, in Dupre Louis and Saliers Don (Eds.) (1989) *Christian Spirituality - Post Reformation and Modern*. SCM, New York, p. 506.

³⁸ King, Ursula (1995) *Religion and Gender*. Blackwell Pub., Oxford, U.K., p. 30.

³⁹ Corcoran Donald (1986) *Spiritual Guidance*, in McGinn Bernard and Meyendorff, John (Eds.) *Christian Spirituality 1*. Routledge & Kegan Paul, London, p. 447.

^{39^a} *Since its Reconstitution in 1993 this church has become the 'Anglican Church in Aotearoa - New Zealand and Polynesia'*

Pacific.⁴⁰ Finally, with the approval of the Church, the Commission released their *'Prayer Book'* for publication in 1989; writing for the Provincial Commission in the Introduction Robert G. Mc Cullough⁴¹ says:

"It is our hope that the use of these services will enable us to worship God in our own authentic voice, and to affirm our identity as the people of God in Aotearoa-New Zealand."

Kevin Sharpe,⁴² suggests that New Zealanders are a religious people who have "secular passions" and he believes that religion will be to the forefront of New Zealand's future, while Fredrick Bird points out that interest in healing "parallels a widespread interest in non-medical and faith healing."⁴³ This appears to indicate that spiritual healing will contribute significantly to contemporary religious life and alternative medicine in Aotearoa- New Zealand.

Spiritual and Spirituality

Conn⁴⁴ points out that spirituality can be studied from various perspectives and she provides an overview of meanings within disciplines of religion, psychology and philosophy. Religious spirituality is understood to be "the actualization of human self-transcendence by whatever is acknowledged as the ultimate or Holy". Psychologists define spirituality as "that aspect of personal essence that gives a person power, energy, and motive force".

⁴⁰ The Church of the province of New Zealand (1989), A New Zealand Prayer Book He Karakia Mihinare O Aotearoa. Collins Pub. Auckland, p. x.

⁴¹ Ibid; McCullough, R.G., Introduction: A Multitude of Voices. p. xiv.

⁴² Sharpe Kevin J. (Ed.) (1982), Religion and New Zealand's Future. Dunmore Press, Palmerston North, p. 5.

⁴³ Bird, Frederick (1978) Charisma and Ritual in New Religious Movements, in Needleman Jacob, and Baker George, (Eds.) (1978), Understanding the New Religions. Seabury Press, New York, p. 178.

⁴⁴ Conn, Joann Wolski (1986), Women's Spirituality: Resources for Christian Development. Paulist Press, New Jersey, USA, p. 3.

Philosophers understand spirituality as "our capacity for self-transcendence, a capacity demonstrated in our ability to know the truth, to relate to others lovingly, and to commit ourselves freely to persons and ideals."

A glimpse of current local usage and understanding of the term 'spirituality' is seen in a New Zealand Christian students' publication,⁴⁵ where spirituality is defined as relating to the spiritual side of life and interest in spirituality is believed to have occurred because science has failed to fulfil peoples expectations. For example, because the "inner life" is ignored by science people have turned to searching and seeking after Eastern and Western mysticism and other so called 'New Age' activities and spirituality which is -

"...to do with prayer... but it's wider than that. It encompasses the deep longings of the human heart for real things. It is the cry of the human heart for meaning and for reality and for satisfaction."

Geoffrey Nelson⁴⁶ writes about the British culture having its roots in the "Celtic world, [in an] esoteric, spiritual, mystical culture" which has survived throughout the centuries in spite of much persecution. Robert S. Ellwood⁴⁷ writing about alternative spirituality in New Zealand, points to alternative spiritual traditions with deep roots from the European community which extend well back into the nineteenth century. These alternative groups have flourished in New Zealand, particularly "Spiritualism and Theosophy and their devolutions."

And for Maori people, the meaning of religion is summed up by a prominent Maori, Manuka Henare,⁴⁸ as follows:

⁴⁵ Lind, Clare & Lind, Don (Eds.) *Directions*, 1992, March Issue, No.13. Tertiary Students Christian Fellowship (N.Z.) pub., Wellington, p.1.

⁴⁶ Nelson, Geoffrey K., 1987, pp. 5-7.

⁴⁷ Ellwood, Robert S., 1993, p. viii.

⁴⁸ Henare, Manuka. Christianity: Maori Churches in Donovan, Peter(Ed), (1990) *Religions of New Zealanders*. Dunmore Press, Palmerston North, p. 118.

"Religion is not an abstract concept for Maori. Rather it is a lived experience which is elaborated in the culture."

It seems that many people from different religious traditions are, as Rupert Sheldrake describes so well,⁴⁹ "engaged in a rediscovery of their spiritual relationship with the living world" which he sees taking place in several ways; within the Christian Churches in the revival of animistic traditions which prevailed until the Protestant Reformation, and in the rejection of the Christian religion. Sheldrake points out that those rejecting Christianity often explore other religions such as Hinduism, Buddhism, and the Sufi traditions of Islam; some are also drawn to the shamanic traditions of traditional peoples, while others attempt to revive aspects of pre-Christian paganism and the religion of the goddess.

The Tauhara Conference Centre, situated on a hill overlooking Lake Taupo, has become well known as a popular retreat and meeting place in New Zealand for spiritual groups of all kinds. Harriot Felkin, a woman involved with conventional religion and alternative esoteric religions, purchased the Tauhara land on January 7th, 1939. Harriot founded a trust and "the site was dedicated and declared a *zoekaiphos* (a place of life and light)".⁵⁰ Later, the Tauhara buildings and gardens were established and an environment was created which placed "a special emphasis on those in the alternative spirituality traditions" - subsequently this has done much to support their presence in New Zealand.

Spirituality, Religion, and Healing

In America, the "connection between unconventional medical ideas and unconventional religious ideas is not at all new" and Americans have turned to "some form of alternative healing in hopes of integrating body, mind and spirit."⁵¹ Robert Fuller sees unorthodox medical systems, rather than

⁴⁹ Sheldrake, Rupert (1990) The Rebirth of Nature. Random Century, London, pp.153, 154.

⁵⁰ Ellwood, Robert S., 1993, pp. 152, 182.

⁵¹ Fuller, Robert, 1989, pp. 4, 5.

churches, as an avenue through which many Americans experience the spiritual dimension. This idea was explored in my previous research, results indicated that people consulted alternative practitioners for spiritual healing rather than clergy or religious healers; these findings tend to support Fuller's findings in America.

Interest in traditional healing practices during the 1970's was considered to have been a result of the spiritual awakening and a failure of conventional medicine and science to meet people's expectations and needs but it was also the result of the World Health Organisation's (WHO) recognition and endorsement of the value of traditional medicine. Olayiwola Akerele⁵² reports that "in 1977, the 30th World Health Assembly adopted a resolution (WHA30.49) urging interested governments to give adequate importance to the utilisation of their traditional systems of medicine, with appropriate regulations as suited to their national systems." Immediately following resolution WHA30.49, WHO launched a world-wide promotion effort and the success of this promotion can be measured by the growing interest, acceptance, and practical application of traditional and alternative medicine throughout the world.

Akerele views the field of traditional medicine as a "rebirth of the medicine of the past" which "will help to humanise the medicine of today." Alistair Anderson,⁵³ also writing about world health sees an economic advantage in using traditional healers within health systems where there is a shortage of trained health workers, particularly in developing countries where people, in times of sickness, may go to a healer first - he suggests that "experienced practitioners of traditional healing exist in most societies, whether they are called healers, shamans, curanderos, wise women, medicine men, traditional birth attendants or even witch-doctors." As mentioned previously in chapter

52 Akerele Olayiwola, Which Way for Traditional Medicine? in World Health: The Magazine of the World Health Organisation, 1983, June issue, pp. 3-4.

53 Alistair Anderson (1983) Folk Wisdom, in World Health: The Magazine of the World Health Organisation, June issue, p8.

one, Africa has developed a unique and effective healing system through Zionism by integrating traditional medicine with Christian spiritual healing.⁵⁴

In the WHO "Global Medium-term Program 12.4, Traditional Medicine", covering the period 1990-1995 allowance has been made for continuation of policies encouraging the practice of traditional medicine in primary health care.

"Primary health care requires the utilization of all appropriate and available local resources which, in developing countries, often include traditional medicine and its practitioners."⁵⁵

The WHO also aims to ensure that traditional remedies are "safe and effective".

Hill⁵⁶ suggests that there exists a "New Zealand's Manipulationist Milieu" where the growth and interest in alternative therapies and their marketing strategies are meeting the demand for consumer services. He says that "religio-therapeutic groups" fulfil criteria for a manipulationist definition, which was earlier suggested by Bryan Wilson⁵⁷ as a gathering of like-minded people who use metaphysical language and therapeutic methods to achieve salvation. Wilson describes the "means" to salvation as "religious" and the "goals" as "secular" meaning the ability to possess the good things of life; particularly health, happiness, a sense of fulfilment, and long life.

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- ⁵⁴ Kiernan, Jim (1994) *The Healing Community and the Future of the Urban Working Class*, in Journal for the Study of Religion. Vol. 7, No. 1, March pp. 49-64.
- ⁵⁵ World Health Organisation (1987) Global Medium-Term Programme 12.4, Eighth General Programme of Work, Traditional Medicine, pp. 1-10
- ⁵⁶ Hill, Michael, 1993, p. 153.
- ⁵⁷ Wilson, Bryan, 1970, p. 141.

Manipulationists, according to Michael Hill, are characterised as combining modern science with their own special "*gnosis*". In their therapeutic mode they fit into the fringe of conventional medicine and tend to have a loose type organisational structure; although Hill admits the term organisational may be inappropriate due to their individual nature, he suggests⁵⁸ that complementary therapies can be classified as new religious movements, because both complementary therapies and new religious movements are both preoccupied with healing. He sees many similarities in New Zealand where a wide variety of group activities fit into, and promote, the theory of 'holism'.

Frederick Bird,⁵⁹ writing about 'Charisma and Ritual in New Religious Movements' also suggests that religious groups classified as new religious movements are rather more concerned with practice than theory. He sees adherents of new religious movements practising initiation, meditation, and healing, which he considers are associated with ritual and cultic rites. I would suggest that Hill's sects, cults, religio-therapeutic groups and Bird's meditation and healing movements would all be accepted by those individuals and groups who come under the umbrella of 'New Agers' and whose philosophy encompasses religion, healing and alternative medicine.

The 'New Age' is said to "represent a virtually unprecedented level of spiritual independence and commercialism together",⁶⁰ individuals extending their knowledge through New Age bookstores, and a variety of workshops on such things as crystals and holistic healing.

Summary

From the preceding discussion it can be seen that there is no one definition for religion and religious experience - indications are that there are a variety of characteristics for personal and institutional religion. Contemporary religion

⁵⁸ Hill, Michael, 1993, pp.145-165.

⁵⁹ Bird, Frederick, in Needleman, Jacob and Baker, George (Eds.), 1978, p. 173.

⁶⁰ Ellwood, Robert S., 1993, p.245.

is seen to be very much an individual experience - it is about beliefs within the person and their individual relationship to the divine (whatever they may determine this to be). Religion is also seen to be part of everyone's cultural inheritance interwoven with communal and social activity. Evidence strongly suggests that to most New Zealanders God is a "life force" that pervades all things.

Changing patterns both in New Zealand and overseas show that individuals nowadays have a greater choice and do not hesitate to seek and search for spiritual realities. Less people are attending traditional Churches and it was proposed that Churches no longer function to meet community needs. Church numbers and statistical data reflected in census figures are often used to expound the secular theory but do not necessarily reflect the true status of religious activity in a community or country. New religious movements, well established in Britain, America and New Zealand, may be evidence against the secularisation theory and an indication that a more sacred society is evolving whereby future revival in religious activity is assured.

In the secular model, people draw from the experiences of daily life to fulfil their spiritual needs and to New Zealanders religion and spirituality are seen to be a very private affair. It is from people's experiences and their conception of the divine that make life their religion and stories provide a valuable account of contemporary secular religious experience. Therefore experiential data, as used in my primary research, is shown to be valid for the study of spiritual healing.

Immigration of people into New Zealand from many cultures and religions has facilitated the growth of different religious groups. Many religious and spiritual groups are well established and people are sampling spirituality from many avenues. A holistic philosophy is familiar to many individuals and groups concerned with healing; whether they are classified as manipulationist, metaphysical, 'New Agers', alternative or natural therapists' they all view healing of the whole person - physical, mental, emotional and spiritual, as an integral part of their cultural, religious or spiritual belief patterns.

SECTION TWO:

Spiritual Healing and the Healing Professions

This section, in four parts, overviews spiritual healing from the literature of medicine, nursing, religion, and alternative healing.

i) The Medical Profession

Published research about spiritual healing from the medical literature is difficult to find. If spiritual needs arise with a patient medical doctors tend to refer them to clergy, hospital chaplains, or others. In America,⁶¹ although doctors and chaplains meet at the patient's bedside to address common concerns, the roles of doctors and clergy are being questioned within the hospital system and there are many who believe it is time for doctors to listen to counsel from the religious community i.e., theologians who have researched ways to meet needs of individuals and communities.

Brian Chicoine,⁶² a medical doctor, reflects on a time when a patient asked him to pray with him at the bedside:

"I paused for what seemed to be several minutes but was probably only a few seconds ...I realised he was asking me *to pray with him now*. I paused again, feeling exposed and vulnerable. I was in front of colleagues and staff. Doctors just don't pray with their patients - that was the message I had been given during my years of medical training and practice."

David Larson⁶³ during his training in psychiatry was informed that "religion usually hurts a person's mental health." He noticed that most research studies ignored or avoided the subject of religion altogether and studies revealed that

⁶¹ Fins, Joseph J. The Rationing of Health Care: A Doctor's Dilemma, in Journal of Religion and Health, 1993, Vol.32, No.1, Spring, p.9.

⁶² Chicoine, Brian. Reflection: His Bed Is Empty, in Second Opinion, 1992, Vol.18, No.2. Park Ridge Center, Illinois, p. 94.

⁶³ Yancey, Philip, Health and the God Factor in Christianity Today, 1991, Oct 7, p.88.

fewer than half of psychiatrists and psychologists believed in God; one survey found that 40% regarded organised religion as always, or usually, psychologically harmful. In his own studies Larson found that religious commitment, far from causing health problems, had a positive effect on reducing health problems; for example, he found that regular church attenders lived longer and they demonstrated a reduction in the incidence of cardiovascular disorders such as heart attack, arteriosclerosis, and hypertension.

Medical doctors in Britain attracted to a holistic model of health care have formed their own holistic doctors organisation. Daniel Benor⁶⁴ tells us that "holistic medicine is a growing, humanizing movement in the health field." It emphasizes treatment of the person who has the illness rather than of the illness the person has.

"Holistic medicine views the person as a unity of body, mind, emotions and spirit."

Benor says holistic doctors differ from their conventional counterparts, not only because of the holistic concept of the person as a functional unit, but increased use is being made, by them, of alternative or complementary medicine and therapies.

K. Danner Clouser, and David J. Hufford,⁶⁵ admit that conventional medicine has viewed nonorthodox healing practices as:

"Used only by folks who are poor, uneducated, or socially isolated, and perpetuated by practitioners who are either fraudulent or simply ignorant of the great, though relatively recent, accomplishments of 'scientific medicine'."

⁶⁴ Benor, Daniel J. (1994) Healing Research: Holistic Energy Medicine and Spirituality, Volume Two. Helix, Oxfordshire, U.K, p. 89.

⁶⁵ Clouser, K.Danner & Hufford, David J. Nonorthodox Healing Systems and Their Knowledge Claims, in The Journal of Medicine and Philosophy. 1993, Vol.18, No.2, April, pp. 101-106.

Predictions were that with the advancement and availability of conventional scientific medicine, unorthodox practices would decline; this has not happened and alternative healing has increased in popularity with people now questioning the scientific medical model of health care. Clouser & Hufford indicate that changes are occurring in America where society is undergoing a "re-examination of its repertoire of established cultural knowledge." Scientific medicine is being questioned and examined for its authority, and nonorthodox healing is being re-examined in the light of increased interest in alternative methods of healing by professional care givers and consumers.

Murray Last⁶⁶ outlines three different types of regulatory subsystems which can exist within a national medical system. The first is an "exclusive system" where state control allows medical monopolies to exist within an open competitive market; it also includes privately funded medical insurance systems, e.g., the American system. Because of its exclusiveness, many other healers are banned from practice. The second, a "tolerant system" is controlled to a certain extent by registration of orthodox and other professional health workers, including homeopaths and indigenous practitioners. This system allows other forms of healing to flourish; the British and German models fit this category. The third system is an "integrated system" where traditional, alternative and western medicine are integrated into the culture, examples are India and China.

In India the national health system provides Ayurvedic, Siddha and Homeopathic medicine alongside Western medicine. Nikki de Carteret⁶⁷ reports about a new holistic health centre in India where an "integrative, holistic and self-help approach" is working very well. Staff members begin and end each day meditating together in the hospital's large meditation room.

⁶⁶ Last, Murray (1990) Professionalization of Indigenous Healers, in Thomas Johnson and Carolyn Sargent (Eds.), Medical Anthropology: Contemporary Theory and Method. Macmillan, New York, pp. 349-366.

⁶⁷ de Carteret, Nikki, India's New Holistic Health Model for the Future, in International Journal of Alternative and Complementary Medicine, 1993, February pp. 13,14.

In Africa,⁶⁸ as mentioned previously in chapter one, an interesting situation has arisen; conventional medicine is unable to reach everyone and many people are turning to Zionism, a religion specialising in a healing ministry which synthesises Christian and African beliefs. Zionism offers the people, particularly the poor, a "caring, curing service" which is free of charge to both Zionists and non-Zionists alike.

Within America, and other countries, where the medical monopoly exists traditional medicine becomes alternative or complementary *to* conventional medicine. By becoming complementary to conventional medicine alternative medicine does become more acceptable within the medical profession and health care systems. In exchange for status in the American medical system Robert Fuller⁶⁹ believes there is a price to be paid, i.e. alternatives must discard any hint of metaphysical origins and he points to examples of this happening to osteopathy and chiropractic in the American system.

New Zealand probably fits between the first and second system outlined by Murray Last. The Minister of Health controls public spending on health, it is a competitive market place and only those health professionals registered under Government *Acts* are eligible to gain compensation from government funds. The *Medicines Act* controls which medicines can be prescribed and dispensed and by whom. However, it is also a tolerant system because a whole range of alternative healers are free to practice under common law with few restrictions placed upon them, so healers' may practise free of charge or for a fee payable to them by the client.

Many practitioners are controlled by their own profession through a 'Code of Ethics' and 'Rules of the Association' to which they belong; most associations hold a 'Register' of members which enables members to call themselves a registered practitioner.

⁶⁸ Kiernan, Jim, *The Healing Community and the Future of the Urban Working Class*, in *Journal for the Study of Religion*. 1994, Vol. 7, No. 1, March pp. 49-64.

⁶⁹ Fuller, Robert, 1989, p. 67.

(ii) The Nursing Profession

JoAnn Widerquist,⁷⁰ points to religion as the historical foundation for nursing. Florence Nightingale, the acknowledged founder of nursing, experienced a call from God to work and serve humanity through nursing the sick. She selected to work under her women, of various religious faiths, who also felt called to the work of nursing.⁷¹ Towards the end of her career Nightingale wrote an essay "Sick Nursing and Health Nursing"⁷² where she described her concept of nursing:

"A New art and a new science has been created since and within the last forty years. And with it a new profession - so they say; we say, *calling*.... the art of *nursing the sick*. Please mark - nursing *the sick*; NOT nursing the sickness.... What is sickness? ...Nature's way of getting rid of the effects of conditions which have interfered with health. It is nature's attempt to cure. We have to help her.... What is health? Health is not only to be well, but to use well every power we have....[nursing is] to put us in the best possible conditions for Nature to restore or preserve health."

This insight into nursing's beginnings and its founder inform us that nursing was firstly a calling, it was also an art and science, it considered the whole person therefore it was holistic, it was natural - using nature to cure and it was caring and concern for the sick person as opposed to concern for the sickness - not so different from Benor's⁷³ concept of holistic medicine.

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- ⁷⁰ Widerquist, JoAnn G. The Spirituality of Florence Nightingale in Nursing Research. 1992, Vol. 41, No.1, Jan/Feb. pp. 49-55.
- ⁷¹ Widerquist, JoAnn G. Florence Nightingale's Calling, in Second Opinion. 1992, Vol. 17, No.3, January pp.108-121.
- ⁷² Nightingale, Florence, (1893) Sick Nursing and Health Nursing in *Woman's Mission*, ed. Baroness Burdett Coutts, Sampson, Low, Martston, London, pp.184-186, 198. (Cited in Widerquist, JoAnn G. Florence Nightingale's Calling in Second Opinion, 1992, Vol.17, No.3 Jan. p. 120,)
- ⁷³ Benor, Daniel J., 1994, p. 89.

Yvonne Chipman,⁷⁴ reports that nursing in the United States adopted the model of Florence Nightingale with its emphasis in training on character not skills; this resulted in a nurse being obedient to the physician and selflessly devoted to the patient. "Nursing became the discipline of caring and the physician was the professional responsible for curing." Chipman saw the process of human caring as a major focus for nursing and introduced Jean Watson's Theory of Caring as its theoretical base into the School of Nursing curriculum at Pittsburgh. Chipman sought further to define the "act or art of caring by asking the question - what is the meaning and value of caring in the practice of nursing?" - she came to the conclusion that caring was a humanistic rather than a technical behaviour.

"To humanistically 'care' requires the presence and use of the nurse 'self' and the sharing of the self with another."

It might be argued by some nurses that nursing and caring for patients are social or emotional attributes rather than spiritual. Pamela Reed⁷⁵ goes a step further investigating spirituality in nursing; she describes spirituality as an expression of the developmental capacity for self-transcendence.

Reed describes dimensions that transcend as either experienced through "intrapersonal (as a connectedness within oneself), interpersonal (in the context of others and the natural environment), and transpersonal (referring to a sense of relatedness to the unseen, God, or power greater than the self and ordinary resources). These ideas allude to an expansion of boundaries - inward, outward, and upward and indicate that spirituality is "manifested through these various patterns of connectedness, in which one steps beyond the structures of everyday existence to endow the ordinary with extraordinary meaning." These expressions of the spiritual and the environmental theory of

⁷⁴ Chipman, Yvonne, Caring: Its Meaning and Place in the Practice of Nursing, in Journal of Nursing Education. 1991, Vol.30, No.4, pp. 171-175.

⁷⁵ Reed, Pamela G., An Emerging Paradigm for the Investigation of Spirituality in Nursing, in Research in Nursing & Health. 1992, 15, pp. 349-357.

connectedness is an appealing concept for nurses to integrate with theory and apply to practice.

Anderson & Tomlinson⁷⁶ summarise two perspectives within the 'holistic' view of health. The biopsychosocial model, defines health as:-

"A dynamic state or a process of obtaining physical, psychological, social and spiritual well-being"

The second perspective views "health as an expression of the process of living or becoming." New Zealand nurses are guided by The New Zealand Nurses Organisation⁷⁷ which provides a definition for both health and nursing and states:

"1.1 HEALTH: NZNO believes that health is a dynamic state of being. It is not an absolute and there is no one definition. It is a way of living.

2.1 NURSING ...Nursing and midwifery are specialised expressions of caring provided in a professional way. Nurses and midwives relate to the whole person - social, psychological, physical, emotional and spiritual. This approach is essential for effective healing and health maintenance."

The above manifesto encourages 'holistic' practice and recognition of the spiritual aspect in nursing for effective healing.

Rosemarie Parse⁷⁸ sets forth two different perspectives in relation to health and healing; the first is that humans are essentially machines that can be

⁷⁶ Anderson, Kathryn Hoehn, & Tomlinson, Patricia Short, The Family Health System as an Emerging Paradigmatic View for Nursing, in IMAGE: Journal of Nursing Scholarship. 1992, Vol. 24, No. 1, Spring pp. 57-62.

⁷⁷ The New Zealand Nurses' Association (Inc) NZNA Health Manifesto. NZNA National Council, Wellington. June, 1992, p. 2.

⁷⁸ Parse, Rosemarie Rizzo, Mysteries of Health and Healing: Two Perspectives, in Nursing Science Quarterly. 1991, Vol.4, No.3, p. 93.

studied, analysed and repaired and that health is a state of balance; the purpose of nursing being to search for cause-effect and associative relationships to control and predict human behaviour. The second view is that humans are "complex entities intricately related to the universe in a mutually evolving, yet, personal way."

Although Parse does not mention spirituality she refers to health as "a process of changing life's meanings". When she views healing it is "a personal power emerging from the individual's well-spring of relationships with others and the universe" which appears to be in line with Pamela Reed's theory of "intrapersonal, interpersonal and transpersonal" functions of the person.

Karen Soeken and Verna Carson⁷⁹ writing about needs of the chronically ill suggest that "nurses have traditionally adopted a holistic perspective, viewing the patient as a balance of mind, body, and spirit." Each of these dimensions is seen to be affected by the others and healing at any one level "reverberates throughout the other levels". They go on to say:

"The spiritual dimension of a person is broader than institutionalized religion, although for some persons spirituality is expressed and developed through formal religious activities such as prayer and worship services.... Although spirituality need not be expressed through these more traditional channels, it is always expressed."

According to Donelda Ellis,⁸⁰ spirituality is treated by nurses with embarrassment or ignored and she suggests that this is due to a lack of understanding by nurses about spirituality and religion. She also views the

⁷⁹ Soeken, Karen L., & Carson, Verna J., Responding to the Spiritual Needs of the Chronically Ill, in Nursing Clinics of North America, 1987, Vol. 22, No. 3, Sept., pp. 603-611.

⁸⁰ Ellis, Donelda, Whatever Happened to the Spiritual Dimension? in The Canadian Nurse, 1980, Vol. 8, Sept. pp. 42, 43.

spiritual dimension as "an integrated and integrating force of the total person" and not a separate aspect of an individual's life.

Karen Boutell and Frederick Bozett⁸¹ say that "nurses have been expected to provide holistic care that includes spirituality" yet there is evidence to indicate that nurses are not providing spiritual care. Linda Waugh,⁸² agrees and says that although nurses should be giving spiritual care they lack knowledge to enable them to do this because little is known about how nurses perceive their role in spiritual care.

Confusion regarding the difference between religion and spirituality can be an issue. Julia Emblen,⁸³ searched the nursing literature published from 1963 to 1989 for definitions to distinguish the concept of religion from that of spirituality, and she discovered that spirituality is currently the broader term and may subsume aspects of religion. Emblen charted separate taxonomies of words used in definitions of religion (48 words) and spirituality (59 words) and found that religion and spirituality share only eight common words from the total of 116 key words; person(al), being, believe, moral-ethical, existence, faith, force, and universe. She concluded from her study that:-

"Religious care includes helping people maintain their belief systems and worship practices, while spiritual care includes helping people to identify meaning and purpose in their lives, maintaining personal relationships, and transcend a given moment."

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- 81 Boutell, Karen A. & Bozett, Frederick W. Nurses' Assessment of Patients' Spirituality: Continuing Education Implications, in The Journal of Continuing Education in Nursing. 1990, Vol.21, No. 4, pp. 172-176.
- 82 Waugh, Linda, Spiritual Aspects of Nursing: A Descriptive Study of Nurses' Perceptions in Spiritual and Ethical Issues. Blackwell Scientific Pub. 1992, p. 53.
- 83 Emblen, Julia D. Religion and Spirituality Defined According to Current Use in Nursing Literature, in Journal of Professional Nursing, Vol. 8, No.1, pp. 41-47.

From the preceding discussion nurses are in general agreement that spirituality is not limited to religious practices. Ellis⁸⁴ and Hutchings⁸⁵ view spirituality as part of the whole person and an important aspect of a person's relationship with God which affects or satisfies basic human needs. Among needs mentioned by Ellis are:- achievement and purpose in life, love, a sense of belonging and dependence, feelings of self worth and self esteem, feelings of safety and security, sensory stimulation and enjoyment of religious practices and a feeling of wholeness.

Ruth Stoll,⁸⁶ has conducted numerous workshops on spiritual assessment and states that "spirituality is a dimension within every person - religious, atheist, or humanist" - she considers that most people satisfy and express their spiritual needs, of love, hope, meaning and purpose, trust, and forgiveness in relation to God, self and others, through a particular religious framework or religious denomination. Stoll goes on to say that:

"The spiritual dimension is not a separate department of an individual's life but an integrated and integrating force of the total person."

Nurses are expected to provide holistic care that includes spirituality and "nurses are taught that an individual's spirituality is often a source of strength and hope, that spirituality can provide meaning and purpose in life, and that it has the potential for alleviating discomfort and mental anguish."⁸⁷ Boutell and Bozett admit that "little empirical evidence exists that nurses are paying more attention to their patients' spiritual needs." Reasons proposed by them to explain this are that spirituality is abstract and is therefore more difficult to

⁸⁴ Ellis, Donelda, 1980, Vol. 8, Sept. p. 42.

⁸⁵ Hutchings, Deanna, Spirituality in the Face of Death. The Canadian Nurse, 1991 Vol. 87, No. 5, May issue, pp. 30-31.

⁸⁶ Stoll, Ruth I. (1989) The Essence of Spirituality in Carson, V.B. Spiritual Dimensions of Nursing Practice. Saunders Co. Philadelphia. p.21.

⁸⁷ Boutell, Karen A. & Bozett, Frederick W., 1990, Vol.21, No.4. pp. 172-176.

deal with, and nurses' own religious values may be quite different from patients' religious requirements, and "patients' religiosity and their sense of spirituality may be intensely personal."

Karen Soeken⁸⁸ acknowledges that research on the effectiveness of spiritual tools in the clinical setting is lacking, however, Ruth Stoll⁸⁹ outlines how nurses can identify specific spiritual needs (and not merely identify the person's religious affiliation) in the form of a nursing diagnosis for patient care. Areas to identify include the person's concept of God, their source of strength and hope, significance of religious practices and rituals to the person and the person's perceived relationship between spiritual beliefs and their state of health.

The following descriptions of spirituality are reported in the nursing literature:- human patterns of connectedness i.e. intrapersonal (inward), interpersonal (outward), transpersonal (upward).⁹⁰ Indicators of spirituality used in the assessment of patients' needs relative to the spiritual/religious dimension of the person include how the individual's spiritual beliefs affect their needs for achievement and purpose in life, for love, for a sense of belonging and dependence, for feelings of self worth, for feelings of safety, and enjoyment of religious practices.⁹¹

Among spiritual assessment tools are Boutell and Bozett's "Inventory for Identifying Nurses' Assessment of Patients' Spiritual Needs",⁹² Ruth Stoll's "spiritual history guide" for taking a nursing history, which divides spirituality

⁸⁸ Soeken, Karen L., 1989, p. 359.

⁸⁹ Stoll, Ruth I. Guidelines for Spiritual Assessment in American Journal of Nursing. 1979, Sept. pp. 1574-1577.

⁹⁰ Reed, Pamela G., 1992, Vol. 15, No. 5, Oct. pp. 349-357.

⁹¹ Ellis, Donelda, 1980, Vol.8, Sept., pp. 42-43.

⁹² Boutell, Karen A. & Bozett, Frederick W., 1990, Vol.21, No.4., pp. 172-176.

into four areas - (i) the person's concept of God or deity, (ii) the person's source of strength and hope, (iii) the significance of religious practices and rituals to the person, (iv) the person's perceived relationship between spiritual beliefs and state of health. Other spiritual assessment tools are Paloutzian and Ellison's⁹³ "Spiritual Well-Being Scale" which includes a measure of "religious well-being (RWB)" that focuses on one's relationship to God and a measure of "existential well-being (EWB)" that focuses on life's purpose and satisfaction.⁹⁴

My previous study⁹⁵ suggests that nurses' in New Zealand require more input from the profession into teaching about the spiritual dimension. The "personal knowing" approach as set out by Moch⁹⁶ seems to be the approach taken by teachers in New Zealand today; if they don't know they don't teach, otherwise they prefer to discuss the topic with their students.

It seems that nurses are more inclined to discuss spirituality with patients who are terminally ill than in any other situation - either in hospice settings⁹⁷ or dying in hospital.⁹⁸ One study discovered that nurses aged 50 to 59 years

⁹³ Mickley, Jacqueline Ruth; Soeken, Karen; Belcher, Anne. Spiritual Well-Being, Religiousness and Hope Among Women With Breast Cancer in IMAGE: Journal of Nursing Scholarship. 1992, Vol.24, No.4 pp 267-272.

⁹⁴ Stoll, Ruth I., 1979, Sept. pp.1574-1577.

⁹⁵ Martin, Melva M. (1991) Do People Find a Spiritual Dimension Important in Defining Health, and if so, What is Their Understanding of a Spiritual Dimension in Health. Unpublished Research Paper 35:699, Massey University. p. 192.

⁹⁶ Moch, Susan Diemert. Personal Knowing: Evolving Research & Practice, in Scholarly Inquiry for Nursing Practice: An International Journal. 1990, Vol.4, No.2, pp. 155-163.

⁹⁷ McIver, Verna, A Time to be Born and A Time to Die, in The Canadian Nurse 1980, September issue, pp. 38-41.

⁹⁸ Hutchings, Deanna, 1991, May, pp. 30,31.

were more likely to assess patients' spiritual needs than nurses aged 30 to 39 years and it was speculated that:-

"As nurses grow older and are closer to their own death and as they experience the deaths of parents and other loved ones, they become more aware of and sensitive to the spiritual needs of the patients in their care." ⁹⁹

Touching is integral to the provision of nursing care; the term care itself conjures up images of touching the sick person yet the nursing literature sadly lacks research in the study of touching.¹⁰⁰ Estabrooks and Morse declare that this leaves an extraordinary gap in the literature and they suggest that touch is probably one of the greatest tools available for nurses to meet spiritual needs.¹⁰¹

Therapeutic Touch (TT), pioneered by an American, Dolores Kreiger, and currently a popular touch therapy in nursing, probably reached New Zealand nurses first in 1981. At this time a workshop was held at Porirua Hospital led by Marie Therese Connell,¹⁰² an American nurse who suggested that TT was an "adjunctive intervention, ...health oriented rather than disease specific." and which had proven to be an effective nursing technique. There has been some controversy about TT, from those within and outside the profession, about the practice and its place in nursing. Mostly questions have been raised about its worth as a recognised scientific procedure, yet recently the United

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- ⁹⁹ Boutell, Karen A., & Bozett, Frederick W. 1990, Vol. 21, No. 4, pp 172-176.
Nurses' Assessment of Patients' Spirituality: continuing Education Implications in Journal of Continuing Education in Nursing
- ¹⁰⁰ Estabrooks, Carole A. and Morse, Janice M. Toward a Theory of Touch: The Touching Process and Acquiring a Touching Style. Journal of Advanced Nursing, 1992, 17, pp. 448-456.
- ¹⁰¹ Carson, Verna Benner (1989) Spiritual Dimensions of Nursing Practice. Saunders Co. Philadelphia. p. 164.
- ¹⁰² Connell, Marie Therese, Therapeutic Touch: A Natural Potential for Nurses, in The New Zealand Nursing Journal, 1981, December, pp.19-20.

States Department of Defence provided a research grant of \$355.000 to study the effects of TT on burn patients.¹⁰³

Krieger pursues the Rogerian nursing theory of energy; she suggests that subtle energy fields around the body are affected during a TT treatment. Interestingly, it appears she learnt her healing technique from a well known healer and psychic, Dora Kunz.¹⁰⁴ Krieger however denies that TT is performed within a religious or spiritual context, avoiding this terminology in her writings about TT.¹⁰⁵ According to Krieger, TT is "a method of using the hands to direct human energies to help or heal someone who is ill." The procedure follows a pattern of (i) the healer centering oneself, (ii) the healer assessing the energy of the healee, (iii) the healer mobilising the healee's energy field, and (iv) the healer consciously directing energy to the healee in order to assist the healee's own energy field to repattern itself.

Nelda Samarel¹⁰⁶ indicates that TT is derived from the ancient practice of laying-on of hands yet it demonstrates significant differences - firstly, in TT no physical contact occurs with the patient and the hands are used as sensors or scanners to assess energy flow and needs of the patient. The nurse then uses her hands to direct energy to the patient in order to treat in a holistic manner. Patients who reported their experiences in Samarel's study following treatment reported changes in the spiritual dimension such as "spiritual love and faith." Within the nursing profession there are two streams of thought in the practice of TT - the Krieger method of non-contact and secondly, a more traditional intervention derived from the laying-on-of-hands.¹⁰⁷

¹⁰³ Jaroff, Leon. A No-Touch Therapy, in Time, 1994, November 21 issue pp.50,51

¹⁰⁴ Benor, Daniel J. (1992) Healing Research: Holistic Energy Medicine and Spirituality Volume One. Helix, Oxforshire, U.K. p. 74.

¹⁰⁵ Krieger, Dolores (1979) The Therapeutic Touch: How to Use Your Hands to Help or to Heal. Prentice-Hall, Englewood Cliffs, N.J., p. 1.

¹⁰⁶ Samarel, Nelda, The Experience of Receiving Therapeutic Touch in Journal of Advanced Nursing, 1992, 17, pp. 651-657.

¹⁰⁷ McKivergin, Margaret (1990) The Effects of a Non-Traditional Healing Intervention

A considerable amount of research has been completed in this area since the 1970's when Krieger first researched the effect of a healer performing TT on three subjects. Results from haemoglobin (Hb) levels of each subject compared before and after TT treatments showed significantly increased levels in all subjects but, according to Cooperstein,¹⁰⁸ Krieger's experimental methodology has been criticised for its lack of rigor and a lack of justification for the selection of haemoglobin as a criterion variable (representing an individual's state of well-being), and for conceptual and theoretical flaws.

Daniel Benor¹⁰⁹ reports that TT is more widely used as a method of healing in the United States than elsewhere and that it is used mainly as an adjunct to conventional therapies. However, it is also accepted as a healing method in the British hospital system where healers are permitted into the system at the request of the patient or the physician.

Margaret McKivergin¹¹⁰ suggests that healing "goes far beyond the confines of the physical body" and says it occurs "through the tapping of inner resources rather than interventions" She describes the role of the healer as one of facilitating - facilitating an individual's own self-healing capacities. McKivergin carried out qualitative and quantitative research with practitioners of Therapeutic Touch and a sample of twenty women participants; qualitative themes emerged which demonstrated that the healee's responses became closely aligned to the healer's after the healing interaction and the quantitative results showed a significant rise in systolic blood

on Physiological and Qualitative Well-being in Women M.Sc. Thesis College of Nursing, Ohio State University. UMI Dissertation Services, Ann Arbor, Michigan, USA, p. 23.

¹⁰⁸ Cooperstein, M. Allan (1990) The Myths of Healing. Ph.D. dissertation Saybrook Institute. UMI Dissertation Services, Ann Arbor, Michigan, USA, p. 39.

¹⁰⁹ Benor, Daniel J. (1992) Healing Research: Holistic Energy Medicine and Spirituality Volume One. Helix, Oxfordshire, U.K, p. 74.

¹¹⁰ McKivergin, Margaret (1990), pp. 13, 14, 59-63.

pressures, a slight but not significant decrease in diastolic blood pressures, and a slight decrease in pulse rate. McKivergin concluded that a healing intervention recognising a spiritual dimension could be more extensive than that of therapeutic touch with therapeutic touch being classified as a subset of healing.

The nurse as healer¹¹¹ is a vague and illusive term and a new concept for nursing, which is addressed infrequently in the nursing literature, a clear definition of nurse as healer has yet to emerge in the profession and the concept most frequently associated with spiritual healing is holistic nursing, where the nurse is considered a facilitator of healing; many holistic nurses practice TT.

Recently, Linda Ross,¹¹² completed an exploratory, descriptive study in order to define the spiritual dimension and to identify the nurses' role in this area. Ross admitted there is "a lack of guidelines for the practice of spiritual care" yet "both British and international guidelines for nurse educators indicate that spiritual care should be taught to nurses." From a questionnaire distributed to a population of 1170 nurses, which asked the question "What do nurses understand by spiritual need?", there was a 67.8% response rate. The highest proportion of nurses defined spiritual need in terms of the need for belief and faith, this category being predominantly concerned with religious aspects.

Thus it seems that there is a tendency for some nurses to view spiritual needs in religious terms. A question asked of nurses' in Ross's questionnaire was whom did they consider to be responsible for responding to patients' spiritual needs. Results indicated that nobody answered "nurse alone". Other responses showed "clergy alone = 5.6%"; "nurse plus clergy = 73.5%"; "other = 20.6%" (this included any other combination of nurse, family,

¹¹¹ Oliver, Nancy Rainville. Nurse, Are you a Healer? in Nursing Forum, 1990, Vol.25, No.2, pp.11-14.

¹¹² Ross, Linda A. Spiritual Aspects of Nursing in Journal of Advanced Nursing, 1994, 19, pp. 439-447.

friends, clergy, plus anyone outside the health care team). This research study perhaps demonstrates that nurses do not feel confident to handle spiritual needs alone and that clergy and religion might play a more significant part than previously thought in the spiritual concept and developing theories about spirituality for nurses. Another study¹¹³ suggests that nursing interventions associated with church workers as a natural network for caregivers may be a useful combination.

Research carried out by Julia Emblen, and Lois Halstead,¹¹⁴ endeavoured to clarify the term spiritual by comparing the views of patients, nurses and chaplains; they studied 19 surgical patients, 12 nurses, and 7 chaplains who were identified as persons giving and receiving spiritual care. They were interviewed, using a standard interview approach allowing respondents freedom to reply in their own words, and asked to identify their definition and understanding for the term spiritual. Six categories were established from responses which identified spiritual needs and spiritual interventions as follows:-

"Religious - refers to beliefs and rituals associated with specific religious groups, e.g. Supreme Being, prayer.

Values - refers primarily to abstract qualities of life, e.g., health, acceptance, faith, hope.

Relationships - refers to personal connections between human beings and animals, e.g., not abandoned, presence.

Transcendence - refers to rising above or going beyond the limits of, material existence, e.g., beyond earthly being, dimension other than physical/mental, contact with God.

¹¹³ Kaye, Judy, Robinson, Karen M. Spirituality Among Caregivers, in IMAGE: Journal of Nursing Scholarship. 1994, Vol.26, No.3. Fall, p. 218.

¹¹⁴ Emblen, Julia D., Halstead, Lois. Spiritual Needs and Interventions: Comparing the Views of Patients, Nurses and Chaplains in Clinical Nurse Specialist. 1993, Vol.7, No.4. pp. 175-182.

Affective feeling - refers to actions of the mind or feelings, e.g., peace, comfort, happiness.

Communication - refers to act of transmitting verbal and nonverbal messages, e.g., talking, listening, touch, smile."

Emblen and Halstead's study showed the following order of frequency for spiritual interventions: (1) talk (listen); (2) offer prayer; (3) read Scripture; (4) be present; and (5) make referrals [to chaplain].

(iii) Religion and Healing

Janet Mayer,¹¹⁵ chaplain's assistant at Queen Elizabeth Hospital, Birmingham, United Kingdom, in seeking a definition for spiritual care indicated that most definitions of spiritual means more than religious, psychosocial, or emotional, either singly or collectively and she described, as characteristic of most writers, an emphasis on attempts to identify what is known as spiritual needs and methods of spiritual care. Mayer defines the spiritual as the "life principle that pervades a person's entire being" and that which "integrates and transcends the biological and psycho-social nature," and she sees it associated with some sort of transcendental relationship with God or with a desire to transcend the material.

Research about the effect of religion on health among Canadian University Students' showed two important dimensions to consider in religion and healing, (1) an outward or extrinsic religiosity involving in most cases Church attendance, and (2) an inward or intrinsic measure meaning a private religiosity. Results indicated that:

"Individuals who report a strong attachment to religious beliefs, prescriptions and religious life in general also report being in

¹¹⁵ Mayer, Janet. Wholly Responsible for a Part, or Partly Responsible for a Whole? The Concept of Spiritual Care in Nursing, in Second Opinion, 1992, Vol.17, No. 3. p. 28.

better health, both mentally and physically, than those who do not."¹¹⁶

Patrick Butler,¹¹⁷ representing the views of the British Alliance of Healing Associations says:

"Put very simply, healing consists in linking up the natural healing power within the body with the universal healing force which sustains us all. The healer is the link. By attuning both to the sufferer and the healing force, the healer serves as the channel through which the energies flow."

Christian churches encourage healing through the example of Jesus Christ and they follow principles found in the *Holy Bible*¹¹⁸ such as:

"Believers will be given the power to perform miracles ...they will place their hands on sick people, who will get well."

A programme brought to New Zealand from Britain,¹¹⁹ is reported to be bringing people back to the churches as they discover the power of the Holy Spirit to heal.¹²⁰ Today, healing is often carried out in churches under the guidance of authorities, functionaries, or appropriate persons within the framework of church rules or doctrines.

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- 116 Frankel, B. Gail & Hewitt, W.E. Religion and Well-Being among Canadian University Students: The Role of Faith Groups On Campus, in Journal for the Scientific Study of Religion. 1994, Vol.33, No.1. March, pp. 63, 64.
- 117 Butler, Patrick (1990) The Healing Hand Book. Quantum, London, p. 85.
- 118 Good News: New Testament, Today's English Version (4thEd), Mark Ch. 16 v 17, 18. Bible Society in Australia, Canberra.
- 119 Vaughn, Roger.(1991) Saints for Healing. Anglican Renewal Ministries, U.K.
- 120 Butler, Graham, (1993) Saints for Healing Around N.Z. in "Wholeness" A World Digest of Christian Healing. May 1st No:141. Order of St. Luke, Levin, p. 1.

"Is any among you sick? Let him call for the elders of the church and let them pray over him, anointing him with oil in the name of the Lord; and the prayer of faith will save the sick man, and the Lord will raise him up; and if he has committed sins, he will be forgiven." ¹²¹

"By 1151 unction had become one of the seven sacraments with only secondary reference to health, since it was used only for 'one who seems to be in danger of death.' In medieval times, indeed, a person who had received extreme unction was expected to die. If he recovered he had to live as one dead. He was not allowed to marry, nor was he allowed to alter his will. So far from its original intention had the practice of anointing with oil departed. In 1718 an attempt was made to restore the practice of anointing with oil for recovery."

It is believed that anointing the sick, along with prayer, is a major contribution to the effectiveness of healing, in the practice of the Roman Catholic and other religions, i.e., Eastern Orthodox, Assemblies of God, Church of the Brethren, Anglican, Lutheran, Methodist, Seventh-Day Adventist, and Mormon.¹²² The Presbyterian Church also offers healing through prayer, laying on of hands, and the anointing with oil. J.B. Chambers,¹²³ a firm believer in healing explains how he and his wife function as healers.

"For us, (my wife and me) the 'gifts' of healing have been made manifest in two ways. We both feel conscious of 'power' pouring out of our hands whenever we think of the matter of healing and whenever we attempt to 'treat' people in need. This, surely, is one 'gift' of healing. But my wife is also able to run her hands over the person needing help and find out (without touching the person concerned), just where trouble is coming from. A kind of diagnosis. Not that she is able to detect the

¹²¹ The Letter of James, Ch. 5 v 14,15, in A Reader's Guide to the Holy Bible RSV, (1972) Thomas Nelson Inc. Nashville, USA.

¹²² Carson, Verna Benner, 1989, p. 87-101.

¹²³ Chambers, J.B. (1962) Is Any Sick Among You? Presbyterian Bookroom Pub., Christchurch, p. 37.

source of the difficulty, but is not able to say what it is. She is aware of 'where' but not 'what.' Surely, another 'gift of healing'? There are many people in New Zealand and all over the world who have such 'gifts' of healing. I have suggested that such 'gifts' should be found in the Fellowship of the Church and used gladly by that Fellowship. However, at the moment, as far as this country is concerned I feel it would be fairly true to say that many of the people practising these 'gifts' are suspect and have to use them outside the Fellowship of the Church. This ought not to be so."

Chambers reports that during the 1960's people using these gifts of healing were suspect and had to use them outside the Church. This is rather significant because about this time interest in alternative healing in New Zealand was surfacing.

In the *Church of the Province of New Zealand Prayer Book*,¹²⁴ provision is made for the "Church's [Anglican] ministry of healing through the laying on of hands and/or anointing. This ritual may be used privately, by small groups, in the Eucharist, or other appropriate public worship. ...The Laying on of Hands may be conducted by a priest or by a layperson duly authorised by the bishop." It is believed that:

"From ancient times the laying on of hands has been a symbol for the conveying of God's power. Among the gifts received from God by this means is that of healing. In Scripture we see this practice commonly used and the healings which ensued.

and...

Anointing provides a vivid, sacramental expression of God's love in time of sickness. It is helpful at the onset of an illness, as well as in times of crisis. The New Testament makes it clear that the anointing of the sick accompanied by prayer was used for healing.

¹²⁴ A New Zealand Prayer Book: He Karakia Mihinare O Aotearoa (1989). William Collins Pub., Auckland, p. 738.

A later practice was to restrict it to the moment of death. While still being available for the dying, its purpose is to convey healing in all sickness.

The Anointing may be conducted only by a priest."

The ministry of healing is not to be taken lightly, preparation is required:

"The priest, minister and those seeking healing should prepare beforehand through prayer and instruction."

The Church of Jesus Christ of Latter-day Saints, through the priesthood, also offer to their members the sacrament of healing by laying on of hands and anointing with oil. As well as this sacrament healthy living among members, by adhering to doctrine and dietary rules, is promoted. Steven R. Simmerman,¹²⁵ points out that Mormons world-wide can expect to live longer and have less cancer and heart disease than their non-Mormon counterparts. He also points to Joseph Smith and Brigham Young, early leaders of the Church, approving of Thomsonian physicians, and the use of herbal medicines. Significantly, it was Thomsonianism that played a major role in aligned nature cures and alternative medicine with American Religious Life.¹²⁶

Father De Grandis, a priest in the Roman Catholic Church, has this to say about healing in the Church:

"Healing is simply God answering prayer.... When we have established healing through the sacraments and prayer, we will have people coming back to church."¹²⁷

¹²⁵ Simmerman, Steven R. The Mormon Health Traditions: An Evolving View of Modern Medicine in Journal of Religion and Health. Vol. 32, No. 3, Fall 1993. pp 189-196.

¹²⁶ Fuller, Robert C. (1989) Alternative Medicine and American Religious Life. Oxford University Press, New York, p. 21.

¹²⁷ Freedman, Paul, (Ed.), Does Healing Last? in New Zealandia: The Catholic Monthly, 1992, April, pp. 16-19.

Here we have a description of several major churches active in sacramental rites of healing within a variety of Churches in Aotearoa-New Zealand, so the question could be asked, are the Churches effectively fulfilling their role in healing?

There are many reported instances in journals like *Christian Science*, *Wholeness Digest of Christian Healing*, and *Voice of Revival*, about people being healed through religious or spiritual means, without backing from conventional medicine. Healings in these cases commonly occur through prayer, affirmation, reading scripture and the laying on of hands.

Prayer has been viewed as a "process of resonating with the healing force"¹²⁸ and although there has been plenty of published scientific work on the effects of prayer on physical health, experimental studies are fraught with problems and individual experience rather than direct empirical evidence, is still the basis for belief in the power of prayer to heal.

Followers of the Christian Science religion believe that healing comes through reading scripture and spiritual understanding. Important reading texts for adherents of this faith are the *Holy Bible* and *Science and Health with Key to the Scriptures*,¹²⁹ Harriet Schupp¹³⁰ confirms the belief of many Christian Scientists when she states:

"For me, the most comforting thing about being a Christian Scientist is knowing, in every circumstance, that healing is

¹²⁸ Duckro, Paul N., & Magaletta, Philip R. The Effect of Prayer on Physical Health: Experimental Evidence, in Journal of Religion and Health, Vol. 33, No. 3, Fall 1994, p. 211.

¹²⁹ Baker Eddy, Mary (1971) Science and Health with Key to the Scriptures First Church of Christ, Scientist, Boston, Massachusetts, USA.

¹³⁰ Schupp, Harriet Barry. Are You Seeing the "Grander View"? in The Christian Science Journal, 1993, Feb. Vol.111, No.2., p. 27.

possible and - when we faithfully apply the teachings of Science - inevitable."

Robert Charbeneau¹³¹ another Christian Scientist presents their position on healing disease when he writes:

"Those who practice Christ Jesus' method of healing disease through prayer as taught in Christian Science ...are taking a position based upon Scriptural revelation and thoroughly proved by the Master: that God is infinite good and that man is spiritual and whole, reflecting God. Therefore there is and can be no reality in disease."

Members of the Revival Centres International as part of their faith point to "prayer for the sick and healing by the power of God",¹³² and they go so far as to suggest that healing activity within the church is superior to medical healing.

However, not all Christian denominations believe in spiritual healing. Some believe that healings performed by Jesus and the early church remain as historical facts and are not to be taken as applying to contemporary religion. For example, Jehovah's Witnesses authorities recently clarified their stance on spiritual healing:

"Does the gift of healing by holy spirit still operate? The answer to that question is no ...when the apostles died, the gift of healing passed away... However, even if we do not rely on faith healing, it certainly is appropriate to pray to God for help when we fall sick." ¹³³

¹³¹ Charbeneau, Robert A. Our position on disease, in The Christian Science Journal, July 1994, p. 9.

¹³² Voice of Revival. (1992) Vol. 33, No.5. Revival Centres International, Victoria, Australia, p. 3, 6.

¹³³ The Watchtower, Watchtower Bible & Tract Society, N.Y. 1992, June, 1, pp. 5-7.

For some Christian religions, faith and practice have close connections with health and healing, yet the manner in which healing occurs differs between religions. For example religious groups such as Seventh Day Adventists, Church of Jesus Christ of Latter-day Saints, and the Baha'i Faith, have rules about food and drink taken into the body, and they all practise fasting. Esoteric Healers, White Eagle Lodge, and New Age Healers have teaching programmes for spiritual development and healing but no regular formal gatherings, few doctrinal statements and lack political aspirations.

In an overview of world religions, Patricia Nickson, points out that "Christianity came into the world as the religion of healing, in its broadest sense, and brought a doctrine in which caring was emphasised. Islam, had a similar though more legalistic philosophy, Buddhists 'hospitals' date back to 260B.C, and Brahministic medical care even earlier"¹³⁴ Nickson points out that the needs of individuals in society for healing can be overruled by external authorities such as a government funded Health Care system.

(iv) Traditional, Alternative and Complementary Healing

As previously mentioned, the World Health Organisation (WHO) has been to the forefront in promoting and encouraging traditional methods of treatment especially at primary health care level.

"By 'traditional medicine' is meant the sum total of all knowledge and practices - whether they can be explained or not - used in the prevention, diagnosis, and elimination of physical, mental, or social imbalances, and relying exclusively on practical experience and observation handed down from generation to generation, whether orally or in writing. It includes such complex and evolved systems as Ayurveda and traditional Chinese medicine as well as collections of simple home remedies at the other end of the spectrum."

¹³⁴ Nickson, Patricia J. (1993) *The Contemporary Role of the Church in Health Care* in Reuver, Marc; Solms, Friedholm; Huizer, Gerrit, (Eds.) The Ecumenical Movement Tomorrow. KOK Pub., Kampen in cooperation with WCC Pub., Geneva. pp. 211-222.

The "traditional healer" as defined by the African Regional Office of WHO is:

"A person who is recognized by the community in which he lives as competent to provide health care by using vegetable, animal and mineral substances and certain other methods based on the social, cultural and religious background as well as on the knowledge, attitudes and beliefs that are prevalent in the community regarding physical, mental and social well-being and the causation of disease and disability." ¹³⁵

According to WHO traditional medicine "comprises those practices based on beliefs that were in existence, often for hundreds of years, before the development and spread of modern scientific medicine and which are still in use today. Conversely, 'alternative medicine' is of more recent origin and to some extent is said to represent a reaction to high technology medicine. ¹³⁶

Before European settlement the Maori in Aotearoa were a relatively healthy people and when illness struck the person was "relieved with the few simple remedies known, or on the other hand left to Nature to kill or cure."¹³⁷ Of uttermost importance in the Maori tradition of healing, was the correct recital of "karakia" by the proper person. The tohunga,¹³⁸ and women¹³⁹ were the main persons responsible for healing; they were also custodians of the knowledge which was passed on to selected persons within the tribe through

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- ¹³⁵ World Health Organisation (1978) *The Promotion and Development of Traditional Medicine. Technical Report Series 662*, 1978, WHO, Geneva, p.9.
- ¹³⁶ World Health Organisation (1987) *Global Medium-Term Programme: Programme 12.4. Specific Period 1990-1995, Traditional Medicine*. WHO, Geneva, p. 2.
- ¹³⁷ Anderson, Atholl, (Ed.), (1994) in Beattie, James Herries, *Traditional Lifeways of the Southern Maori*, University of Otago Press, Dunedin, p. 82.
- ¹³⁸ Anderson, Atholl (Ed.), 1994, p. 380.
- ¹³⁹ Macdonald, Christina (1974) *Medicines of the Maori*. William Collins, Auckland, p. 24.

an oral tradition. Anderson,¹⁴⁰ reports an incident whereby "a boy hurt his leg so he could not walk, and he was carried to Taki [who could do wonderful healing], who karakia'd it and the boy ran home."

Pat Ngata and Eru Pomare,¹⁴¹ provide further insight into Maori beliefs and their system of healing.

"While all things in the Maori world contain a mauri (a vitality spark, life essence, principle), the human person also has a wairua (spirit or soul) which is invoked through an elaborate system of incantations (karakia), customary practices (tikanga), tribal lore (ture) and ritualistic protocol (kawa) with the appropriate gods (atua) and guardians."

The New Zealand Health Department are now recognising that traditional healing practices of the Maori people may have more value than they were previously given credit for and in the new 'Health Reforms', marae based health care is being encouraged. The marae is not only a central communal meeting place for families and subtribes but:

"it also embraces a human and spiritual dimension and has come to symbolise the essence of Maori health aspirations"¹⁴²

The majority of early Pakeha immigrants to New Zealand came from Great Britain, Ireland, and Europe; they brought with them physicians, both orthodox and non-orthodox, and their healing methods included the use of traditional herbs, homeopathic remedies, manual therapies, spiritual healing and pharmaceutical drugs. Medical doctors were marginal practitioners among health workers in the early days of New Zealand's history.¹⁴³

¹⁴⁰ Anderson, Atholl (Ed.), 1994, p. 263.

¹⁴¹ Ngata, Pat and Pomare, Eru, Cultural Factors in Medicine Taking: A Maori Perspective in New Ethicals, June, 1992, p. 47.

¹⁴² Ngata and Pomare, 1992, p. 44.

¹⁴³ Belgrave, Michael (1991) Medicine and the Rise of the Health Professions in New Zealand, 1860-1939 in Bryder, Linda (Ed.) A Healthy Country: Essays

"The New Zealand doctor in 1860 may have believed he was the member of an ancient profession, but this was only nominally the case. There was no national system of medical licensing, no professional organisation and little other than the name 'doctor' to distinguish the training or treatment of one practitioner from the next."

During the early 1900's health practitioners were beginning to separate into various professions with clearly defined areas based on skills, training and status. The medical profession became extremely political and pressured the government to construct hospitals and to form a Department of Health in order to facilitate medical domination of the health system. Doctors began to ensure that most other health professionals "either worked under their direction or were in some way subordinated to them; the medical dominance in these early days was rarely questioned but, "in the process of establishing this system, alternative therapies and independent practitioners had been pushed to the outside, where they continued to survive but did not flourish."¹⁴⁴

Two groups the medical profession were unable to control were the osteopaths and chiropractors; both these professions were at the time dominantly male which may have had some influence on the ability of these professions to withstand any attack by the medical men. However, it wasn't until the 1920's and 1930's that osteopathy and chiropractic became popular with the public.

In 1874 doctors made up 25% of the health workforce but by 1911 this had declined to just 9% as medical doctors separated themselves from what they considered were unorthodox and unqualified practitioners, many of whom practised homeopathy and herbal medicine.¹⁴⁵

on the Social History of Medicine in New Zealand. Bridget Williams Bks., Wellington, p.7.

¹⁴⁴ Belgrave, Michael, 1991, p.8.

¹⁴⁵ Belgrave, Michael, 1991, p. 12.

Until 1914 herbalists and homeopathic practitioners had tenacious followers and it wasn't until much later that herbs and homeopathic medicines went out of vogue; mainly due to the rising control over health by the medical profession. Attempts to eliminate those practising on the fringe of orthodox medicine failed due to public demand for their services. However, it wasn't until the late 1970's that alternative practitioners began to be considered other than 'quacks' by the accepted, government registered professions such as medicine and nursing.

During the early 1900's almost every practitioner in New Zealand "had a stake in the massage market"¹⁴⁶ so in an effort to gain status as a profession in 1910 the *Australasian Massage Association* was founded. This was an attempt to:

"advance the professional prestige of masseurs, excluded anyone 'who has followed, or is following the calling of spiritualist or medical medium, clairvoyant, hypnotist, or fortune teller'."

From this point in time spiritual healers by exclusion were not accepted as being worthy of professional status.

"The application of massage-related techniques by practitioners who retained their independence from doctors was by the 1930's, restricted to chiropractors and osteopaths.... Unlike the physiotherapists, they refused to acknowledge their treatments as a limited speciality to be directed by a doctor's superior knowledge. They argued that they could provide total health care independent of doctors, and tended to imitate doctors in their dealings with patients."

Physiotherapists formed their own association in 1923¹⁴⁷ and they "accepted that all members would work as far as possible under the direction, supervision or approval of a medical practitioner."¹⁴⁸ A medical practitioner

¹⁴⁶ Belgrave, Michael, 1991, p. 14.

¹⁴⁷ Called the *New Zealand Trained Masseurs Association* (NZTMA).

¹⁴⁸ Belgrave, Michael, 1991, p. 15.

was president of the Auckland branch of the NZTMA from its founding until 1940 and all members of the New Zealand Medical Association became associate members; the medical profession was well in control of the physiotherapists.

Women throughout the ages have played a major role in healing and Diane Steine,¹⁴⁹ points out the historical significance of oral tradition for women healers in both Europe and China. Suppression of women and their healing methods occurred in China about 221 BCE and during the Dark Ages in Europe. Steine points out that "the 'folk medicine' that became the basis for Chinese and Japanese healing was indeed women's medicine and words commonly used that mean the flow of life force, in China is qi or ch'i, and in Japan it is called ki. This is the same ki as in the word Reiki.

Reiki is another form of laying on of hands which apparently began as traditional spiritual healing used by women; it originated from Tibet "with beginnings long before the patriarchy"¹⁵⁰ and has now spread throughout the world, and in more recent times to Aotearoa-New Zealand.

Within feminist religious studies, healing is seen as a means through which female spirituality can be reconstructed and expressed.

"The significance of healing to the contemporary women's spirituality movement has its origins in the roles that women once assumed as healers, midwives, and wisewomen, social and spiritual roles that were marginalized and stigmatized by the church establishment in the pre-Renaissance period and by simultaneous development of the medical profession as a male-defined science."¹⁵¹

149 Steine, Diane (1990) *All Women Are Healers*. The Crossing Press, Freedom, California, USA. pp. 82-83.

150 Steine, Diane, 1990, p. 37.

151 Jacobs, Janet L. *Women-Centered Healing Rites: A Study of Alienation and Reintegration* in Robbins, Thomas & Anthony, Dick. (1991) *In Gods We Trust*. Transaction Pub. New Brunswick & London, p. 373.

It is apparent that women throughout history have played a major part as functionaries in spiritual healing.

"Complementary" is another term used alongside "alternative" to denote choices of healing not usually offered within the mainline conventional orthodox medical system. According to popular thinking, some therapies, many of which are traditional, complement orthodox medicine while others are seen as an alternative; there is some debate about which therapy is considered complementary and which is considered alternative; often it depends on the professional stance of a practitioner, country, or culture.

Mary Bishop,¹⁵² reports on the increased use in Britain of complementary therapies and the integration of orthodox and complementary medical practice in health centres, clinics and hospitals. She calls this a "quiet revolution" which has been accelerated by the National Health Systems *Reform Act*; an Act which allows doctors to purchase services they want; and she suggests that numbers of complementary practitioners must grow to meet the demand.

All practitioners of alternative and complementary therapies, except chiropractors, practise without government registration in Aotearoa-New Zealand; this permits freedom of practice, few restrictions as to whom may practice, and what they practise, as well as a wide choice of practitioner for clients to choose from in their pursuit of alternative health care or treatment.

Leibrick & al.,¹⁵³ point out from their New Zealand study, that if a therapist is practising a modality distinctly different from orthodox then alternative is viewed as the best term to use, whereas the term complementary implies more

¹⁵² Bishop, Mary (1992) A Medical Marriage, in International Journal of Alternative & Complementary Medicine. June issue pp 19-26.

¹⁵³ Leibrich, Julie, Hickling, Janet, Pitt, George, (1987) In Search of Well-being: Exploratory Research into Complementary Therapies, Dept. of Health, Wellington, pp. 8, 9.

of a working partnership with orthodox therapies. It appears that alternative and complementary therapies fill gaps left by orthodox medicine and conclusions from their study were that "complementary" seems to be overtaking "alternative" as the preferred term to use in New Zealand.

Today, few medical practitioners in Aotearoa-New Zealand practise alternative medicine apart from a segment of the medical profession who accept and practise acupuncture and manual manipulation. Quite a different situation exists in Great Britain where within and outside the medical profession approval is given to holistic medicine and complementary health providers. A recent study¹⁵⁴ indicates that unconventional medicine has an enormous presence in the United States Health Care System; it is generally used in addition to conventional therapy rather than a replacement for it and "an estimated one in three persons used unconventional therapy in 1990" Many doctors in Eisenberg et. al.'s study were unaware that their patients might be seeing an alternative practitioner as well as themselves for treatment.

According to Leibrich et. al.¹⁵⁵ "the common law attitude is one of acceptance of the practice of complementary therapies unless practitioners contravene specific legislation" i.e. laws regarding use of titles such as *Registration Acts*, which prevents anyone calling themselves a registered practitioner unless they are qualified and registered, and the *Medicines Act 1981* which is currently under review. Specifically relevant to spiritual healing is the *Summary Offences Act 1981* because it is an offence for anyone to accept financial or similar reward who either:

"With intent to deceive purports to act as a spiritualistic medium or to exercise any powers of telepathy or clairvoyance or other similar powers, ...uses any fraudulent device in purporting to act

¹⁵⁴ Eisenberg David M., Kessler Ronald C., Foster Cindy, Norlock Frances E., Calkins David R., Delbanco Thomas L. (1993) Unconventional Medicine in the United States: Prevalence, Costs, and Patterns of Use, in The New England Journal of Medicine. Vol. 328, No.4, Jan. 28, 1993, pp. 246-252.

¹⁵⁵ Leibrich, Julie, et. al., 1987, p. 68, 119, 129.

as a spiritualistic medium or in purporting to exercise any such powers. Exception is taken to those who act solely for the purpose of entertainment."¹⁵⁶

New Zealand, although recognised by the government as a bi-cultural country in terms of the Treaty of Waitangi, i.e. tangata whenua (Maori), and others (Pakeha), it is in reality now a multicultural society (includes immigrants from many nations). The richness and diversity of New Zealand's cultural heritage is demonstrated in the area of alternative healing and religion, where spiritual healing has contributed to contemporary religious life and alternative medicine.

In 1987 the *New Zealand Health Practitioners Accreditation Board (NZHPAB)* was set up by incorporated societies and trusts within the natural health professions in order to encourage setting of standards, examinations, and registration of practitioners with the NZHPAB. Responsibility and accountability by practitioners within incorporated societies from those professions represented was expected. Each year a list of accredited practitioners is published in a booklet which is freely distributed to the public. The NZHPAB has sought acceptance within the public Health System and became a political watchdog in the interests of their members. Another purpose of the NZHPAB was to "satisfy a growing public demand for information about practitioners and their qualifications."¹⁵⁷

Registered graduate members listed by the NZHPAB are naturopaths, classical homeopaths, osteopaths, medical herbalists, and remedial body therapists. Other practitioners listed by the board are acupuncturists, allergists, aromatherapists, those practising ayurvedic medicine, Bowen technique, counselling, cranio-sacral therapy, crystal healing, homeobotanical therapy, hypnotherapy, iridology, kinesiology, lymphatic drainage, natural animal care,

¹⁵⁶ Summary Offences Act, 1981, sec. 16, (1); 9a; 1b; 3.

¹⁵⁷ New Zealand Natural Health Practitioners Accreditation Board Inc. (1995) Nationwide Register of Natural Therapies. (Inside cover)

nutritional advice, pulsing, radionics/radiesthesia, rebirthing, reiki, remedial massage, shiatzu, and therapeutic massage.

People practising the above modalities may not necessarily recognise or promote a spiritual dimension in their work, yet my previous research¹⁵⁸ indicated that many alternative healers do function from within their own spiritual belief system, and incorporate spiritual practices into their work. In many cases alternative practitioners act as spiritual healers from a natural therapies philosophy of body, mind and spirit, which is incorporated into their holistic approach to health care; clients may or may not be aware that the spiritual dimension is part of this holistic approach to healing. Also, my research discovered that clients prefer to visit alternative practitioners rather than doctors, nurses or clergy for spiritual healing.

In their exploratory research into complementary therapies in New Zealand Leibrich et al.¹⁵⁹ define spiritual healing as follows:-

"Healers who accept that their power comes from a higher spiritual power ...variously described as healers, spiritualist healers, spiritual healers, or spirit healers. Most believe that the healing power is mediated through spirits. Some go into a trance or altered state of consciousness to make contact with their spirit "guides". Some simply place their hands on the affected person's body."

The above definition is broad and many alternative practitioners who call themselves 'healers', would deny making contact with spirit entities or 'spirit guides'. Different kinds of 'healers' described in my previous research¹⁶⁰ fit either one of three categories:

(i) *Humanistic* - human contact is the most important aspect in healing, the healer facilitates the process and the healee assists the healing. Sharing and

¹⁵⁸ Martin, Melva M., 1991, p. 190.

¹⁵⁹ Leibrich et. al., 1987, p. 136.

¹⁶⁰ Martin, Melva, 1991, pp.167-179.

caring, believing in the self, supporting, listening, communication, empathy and compassion for others, helping people to help themselves, are all important aptitudes for the humanistic healer.

(ii) Divine - Healers who accept a higher spiritual power called God, Spirit, Universal Energy etc. As the healer's hands are placed on the healee, with intent to heal, the healer becomes a channel for the Spiritual energy to flow through to the healee. These healers speak about their healing ability as a gift from God (or combination of gift plus qualification) performed through the power of the Holy Spirit of God, which may fit religious dogma.

(iii) Universal energies - Healers in this category see themselves as a channel for universal energy, universal intelligence, universal life, and life promoting energy fields. The call to be a healer is a call of universal nature or a call of the divine within. Healers can also believe healing is mediated through spirits, and if this is so may openly acknowledge their spirit guides when they place their hands on the healee; these spirit guides may instruct the healer and facilitate the healing. Many healers working in this category are uncomfortable with the term 'God' or any religious dogma.

A historic turning point in the acceptance of complementary and alternative practitioners occurred in November, 1993, when the *New Zealand Qualifications Authority (NZQA)* met with representatives from alternative and complementary practitioner groups, to seek direction for the development of standards and competencies for complementary and alternative therapies. Two groups evolved from the first meeting - touch therapies (Manual Advisory Group) and non-touch therapies (Natural Therapies Advisory Group). Both these groups have endorsed a matrix for their therapies and are currently overseeing the writing of unit standards which will ultimately become part of the NZQA *National Qualifications Framework*.

Robert Fuller,¹⁶¹ points out that Homeopathy, Chiropractic and Osteopathy have metaphysical origins in America. Andrew Still, founder of osteopathy and William Sutherland, founder of cranial osteopathy, both held a firm belief in a Creator and believed that the human body included a spiritual component. Andrew Still envisioned an "indwelling divinity as forming humanity's higher self." He believed also that through the study and practice of osteopathy we can more completely "connect ourselves to the healthful currents emanating from their divine source"¹⁶² Fuller suggests that the original philosophy of chiropractic and osteopathy have been muted by their quest for status in a culture where the medical profession has an advantageous position in the health care system.

Today in America, osteopathy has achieved status alongside the medical profession and is the only place in the world where osteopathic physicians graduate from an accredited medical school. The medical model of health care has become very much part of osteopathy, yet more than 75% Doctors of Osteopathy (D.O.s) are currently practising in primary care in the community rather than hospital care.¹⁶³ It seems that in America today osteopathy may well have lost its metaphysical origins. However, cranio-sacral osteopathy, has retained its spiritual element¹⁶⁴ and is widely taught and practised internationally by osteopaths and other manual therapists; some practitioners emphasise the spiritual and others the physical aspect of cranio-sacral therapy.

¹⁶¹ Fuller, Robert (1989) Alternative Medicine and American Religious Life, Oxford University Press, New York, p. 56, 73.

¹⁶² Fuller, Robert, 1989, p. 56.

¹⁶³ Michigan State University, (1989) Osteopathic Medicine at Michigan State University, p. 4.

¹⁶⁴ McKenzie, Jill (1994) Craniosacral Therapy in Rainbow Network No.36, Aug/Sept. pp. 45-46.

The cranio-sacral concept of osteopathy "identifies pulsation of energies - particularly around the head, spine and sacrum, but also along the entire body."¹⁶⁵ This same energy is described by others as a palpable "cranial rhythmic impulse"¹⁶⁶ or "primary respiratory mechanism".^{167, 168} Benor¹⁶⁹ in discussing the cranial rhythmic impulse describes it as a "palpable, rhythmic pulsation... with a normal frequency of 6-12 cycles per minute, unrelated to breathing or heart rate". One of the major problems facing any scientific evaluation of the craniosacral concept is that there is no known inceptual mechanism for the rhythm; Sutherland¹⁷⁰ postulated that the source was of a spiritual nature and he spoke of the cerebrospinal fluid as "liquid light", "potency", "Breath of Life" or "Dr Still's 'highest known element'". There is still controversy over the source of this mechanism.¹⁷¹

If the craniosacral mechanism is driven by a spiritual source then it is reasonable to suggest that the cranial rhythm would be affected, either in rate, rhythm or amplitude, during spiritual healing. Daniel Benor reflects that similarities between cranio-sacral therapy and healing are obvious and he does

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- 165 Benor, Daniel J. Healing Research, in International Journal of Alternative & Complementary Medicine, 1994, October issue, p. 8.
- 166 Magoun, Harold I. (1976) Osteopathy in the Cranial Field, 3rd Edition. Published for The Cranial Academy by Journal Printing Co., Missouri, p.313
- 167 Upledger, John E. & Vredevoogd, Jon D. (1983) Craniosacral Therapy. Eastland Press, Seattle, p. 14.
- 168 Richard, Raymond (1986) Osteopathic lesions of the Sacrum. Thorsons Pub. Co., New York, p. 198.
- 169 Benor, Daniel J. (1994) Healing Research: Holistic Energy Medicine and Spirituality, Vol. 2. Helix, Oxfordshire, U.K.
- 170 Sutherland, Adah Strand and Wales, Ann L. (1967) The Collected Writings of William Garner Sutherland. The Sutherland Cranial Teaching Foundation, USA, p.243.
- 171 Magoun, Harold I. (1976) Osteopathy in the Cranial Field, 3rd Edition. Published for The Cranial Academy by Journal Printing Co., Missouri, p. 24.

not understand why "healers do not report the pulsation's identified by craniosacral osteopaths."¹⁷²

In the observational stage of my primary research I recorded subjects' cranial rhythms in order to determine any changes occurring in the rhythm during a healing interaction. Results are shown in chapter four.

Roger Newman Turner,¹⁷³ a British trained and practising naturopath, osteopath and acupuncturist, points to the original philosophy of naturopathy, which is based on the body's inherent ability to heal itself and belief in the healing power of nature, as the baseline for alternative medicine. Naturopathic treatment recognises the vital curative force within the body and is a holistic approach to health care. He argues that modern day naturopathy could be termed "vitalistic medicine" and any treatment prescribed for the client would be such that it would act as a catalyst to the client's own vital energy. He says:

"Naturopathic practice provides the basic framework for all vitalistic therapies, and it may, therefore, be regarded as of primary importance to the development of the new science of medicine. The theoretical bases and practical techniques of naturopathy are the foundations of holistic medicine."

This holistic approach aligns itself with similar concepts in holistic medicine as practised by the medical profession and holistic nursing.

Max Freedom Long,¹⁷⁴ provides useful descriptions for three different kinds of healers.

(i) The healer who has a natural ability to lay hands upon a sick person and through a sharing of "vital force" cause the vital force

¹⁷² Benor, Daniel J., 1994 in IJACM, Oct. p. 8.

¹⁷³ Turner, Roger Newman, Naturopathy: Baseline for Alternative Medicine, in International Journal of Alternative & Complementary Medicine, 1993, Vol. 1, No. 7, pp.15-19.

¹⁷⁴ Long, Max Freedom (1954) The Secret Science Behind Miracles. 2nd edition. Huna Research Publications, Vista, California, pp. 230-231.

to flow from the healer's body to strengthen the patient; this is the simplest form of healer.

(ii) The religious more advanced healer, who lays hands on the patient and prays to God to do the healing; a more advanced healer.

(iii) The "High Self" healers who contact their higher self and use the higher self, or consciousness, to cause the "vital force" to create a high voltage which causes changes in temperature and a miraculous healing results. It is possible for the healer to accumulate vital force and will its direct use from the hands into the body of a patient.

In any discussion about vital energy from a naturopathic or spiritual healing viewpoint, one needs to gain an understanding of the energy system of chakras within the human body. Knowledge about chakras is not new, but because Western medicine has not recognised the chakra energy system, and few scientific studies have been carried out on them, many people remain ignorant about their function in the body.

According to tradition, "the word *chakra* means wheel and, in the Eastern yogic system, the *chakras* are depicted as spinning centres of spiritual energy."¹⁷⁵ Chakras are subtle manifestations of spiritual energy located in the vicinity of the spine from coccyx to cranium (there are seven major chakras), and are thought to be closely related physiologically to the nervous and endocrine systems. Also described as "vortices of energy" they are said to be situated to the front and back of the body, as well as upwards and downwards and are positioned in areas in the body where energies from other dimensions are transformed into forms which vitalise the physical body.¹⁷⁶

¹⁷⁵ Meadow, Mary Jo, *Yogic Chakra Symbols: Mirrors of the Human Mind/Heart*, in *Journal of Religion and Health*, 1993, Vol.32, No.1, Spring, p.68.

¹⁷⁶ Benor, Daniel, 1994, p. 101.

Victor Beasley,¹⁷⁷ director of the Research Institute for Supersensonic Healing Energies, at the University of the Trees, California, agrees with both Meadow and Benor and says that the Sanskrit word 'chakra' refers to "a revolving wheel or vortex of energy." and he sees everything that intrudes upon our faculties of perception either physical or parapsychical to be mediated by the activity of the chakras. Functions of the chakras, he says, relate to -

"the distribution of prana throughout our energy-body, along the complex network of the nadis or subtle-energy meridians; translating the energy of prana to electrochemical impulses within the body's cells; [and] operating as transmitting/receiving stations for various subtle-energy frequencies within our being and our environment, such as thought frequencies, bio-magnetic fields, electro-magnetic currents through acupuncture points and aura emanations."

Healers can, by self meditation and spiritual growth, learn to purify and open up their own internal chakras (or spiritual energy centres), and allow prana to enter the human nervous system.¹⁷⁸ Healers also have the ability to channel these energies to heal.¹⁷⁹ A practitioner can also perform a "chakra balancing" procedure using hands or crystals, placed on the client's chakras in a specific sequence.¹⁸⁰

A well known British healer, Bruce MacManaway said that he actually saw energy flows, corresponding to chakras, and he discovered changes in these areas during healing.¹⁸¹ Scientific research provides further evidence for acceptance of chakra phenomena; Professor William Tiller, Chairman, Dept.

¹⁷⁷ Beasley, Victor (1979) Subtle-body Healing. University of the Trees, Boulder Creek, California, USA. p. 28.

¹⁷⁸ Fuller, Robert, 1989, p. 98.

¹⁷⁹ Benor, Daniel, 1994, p. 98, 103.

¹⁸⁰ Stein, Diane, 1990, p. 33.

¹⁸¹ Benor, Daniel, 1992, p. 45.

of Material Sciences, Stanford University, and Richard Gerber, M.D., Michigan, for the last 12 years have been researching alternative methods for diagnosis and healing. Both Tiller and Gerber agree that there is a close association between chakras and the endocrine system in the body. They view the function of the chakras as transmitters of energy and sum up these concepts by saying:

"Both power and information are tapped from a cosmic or environmental source into the etheric. It is transduced into a different form into the physical, is used to function in life and, in transmuted form is radiated through the endocrine/chakra unit back into the environment." ¹⁸²

Dolores Krieger, ¹⁸³ (well known for her studies in therapeutic touch) points to the literature of Indian Ayurvedic medicine where it is believed that energy transformed from "universal energies" goes to levels which can be used in the human body. Krieger suggests that it is this energy that eventually reaches the hands where minor chakras are situated and "it is these chakras, one in each hand, that are the functional agents in all therapeutic uses of hands."

Esoteric healing literature also holds the view that there are functional chakra centres in the hands. Alan Hopking, ¹⁸⁴ faculty member of the *International Health Research Network*, discusses use of "the touch triangle" in esoteric healing; he says that the minor centres for this triangle are in the palms of the hands which are under control of the heart centre in the patient who is attempting to live a spiritual life. He also points out that the "heart centre anchors the Life Stream (sutrātma)" which then conveys life force around the body in a rhythmic manner. He says that:

"...the heart is an effect, manifesting the rhythmical pulse of universal energy pounding into our system from a higher power

¹⁸² Beasley, Victor R., 1978. p. 202.

¹⁸³ Krieger, Dolores, 1979, p. 46.

¹⁸⁴ Hopking, Alan (1991) Practical Guide to Esoteric Healing. WhiteWays, Bournemouth, Dorset, U.K. p. 107, 122.

source. It is this rhythm which cranio-sacral osteopaths work with."

Richard Gerber,¹⁸⁵ reflecting upon Franz Anton Mesmer's healing technique of "magnetic passes", discovered that Mesmer saw the palms of the hands as the most active points of energy flow in healing. Gerber goes on to show that magnetic healing works at the body level, whereas spiritual healing differs and works with subtle energies including the chakras.

"In contradistinction to magnetic healing, spiritual healing attempts to work at the level of the higher subtle bodies and chakras to effect a healing from the most primary level of disease origins. The spiritual healer works as a power source of multiple-frequency outputs to allow energy shifts at several levels simultaneously. It is theorized that there may be a transient energy link between the chakras of the healer and the patient. This chakra-to-chakra link may allow for a direct resonant transfer of multiple subtle frequencies, which can shift the multi-dimensional energy structure of the patient back toward a perfect balance of mind, body, and spirit. While most magnetic healers work strictly at the level of the body, spiritual healers usually work with the many levels of mind and spirit as well."

Alan Hopking¹⁸⁶ provides similar evidence as it relates to the practice of 'Esoteric' healing and the 'Ageless Wisdom' school of Tibet. According to Alice Bailey,¹⁸⁷ esoteric healing deals with two responses which directly affect energy, i.e., magnetism and radiation which are two quite different ways of treating a patient. Rule One, according to Bailey,¹⁸⁸ states:

¹⁸⁵ Gerber, Richard (1988) Vibrational Medicine: New Choices for Healing Ourselves. Bear & Co. Santa Fe., USA. p. 288, 319.

¹⁸⁶ Hopking, Alan, 1991, p. 12.

¹⁸⁷ Bailey, Alice A. (1953) Esoteric Healing, Vol. IV, Lucis Publishing Co., N.Y., p.7.

¹⁸⁸ Bailey, Alice A., 1953, p. 17.

"The healer must seek to link his soul, his heart, his brain and his hands. Thus can he pour the vital healing force upon the patient. This is *magnetic work*"

In radiation work the hands are not needed. "The healer must seek to link his soul, his brain, his heart and auric emanation. Thus can his presence feed the soul life of the patient."

According to the literature, spiritual healing tends to be associated with an energy concept which will be explored more fully in later chapters.

Summary

The medical profession recognises that religious commitment has a positive effect on health and longevity yet the role of both the doctor and nurse in meeting patients' spiritual needs in a hospital situation is mainly one of referral to a hospital chaplain, clergy, or person close to the patient. A growing trend in conventional health care is the holistic approach which views each person as a 'unity of body, mind, emotions and spirit'. Holistic doctors and nurses differ from their conventional counterparts because of their philosophical beliefs in the concept of 'holism' and their acceptance of alternative or complementary medicines and therapies.

Medical monopolies exist in many countries and three different types of regulatory subsystems which exist within a national medical system were outlined - the exclusive system, the tolerant system and the integrated system. An exception is in Africa where Zionism is providing a healing service where no conventional medical service exists.

Nursing is shown to have a religious foundation in the person of Florence Nightingale who emphasised that the art of nursing was in nursing the sick person and not focusing on the sickness. It began as a holistic model, concerned with nature cure and care of the sick but through the influence and domination of the medical profession for many years nursing became medically oriented. Today nurses are struggling to understand their role of spiritual care in nursing; various assessment tools have been developed in order to assess the patients' spiritual needs, but it appears that as nurses grow older they become more sensitive to patients' spiritual needs.

In the act of caring, nursing scholars have come to some conclusion and use the terms intrapersonal, interpersonal, and transpersonal, to describe patterns of connectedness and the expression of a spiritual theory for application to practice. It is generally agreed that the spiritual dimension is an integration and broader term than religion with religion and spiritual healing some common words. The New Zealand Nurses Organisation provides a dynamic definition for health and nursing which includes the whole person, including the spiritual.

Spirituality is viewed as a dimension within every person; people satisfy and express their special needs of love, hope, meaning, purpose, trust, forgiveness and relation to God, self, and others, through a particular religious framework or denomination.

Touching is a necessity in nursing care, yet the literature lacks research in this area apart from the therapy of therapeutic touch (TT), which is an off the body technique proven to be an effective nursing procedure. TT follows a nursing theory of energy and subtle energy fields around the body. Although Krieger denied any association of the spiritual associated with TT she did learn from a healer. McKivergin suggests that TT could be classified as a subset of healing. A clear definition of the nurse as healer has not emerged yet in the profession.

As with the medical and nursing professions, religious studies show that people who have strong religious beliefs and attachments generally have a better state of health than people who do not. Most Christian and other religions have a history of healing and most conventional Churches promote healing as part of their services today, albeit with rites and rules and administered by those who have the authority to do so.

Through the promotion of traditional healing by the WHO, alternative and complementary medicine have become more acceptable within health systems and societies today. This chapter has also shown that Aotearoa-New Zealand has a history of traditional medicine from cultural perspectives of both Maori and Pakeha. Traditional herbs, homeopathic remedies, manual

methods, and spiritual healing are still in use and gaining in popularity today. These traditional medicines were on the 'fringe' of conventional medicine for some years but the time has now come when alternative therapies are surfacing and becoming recognised as important health care measures. Although traditional medicine provides health care as a system in its own right, the literature indicates that traditional medicine is still generally considered complementary or an alternative to the medical model in Aotearoa-New Zealand.

Robert Fuller shows how alternative medicine & American religious life had metaphysical origins, but chiropractors and osteopaths gave up their philosophies to become absorbed into the medical model of health care. One of the few therapies to retain its founder's spiritual concept is cranio-sacral therapy, a branch of osteopathy.

Women have long been healers whose healing energies have been suppressed, particularly by men in the churches and medical profession. Reiki and other forms of spiritual healing appear to be a means through which female spirituality is being reconstructed and expressed.

It was pointed out that the healer is the link between the 'universal healing force' and the patient. By 'attuning, the healer becomes a channel through which spiritual healing energies flow. In attempting to provide a working definition for a healer, Long suggests three kinds of healer - from the simple to the more advanced. The first healer simply lays hands on the sick person and shares the 'vital force' - it will flow from healer to patient; the second healer is a religious person who lays hands on the sick person and prays to God to heal; the third healer contacts the 'Higher self' to obtain 'vital force' which will create a high voltage to cause changes in temperature and healing, healers direct this energy from their hands to the patient.

An understanding of the chakra system is essential to understand subtle manifestations of spiritual energy. Chakras positioned within the body function and transform energy from the spiritual to the physical - they act very much like transmitting and receiving stations for energy frequencies with the environment. It is believed that healers have the ability to channel energies

through these spiritual energy centres to heal and it is believed that there is a close connection between chakras and the endocrine system in the body. A suggestion was made that minor chakras in the hands are used by healers in their work and that there may be a transient energy link between the chakras of the healer and the patient. This chakra link may allow for a direct resonant transfer of subtle frequencies. All this adds up to an energy concept involved in the act of spiritual healing.

CHAPTER THREE

METHODOLOGY: THE PRIMARY RESEARCH STUDY

Introduction

My main purpose in this chapter is to describe the methods and the procedures involved in carrying out the primary research study and to present the rationale for their selection and use. This chapter also includes demographic and background data about the study participants and a description of the setting in which the research was conducted.

The chapter is divided into two sections. **Section A** reviews relevant literature about triangulation and provides the rationale for selecting triangulation for the research design. **Section B** outlines the design for the primary research study and provides an insight into the location and population to be surveyed. Means of selecting samples and ethical considerations are given followed by a discussion about methods and instruments used for data gathering and data analysis.

Section A

Rigor in research, reliability and validity of data gathering, and integrity of results, were the objectives for carrying out the proposed primary research; triangulation appeared to be the most useful instrument for the overall design to carry out an exploratory survey and therefore warranted further investigation.

Triangulation: Review of the Relevant Literature

Triangulation as research methodology is defined by nurse researchers as:

"The combination of two or more theories, data sources, methods, or investigators in the study of a single phenomenon."¹

¹ Kimchi, Judith, Polivka, Barbara, Stevenson, Joanne Sabol, Triangulation Operational Definitions in Nursing Research, 1991, Nov/Dec, Vol.40, No.6, pp. 364-366.

and by others as:-

"A vehicle that combines different methods in a variety of ways to produce richer and more insightful analyses of complex phenomena than can be achieved by either method separately." ²

As a research tool, triangulation has been regarded as an ideal that can apply to all types of research designs. It is seen to be particularly useful in situations where researchers are confronted with many imperfect measurement options, each of which has some advantages and disadvantages. Despite its inference of a triangle, triangulation does not require using three options, as in a 'Triad'³ but only more than one.⁴

Kimchi, Polivka, and Stevenson,⁵ are among those who propose triangulation as a useful strategy, particularly in overcoming investigator biases and deficiencies that can occur in single method studies. Susan Gortner and Phyllis Schultz,⁶ also advocates of triangulation, consider that because nursing is a science, that the very nature of scientific work asks for a combination of techniques not seen in other scientific fields. Complex phenomena of interest to nursing, they say, is not adequately dealt with by methods located within only one perspective or that tend to look at only one aspect. They see triangulation as a method that, when used appropriately, combines in a variety of ways to produce richer and more insightful analyses of complex phenomena than can be achieved by any one method alone.

Packard, Sheila A, Polifroni, E. Carol (1991) *The Dilemma of Nursing Science: Current Quandries and Lack of Direction*, in *Nursing Science Quarterly*, 4:1, Spring, pp7-13.

Walker, Rob (1985) *Doing Research: A Handbook for Teachers*. Methuen & Co. London, p. 81.

Rubin, Allen & Babbie, Earl, (1989) *Research Methods for Social Work*, Wadsworth Pub. Co., California, USA, p. 277.

Kimchi, et. al., 1991, Nov/Dec. Vol.40, No.6, pp. 364-366.

Gortner, Susan R., & Schultz, Phyllis R. *Approaches to Nursing Science Methods*. *IMAGE: Journal of Nursing Scholarship*, 1988, No.20. pp. 22-24, 133.

Triangulation for Completeness

Triangulation for confirmation or triangulation for completeness is another issue to consider in the planning of research. In order to achieve the goal of completeness, triangulation can involve some or all of the different types of triangulation. Knafl and Breitmayer⁷ point to an extension of triangulation to a "multiple triangulation" approach, which they perceive to consist of five types: investigator, data source, method, unit of analysis and theory triangulation. Triangulation for confirmation is likely to be confined to the between methods type, whereas triangulation for completeness is multiple because it employs some or all of the different types of triangulation.⁸

Because of the multifaceted nature of the spiritual dimension in healing and the different kinds of healers being studied, information gathered by multiple triangulation aimed to provide as complete a picture as possible. The aim was to provide completeness from the data rather than confirmation of any particular theory.

Triangulation of Measurement

Triangulation for measurement is regarded as a powerful process which will provide more evidence to support proposals than any single measurable approach.⁹ Walker¹⁰ expands this idea by suggesting that the flexible use of multiple methods has "power" and should not be underestimated. He provides an example of open interview and unstructured observation as becoming much more powerful when used together. Rubin & Babbie¹¹ also support

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- 7 Knafl Kathleen A., & Breitmayer Bonnie J. (1991) Triangulation in Qualitative Research: Issues of Conceptual Clarity and Purpose in Morse, Janice M. (Ed) Qualitative Nursing Research, Revised edition. Sage pub. Newbury Park, Ca., USA. pp. 226-239.
- 8 Norman Ian, Redfern Sally, Tomalin Deborah, Oliver Sarah, Applying Triangulation to the Assessment of Quality of Nursing in Nursing Times. 1992, Feb.19, Vol. 88, pp. 43-46.
- 9 Stephen Isaac, & Michael William B. (1981) Handbook in Research and Evaluation, 2nd Edition. EdITS Pub. California, USA. p. 92.
- 10 Walker, Rob, 1985, p. 83.
- 11 Rubin, Allen & Babbie, Earl, 1989, p. 142.

triangulated measures as a means of providing credibility to data which may not occur if only one measure is used. Buckwalter and Maas¹² indicate that in order to be reliable, biases in measurement, which might lead to false conclusions, must be minimised and they support the use of multiple methods of data collection to counteract this problem.

Strengths of Triangulation

William Wiersma¹³ suggests that triangulation is a means to search for convergence of information on a common finding, or concept, and the use of multiple data collection procedures, as in triangulation tends to increase internal reliability.

Recent research points out the need for extensive review of validity testing instruments, particularly in relation to the concepts that they claim to assess. They proposed that the validity of a study can be enhanced through a triangulation research strategy which also achieves goals of confirmation and completeness within the same research design.¹⁴ Janet Deatrix and Sandra Faux¹⁵ agree that the use of triangulation is another strategy to evaluate data validity which then enables the researcher to plan for data collection with checks to ensure the instruments will measure what they are supposed to measure.

Knafl & Breitmayer¹⁶ recognise the growing emphasis on combining qualitative and quantitative methods in a single study, through the use of triangulation methodology, in order to strengthen the comprehensiveness,

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- 12 Buckwalter, Kathleen C. & Mass, Meridean L. (1990) True Experimental Designs, in Brink, Pamela J. & Wood, Marilyn J. (eds) Advanced Design in Nursing Research. Sage Pub. California, USA. p. 44.
- 13 Wiersma, William (1991) Research Methods in Education: An Introduction, 5th Edition. Allyn & Bacon, Boston, p. 232.
- 14 Norman Ian, et. al., 1992, Nursing Times, Feb. 19, Vol.88, No.8, pp. 43-46.
- 15 Deatrix, Janet A. & Faux, Sandra A. Conducting Qualitative Studies with Children and Adolescents in Morse, Janice M. (Ed), Qualitative Nursing Research: A Contemporary Dialogue. Sage Pub. California, USA. pp 203-223.
- 16 Knafl, Kathleen A. et. al., in Morse, Janice M. (ed) 1991, pp. 226-239.

reliability and validity of a study. Earl Babbie¹⁷ points to qualitative research being stronger in elements of validity, and quantitative research being stronger in elements of reliability. Therefore there is a strong argument in favour of combining qualitative and quantitative methods in the same study.

Rationale for use of Triangulation

The rationale for selecting triangulation methodology for the primary research study is that methods and procedures can be designed specifically for the purpose of the investigation. As can be seen from the preceding discussion, triangulation proposes a strategy which is able to combine a range of methods, is flexible, scientific, demonstrates reliability and validity, will limit bias, and is an advantageous way to study a complex topic such as the spiritual dimension in healing. By triangulating methods a more complete description about the spiritual dimension in healing should result than would otherwise be achieved through using one method alone.

Triangulation using different techniques and instruments provided potential for gathering an informative data base and by ensuring close links between methods this research intended to bring together an integral description about the spiritual dimension in healing.

Section B

The Triangulation Design

This section describes a triangulation design to explore the spiritual dimension in healing; the design has three parts and is shown in Table 1.

(a) **Stage 1.** A random sample of willing volunteers was sought who were prepared to answer a survey questionnaire; this provided the researcher with a sample of people for the research and incipient demographic descriptive and thematic quantitative and qualitative data.

(b) **Stage 2.** A random sample of people was obtained for interviews from respondents to the stage one questionnaire. Twenty subjects were selected

¹⁷ Babbie, Earl (1986) Observing Ourselves: Essays in Social Research. Wadsworth Pub. Co., Belmont, California, USA. p. 93.

from a stratified sample list of willing participants. A semi-structured interview of one hour duration was carried out with each participant. The narrative data provided further information for a thematic analysis.

(c) *Stage 3.* Six healers and six healees, willing participants, who had completed the stage one questionnaire, but not necessarily stage two interviews, were randomly selected, from a stratified sample list, for the observational study. The purpose of stage three was to discover any further themes that might arise and validate findings from previous data (stages one and two), and record biophysiological data, pulse, blood pressure, cranial rhythmic impulse, of both healer and healee before and after the healing interaction.

Table 1.

A TRIANGULATION DESIGN TO EXPLORE THE SPIRITUAL DIMENSION IN HEALING				
Methods	Sample	Instrument	Purpose	Data Analysis
(a) Stage 1.				
Survey	200+	Questionnaire	Find volunteers	Quantitative & qualitative Thematic
(b) Stage 2.				
Interviews	20	Interviews (audiotaped)	Data to complement questionnaires	Qualitative Thematic
(c) Stage 3.				
Healing Observations	6 pairs	Observations of Healing Interaction	Validate findings from Stages 1 & 2.	Descriptive & thematic

The Population and Geographical Area Under Study

The total estimated mean population for New Zealand as at March, 1995 was just over three and a half million people,¹⁸ and "at 31 March 1994, more than three million people were living in urban areas while just over half a million (15% of total population) were in rural locations."¹⁹ In the Manawatu region estimated population figures show 74,500 people living in Palmerston North and 19,500 people living in the Manawatu district.

New Zealand has an ethnically diverse population and the Public Health Commission point out (from the 1991 Census), ethnic groups percentages as follows:- European 79.5%, Maori plus other 13.3% (solely Maori 9.7%), Pacific Island 4.5%, Chinese 1.1%, Indian 0.8%. They also point to migration from Asia as a growing trend with "a net inflow of 6,835 people" during 1992.²⁰

Significant to this study are those health care practitioners, religious and spiritual organisations and community groups who might be targeted in the survey. From a total available population of approximately 94,000 people in the Manawatu geographic region, there is one major public hospital, one smaller public hospital, two private hospitals (one Roman Catholic Church hospital, the other a Southern Cross hospital), a number of doctors, alternative health care practitioners, health and wellness clinics, and community service organisations catering for health related needs of people in the main city of Palmerston North, the smaller towns in the region, and the rural communities. There is also a wide range of religious and spiritual groups active in the area; some of these groups offering healing as part of their community mission.

Samples & Ethical Considerations

A survey sample was taken to begin the research; it was a targeted self-selected sample of people who were interested in the spiritual dimension of

¹⁸ Key Statistics, June 1995. published by Statistics N.Z., Wellington, p. 14.

¹⁹ Demographic Trends (1994) Statistics N.Z. pub., Wellington, p.93.

²⁰ Public Health Commission(1993) Our Health Our Future: The State of the Public Health in New Zealand 1993. Public Health commission pub., Wellington, p. 2, 19.

healing (and who knew something about it), who were willing to participate and complete a questionnaire.

Samples of people for the next stages, i.e. interviews and observations, were randomly selected from a stratified sample list taken from the original sample. These samples were purposely drawn up to acquire a cross-section of the community under study.

Throughout the study signed informed consent was obtained and subjects were assured of total confidentiality and anonymity. An outline of the research was given to each subject before they agreed to participate in any procedure. The researcher attempted to ensure that each subject understood the procedure before it commenced; subjects were encouraged to ask questions about any aspect of procedures or the research. Participants were aware that confidentiality was assured, their names would remain anonymous, and they were aware that they could withdraw from the study at any time without giving a reason.

Subject sample

Janice Morse²¹ and Maija Selby et. al.²² admit that the topic of sampling is not addressed adequately in qualitative texts. They all agree that clear guidelines are lacking and many research articles are seen to have major deficiencies in sample methodology. Morse indicates that in qualitative research, the selection of an adequate and appropriate sample is critical and the research is "contingent upon the appropriateness and adequacy of the sample" while Selby et. al. provide suggestions for sampling methods in order to improve quality in research including identifying "the target population or sampling frame" as well as matching and specifying the sample size according to the purpose of the study.

²¹ Morse, Janice M. (1991) (ed.) Qualitative Nursing Research: A Contemporary Dialogue. Sage Pub. California, USA. p. 127.

²² Selby, Maija L., Gentry, Nancy O'Pry, Riportella-Muller, Roberta, LeGault, Claudine, Monahan, Kathleen M. (1990) Evaluation of Sampling Methods in Research Reported in Selected Clinical Nursing Journals: Implications for Nursing Practice in Journal of Professional Nursing Vol.6, No.2 pp. 76-85.

Isaac & Michael²³ along with Brink & Wood²⁴ suggest a large sample is best because "the chance of error goes down in direct proportion to the increased size of the sample." Pamela Brink,²⁵ suggests that the exploratory design requires a small number of people, usually fewer than 25, in a small geographical boundary or confined setting. However, Munro²⁶ states that "the number of subjects required to answer a research question depends on the methods" and she concludes that there must be, in the final analysis, enough subjects to address the question. If the sample is too small or too large the time and efforts of the subjects have been wasted and there is no benefit to their participation.

Isaac and Michael,²⁷ view the volunteer as a "pitfall in sampling", because of the likelihood that volunteers differ from others, thus compromising the results. Although this factor needs to be kept in mind, the topic for this particular research lends itself to a target population aware of a spiritual dimension in healing and it is presumed that persons uninterested in the topic would not volunteer to participate.

In my primary research I aimed for a reasonably high number of subjects in 'Stage One' in order to obtain sufficient willing volunteers to form an adequate pool of people from which to select samples for stages two and three. My research proposal²⁸ suggested that an adequate subject sample of 200 people would be large enough to encompass a group of people who were representative of the group being researched. Criteria for inclusion in the study was that subjects were willing participants, a spiritual dimension was

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- 23 Isaac, Stephen & Michael William B., 1981, p. 190.
- 24 Brink, Pamela J. & Wood, Marilyn J. (eds)(1989) Advanced Design in Nursing Research. Sage Pub. Newbury Park, California, USA. pp. 98-100.
- 25 Brink, P. J., & Wood, M.J., (Eds.) 1989, p. 144.
- 26 Munro, Barbara Hazard, How Many Subjects are Enough? in Clinical Nurse Specialist, 1992, p.20.
- 27 Isaac, Stephen & Michael, William B., 1985, p. 191.
- 28 See Appendix One: Martin, Melva M. Research Proposal. Exploring the Spiritual Dimension in Healing.

used by them in healing, and they were able to communicate satisfactorily with the researcher. From previous research²⁹ I discovered that people using a spiritual dimension in healing were likely to come from varied and diverse backgrounds so the survey aimed to reach a broad cross-section of the community.

Techniques & Instruments

Techniques and instruments were chosen to fit the purpose of a descriptive survey, i.e., questionnaires, interviews and an observational study. The proposed study was planned in three stages as outlined previously in figure 1.

(a) Stage One: *Questionnaires*

The questionnaire was the key quantitative and qualitative instrument to obtain the first sample of data from a field survey. To help ensure that the questionnaire was a valid and reliable instrument it was scrutinised by colleagues and pilot tested before distribution.

Each questionnaire,³⁰ was coded and prepared for distribution throughout the Manawatu. Most questionnaires were accompanied by a self-addressed stamped envelope to ensure no cost to participant and ease of return to the researcher. Questionnaires were distributed, with disclosure about the research in a covering letter and an informed consent document to sign,³¹ to a target population of adult male and female persons living within the geographical boundary of the Manawatu region of New Zealand. The aim was to obtain a volunteer sample of subjects from whom demographic and incipient quantitative and qualitative data would emerge as a basis for the descriptive data. Simple target sampling was the method used to commence data gathering for this survey.

²⁹ Martin, Melva M. (1991) Do People find a Spiritual Dimension Important in Defining Health, and if so, what is their Understanding of a Spiritual Dimension in Health. Unpublished Research Paper 35.699, Massey University, pp 189-191.

³⁰ See *Appendix Two*. Questionnaire.

³¹ See *Appendix Three*.

As far as possible the population was made aware of the research through networking, public notices in local newspapers, distributing questionnaires to hospitals, medical and health centres, spiritual and church centres and inviting persons who might be likely to participate; it was done in this manner to fulfil criteria for random sampling so that each person in the population might have "an equal chance of being selected for the sample."³²

One of the limitations in simple random sampling is the chance of over representing one category but in this study there was opportunity to correct over representation in any category, through the stratified random sample from respondents in stage one for the list which was used for further random sampling in the next two stages.

Limited follow up was carried out after distribution of questionnaires because many questionnaires were passed on by others or picked up by people passing through the various centres where they were left. Upon return of each completed questionnaire, to fulfil criteria of anonymity and confidentiality, the identity section was coded, detached, and kept in a safe place.

Respondents provided data in the questionnaire which self-categorised them into the following groups:

- (i) People who consult a person who uses a spiritual dimension in healing when they have health problems.
- (ii) People who attempt to heal themselves using a spiritual dimension.
- (iii) People who act as a healer for others using a spiritual dimension.

(b) Stage Two: Interviews

Respondents having a desire to participate further with an interview indicated their intention in the questionnaire.³³ Provided respondents indicated their intent in the affirmative, and their phone number and/or address were included,

³² May, Tim (1993) Social Research: Issues, Methods and Process. Open University Press, p. 70.

³³ See *Appendix Two*; Questionnaire, Section A. question 9 (a).

they were considered for an interview. There were 60 people who responded with a willingness to be interviewed and because this was considered too many a sample of 20 was selected by the researcher who made a list in the following manner:

- (i) Volunteers were divided into male and female groups
- (ii) Volunteers were divided into age groups
- (iii) Volunteers were divided into religious denominations or spiritual beliefs.

The intention was to obtain a cross-selection, in the fairest manner possible, of male/female subjects of different ages from a variety of religious or spiritual groups. People on the sample list were then matched with their coded detached details, telephoned and invited to participate in an interview. If there was no response to the call, or the person declined to participate, the next person on the list was contacted until there were sufficient participants.

Interviews took place at a time and place convenient for participants and each interview was audio-taped. The researcher emphasised to respondents before the interview that it was their experiences that were very important to the study. Each participant was given their original questionnaire to review, and comment upon if they wished to do so, then an 'Interview Guideline'³⁴ was given to them and the basic question was asked:

"What is your experience of the spiritual dimension in healing?"

Interview tapes were transcribed as soon as possible after interviews and all tapes were locked away together in a safe place, by the researcher, until the research was completed; the intention was to finally erase the tapes when they were no longer required. These steps were taken in order to ensure total confidentiality for the respondent during the research period and until the final thesis had been marked.

All transcripts were coded in preparation for data analysis which followed a technique of descriptive narrative analysis, in which the researcher sought

³⁴ See *Appendix Four*, Interview Guideline.

themes, in order to provide further detail about the spiritual dimension in healing.

Margarete Sandelowski,³⁵ suggests that narrative can be categorised as descriptive or explanatory and can be viewed as "a framework for understanding the subject and interview data in qualitative research." Data from stage two interviews was intended to complement other data and to be finally encompassed by the broader phenomenological approach to the study.

(c) Stage Three: *Observations*

The healing interaction required the participation of a healer and a healee. Suitable participants who had previously volunteered,³⁶ i.e. the healer a self-professed healer, and the healee being a person with a problem requiring healing, were listed as likely participants.

(i) The healer :

Healers who completed the questionnaire were, through the process of stratified sampling, divided into groups according to the kind of practitioner³⁷ they called themselves. From the different kinds of healers that emerged, a cross-sectional sample of spiritual healers were acquired, by the researcher, for the observational study.

A sample of six healers, chosen at random were contacted and asked if they were still interested in participating further with the observational stage of the research. If a person on the list was unable to be contacted, or chose not to participate, then the next person on that particular group listing was contacted until the required number was obtained.

³⁵ Sandelowski, Margarete(1991) Telling Stories: Narrative Approaches in Qualitative Research, in *IMAGE: Journal of Nursing Scholarship*, Vol.23, No.3, Fall 1991, pp. 161-166.

³⁶ See *Appendix Two*; Questionnaire, Section A, questions and 9 (a) and (b).

³⁷ See *Appendix Two*; Questionnaire, Section D, question 2.

Healers were given a choice; to treat a client that they might bring to the observational study clinic or to treat a person supplied from the researcher's list of volunteers.

(ii) The healee:

Self-selected persons who volunteered³⁸ for the observational study were listed and approached in the same manner as the healer to find out if they were still interested in participating. In this way six people who were unwell were selected in a random manner to participate in the observational study. Healees were matched from the list with a healer by the researcher. Healees were then asked if they had any objection to being treated by that particular healer using their specific method of spiritual healing before the interaction was arranged.

Biophysiological measurements were taken and recorded from all subjects (both healer and healee) before and after healing. A post-healing audio-taped interview and prepared questionnaire was also completed by them all.

Strategies for Data Analysis

Stage one demographic data from the questionnaire was analysed quantitatively to provide an overall graphic picture of the population surveyed. Stage three biophysical data, i.e. pulse, blood pressure, and cranial rhythms, were also analysed quantitatively and graphic results are shown in chapter four.

Qualitative data, from questionnaires, interviews, and observational studies, was coded and synthesised into categories or common elements by the researcher. According to Nancy Burns³⁹ this is an adequate way to deal with data from tapes, interviews and observations.

"The researcher uses pattern codes to pull large volumes of material together into meaningful and parsimonious units, thus grouping the data into a number of overarching themes or constructs."

³⁸ See *Appendix Two*; Questionnaire, Section A. Question 9(b)

³⁹ Burns, Nancy, Standards for Qualitative Research, in *Nursing Science Quarterly*. 1989, Vol. 2, No. 1. pp. 44-52.

Themes arising from questionnaire data were used as a basis to follow up on for further detail from the interviews. Margarete Sanelowski⁴⁰ points out that stories can be categorised as "descriptive narrative research" as the researcher seeks to describe the lived meaning from the stories of the subjects in the study. This method also establishes a data base for phenomenology - the lived experience and their understandings described by people about the spiritual dimension in healing; themes arising are shown in the results section, chapter four.

⁴⁰ Sandelowski, Margarete, 1991, Vol.23, No.3, Fall, pp. 161-166.

CHAPTER FOUR

RESULTS OF PRIMARY RESEARCH STUDY

This chapter will deal with the results and findings of the primary study in three stages. Firstly, an analysis of stage one questionnaires provides results from both quantitative and qualitative data. Next, stage two interview data is analysed and themes emerging from the interview data are described. Finally, results from the stage three observational study are given.

STAGE ONE: The Questionnaire

Altogether 275 questionnaires were distributed throughout the Manawatu region. A return of 130 completed questionnaires resulted in a 47% response rate. Each section of the questionnaire will now be examined and results given.

Section A: General

Questions in this section firstly identified people by code, sex, age group, and culture. Then general information was sought about ways the spiritual dimension was used in healing followed by a question to provide information about the respondent's health. Finally an opportunity was given, through a "yes" or "no" answer, for the respondent to participate further in the study.

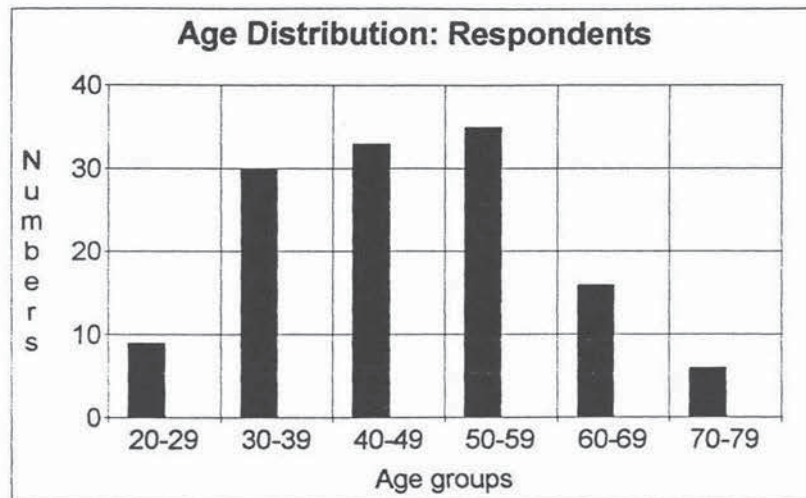
Question 1: Code number.

Each questionnaire was labelled with a code number before distribution. The attachment with identifying details was coded and detached upon return to maintain confidentiality; these details were only used to contact people when samples were required for stages two and three.

Question 2: Age Group.

All participants, except one, answered this question. Figure 1. shows a graphic summary of respondents in each age group as follows: 20-29 years (9), 30-39 years (30), 40-49 years (33), 50-59 years (35), 60-69 years (16), 70-79 years (6).

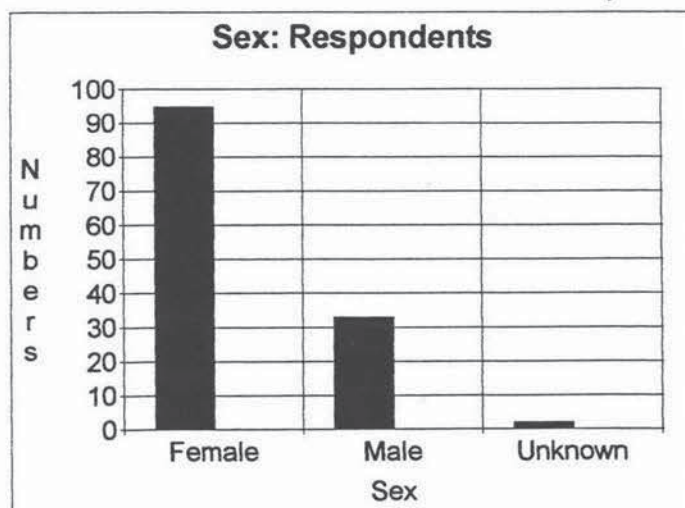
Figure 1. Age distribution



Question 3: Sex.

Subjects were asked to mark their gender; two persons did not comply. Results are shown in Figure 2 which indicates that there were 95 females (73%), 33 males (25%) who responded to this question.

Figure 2. Sex of respondents



Question 4: Culture & Birthplace

Birthplaces of respondents are shown in Figure 3 and are classified into four general areas: people born in the Manawatu area (29), people born out of the Manawatu area but somewhere in the North Island (50), people born in the South Island (16) and people born overseas (31).

Figure 3. Birthplaces of respondents

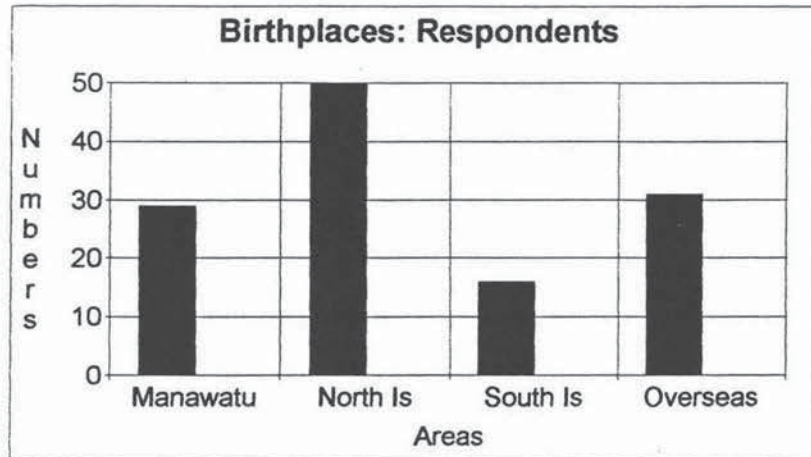
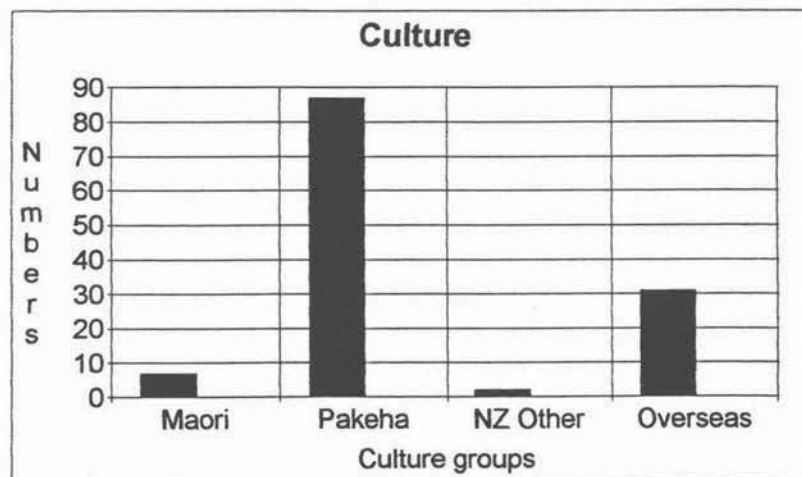


Figure 4 shows culture patterns - New Zealand born Maori (7), New Zealand born Pakeha (87), New Zealand born other (2), Overseas born (31). Two people did not answer this question.

Figure 4. Culture



Question 5: "Do you consult with someone who uses a spiritual dimension in healing when you have health problems?"

Results from 123 responses shown in Figure 5, indicates people who consult with someone using a spiritual dimension in healing. Responses are as follows: "yes, always" (21), "yes sometimes" (61), "not often" (27) and "no, never" (20). One person commented: "I am not a sick person, and therefore have not needed such healing, but I would go if I was ill".

Figure 5. Consulting with Someone using a Spiritual Dimension in Healing



Question 6: "Do you attempt to heal yourself using a spiritual dimension?"

Figure 6 shows responses as follows:- "yes always" (40), "yes sometimes" (61), "not often" (16), "no never" (11), and "don't know" (1). One person made a comment, "Not deliberately, but meditation has the same effect".

Figure 6 Attempting to Heal Self using a Spiritual Dimension



Question 7: "Do you attempt to act as a healer using a spiritual dimension to heal others?"

Results show the highest response to this question was "sometimes". The 126 responses, shown in Figure 7. are as follows:- "yes always" (18), "yes sometimes" (58) "not often" (18), "no never" (29), "don't know" (3). One person commented, "I attempt healing through prayer for members of my family only really", and one respondent who left the question unmarked commented, "Not knowingly, but at times it happens".

Figure 7. Attempts to a Act as a Healer to Heal



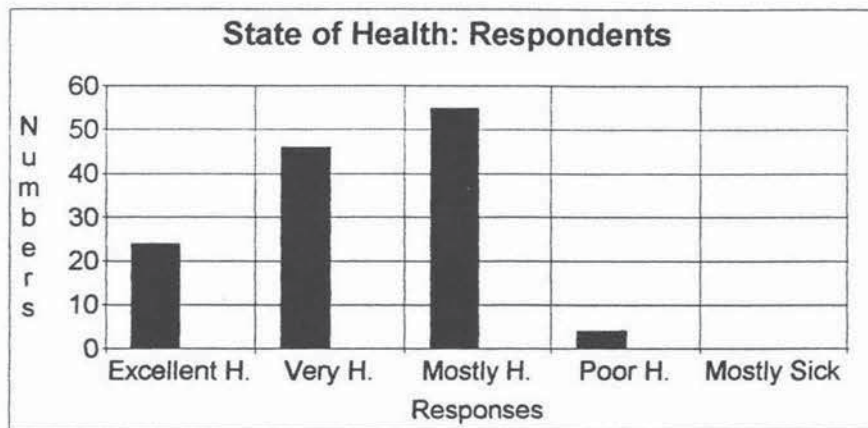
Question 8, "What state of health do you generally have?"

Results indicating respondents' state of health are shown in Figure 8. as being "excellent health" (24), "very healthy" (46), "mostly healthy" (55), "poor health", (4) and nobody was "mostly sick".

The following comments were made by two respondents: "I was not the healthiest of the children in a large family. I suffered from respiratory infections, bronchial asthma and sinusitis. I taught [school teacher] while bringing up children and supporting a student husband, consequently I was often ill, - I had pneumonia several times, also gallbladder trouble, and of latter years severe headaches, and laryngitis and shoulder aches. Since leaving teaching I am much better. I always aimed to keep healthy with exercise, good food, mental outlook, but I was over busy and stressed for many years, and had lots of moves."

The other person said, "I suffer from bouts of chronic depression and related anxiety and go to a spiritually oriented therapist to deal with this. My physical health problems i.e. back problems, occasionally breathing difficulties and psoriasis on my scalp, I believe are related to the underlying psychopathology of my depression."

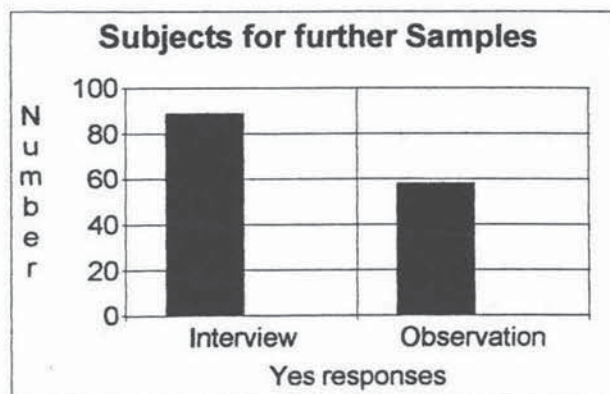
Figure 8: State of Health



Question 9: Willingness to participate further in the study through a "yes" or "no" response.

Figure 9 shows volunteers for further participation - for (a) interviews here were 89 responses, and for observations there were 58 responses.

Figure 9. Subjects for further Sample



Summary:

Demographic data from the first sample demonstrates the following characteristics:-

Participants came from all age groups with the greatest number of subjects in the middle range between 30 - 59 years of age, the majority of whom were female. The greatest number of respondents were New Zealand born pakeha, followed by people who had been born overseas, and the smallest number were New Zealand born Maori.

Most respondents were born in the North Island of New Zealand outside the Manawatu region, next were those born overseas, followed by those born in the Manawatu region, and the least number of respondents were those born in the South Island of New Zealand. The participants reflected international cultures.

The distinct North Island input was not viewed as a definitive Manawatu response, however, there is no knowledge about the length of time immigrants had lived in the Manawatu because this was not addressed in the questionnaire. Overall this sample could be described as a broad cultural group of people and a reasonably healthy population, with only a few people in a state of 'poor health' and nobody in the 'mostly sick' category.

The general questions in this section were adequately answered in relation to the proposed objectives of the research i.e., to identify people prepared to share their experience and understanding about the spiritual dimension in healing. Responses to the questions indicate that people do consult with someone using a spiritual dimension in healing, they do attempt to heal themselves, and they do act as healers for others.

An adequate number of respondents' self selected themselves as willing participants for stage two interviews, and stage three observational samples.

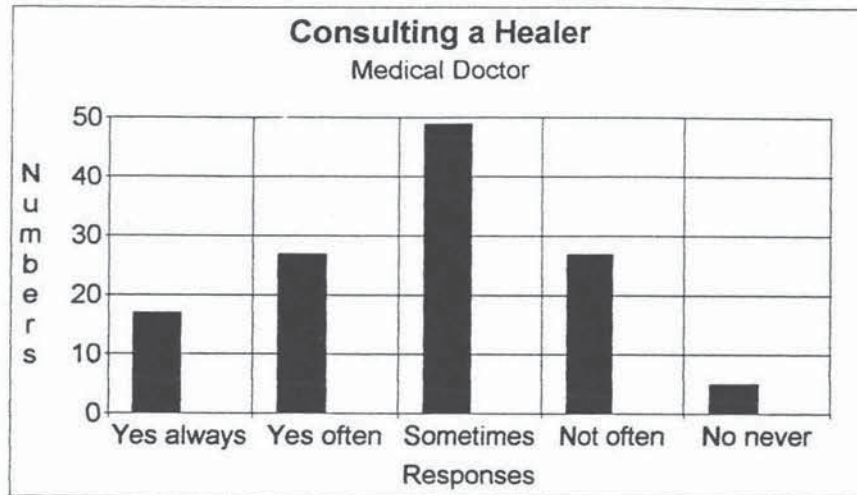
SECTION B: Consulting a healer

This section sought information from the participant, about the person or persons, they would consult for a health problem and who might use a spiritual dimension in healing. From a given choice of five, (1. "Yes always", 2. "Yes often", 3. "Sometimes", 4. "No not often", 5. "No never") the participant was asked to circle the most appropriate number.

Question 1: I would consult a medical doctor.

Responses from 125 people are shown in Figure 10 as follows: "Yes always" (17), "yes often" (27), "sometimes" (49), "no, not often" (27) and "no never" (5). There were two comments, both respondents circled "sometimes"; one stated, "When necessary", and the other stated, "The medical doctor I consult is a very close personal friend who is a very spiritual Buddhist"

Figure 10: Consulting a Medical Doctor.

**Question 2: I would consult a nurse.**

Results from 120 responses are shown in figure 11; "yes always" (2), "yes often" (9), "sometimes" (32), "no, not often" (45) and "no never" (32). Two people made comments: a "no never" respondent said, "It is not quite true that I never consult a nurse, I certainly depend upon the Plunket nurse and my doctor's nurse is very helpful and efficient." The other said, "Do not know any".

Figure 11. Consulting a Nurse



Question 3: I would consult an alternative health practitioner.

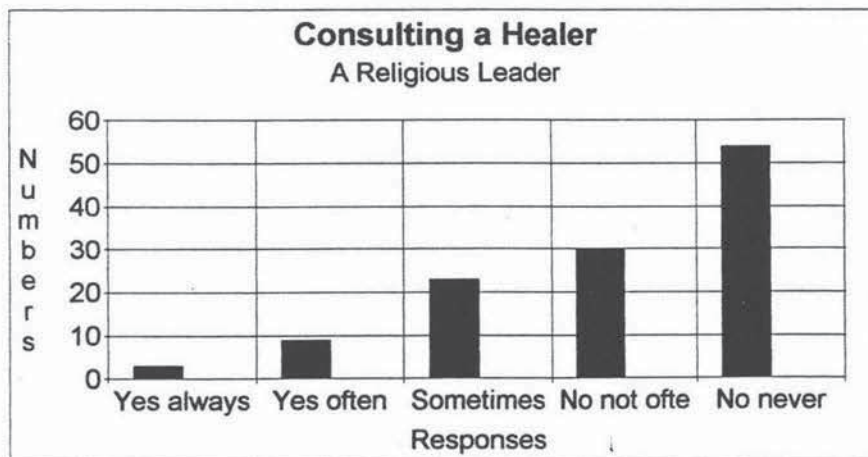
Figure 12 shows 120 responses to this question as follows: "yes always" (15), "yes often" (20), "sometimes" (47), "no, not often" (14) and "no never" (24). One person stated: "I did so once, consulting a naturopath because I believed the Lord said to do so, not just for my own sake. It began a happy friendship and her massage was wonderful."

Figure 12. Consulting an Alternative Health Practitioner

**Question 4: I would consult a religious leader**

Results from 119 responses as shown in figure 13 are as follows: "yes always" (3), "yes often" (9), "yes sometimes" (23), "no not often" (30), "no never" (54).

Figure 13: Consulting a religious leader



Question 5: I would consult a spiritual healer (church)

Results from 118 responses are shown in figure 14: "yes, always" (4), "yes, often" (11), "sometimes" (26), "no, not often" (27), "no, never" (50), one person commented - "I did consult a Maori healer once", and another said, "Not these days, have in the past."

Figure 14 Consulting a Spiritual Healer (Church)

**Question 6: I would consult a spiritual healer (non-church)**

From 114 responses, shown in figure 15, results show "yes, always" (4), "yes, often" (15), "sometimes" (28), "no, not often" (17), and the majority "no never" (50) with only one comment - "As it applies to alcoholism".

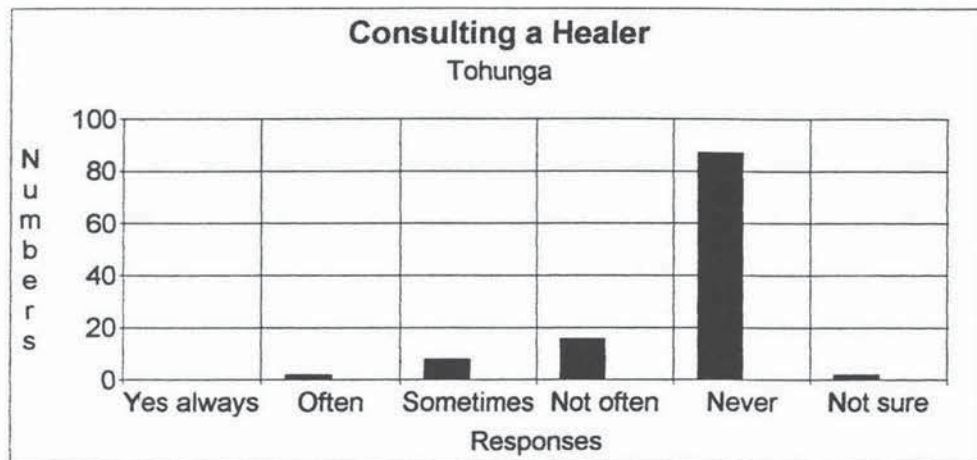
Figure 15 Consulting a Spiritual Healer (Non-church)



Question 7: I would consult a tohunga.

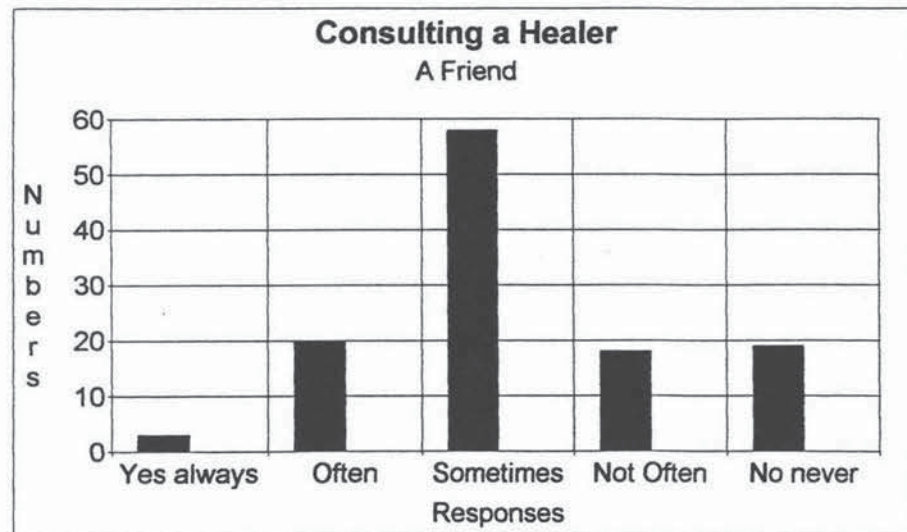
Results from 113 responses are shown in figure 16: "yes often" (2), "sometimes" (8) "no, not often" (16) and "no never" (87). There were several comments, "Only because I don't know one", "Possibly if I knew one", "Only 'cos I don't know any", "If I knew one!", "Not sure", "In the future I hope to act as a healer", and "I attempt healing through prayer for members of my family only really".

Figure 16 Consulting a Tohunga

**Question 8: I would consult a friend.**

Results from 118 responses are shown in figure 16; "yes, always" (3), "yes, often" (20), "sometimes" (58), "no, not often" (18), and "no never" (19), with one comment given, "Especially wife."

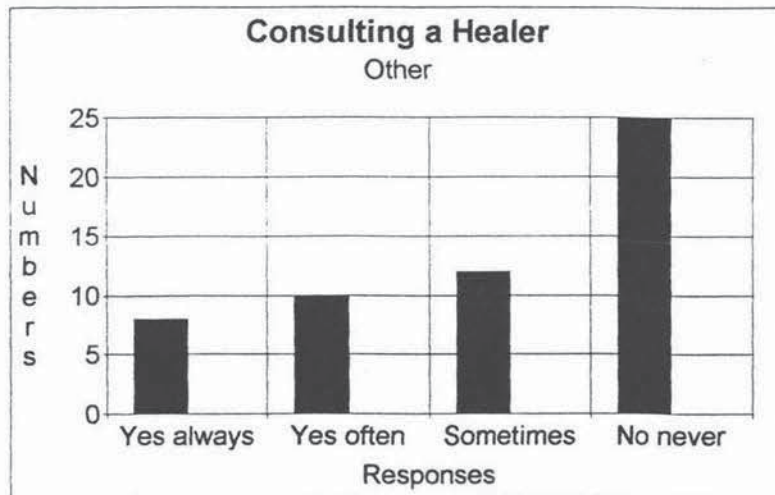
Figure 17 Consulting a Friend



Question 9: I would go to another (state what other)

Results from 55 responses shown in figure 18 indicate: "yes always" (8), "yes often" (10), "sometimes" (12), and "no never"(25).

Figure 18 Consulting another healer



The 'other healers' named by respondents in question 9 include the following:

Counsellor

"Counsellor/Therapist e.g. Sex (sensual)," and also "Counsellor"
 "Counsellor/Massager (friend qualified in therapeutic massage)".
 "Counsellor/supervisor masseuses (massager)".

Friend

"Healer who is a friend".

Family

"Family member".
 "Husband". Another also stated "My husband".
 "My family, especially my eldest son".
 "Family member".

Natural and Alternative therapies

"Naturopath, sometimes", another also stated "Naturopath, no not often"
 "Reflexology"
 "Alternative - complimentary"
 "Colour healer"
 "Chiropractor"
 "Energy Healers, Colour healers"
 "Alternate Healer"
 "Osteopath/naturopath"

"The situation in which I consult someone with a spiritual dimension is when I seek massage during occasional times of stress and once in conjunction with some minor surgery - again a naturopath whom I'd known for massage."

Spiritual director

"Regular spiritual director that looks at the whole of me".

"Elders of the local Church"

"The Physician Christ Jesus 11 Chronicles 16:12"

"Spiritually oriented therapist"

Self

"Self"

Health Food Shop

"Health Food Shop"

Witches Coven

"Witches Coven"

Psychotherapist

"Like minded Psychotherapist"

Persons

"Persons discovered in workshops"

Guides

"Consult my guides one of whom is/was a healer"

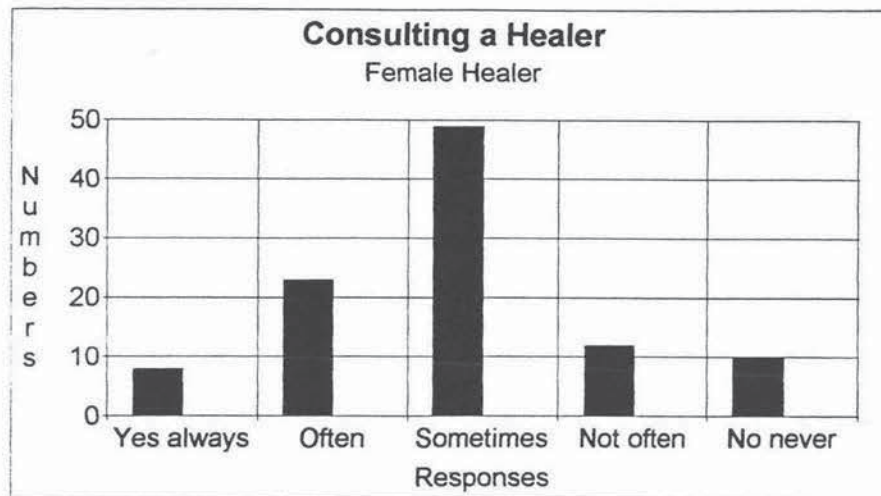
Books

"Herbal books"

Question 10: I prefer to consult a female healer.

There were 102 responses as shown in Figure 19, results show "yes always" (8), "yes often" (23), "sometimes" (49), "not often" (12), "no never" (10).

Figure 19: Consulting a Female Healer.



Question 11: I prefer to consult a male healer

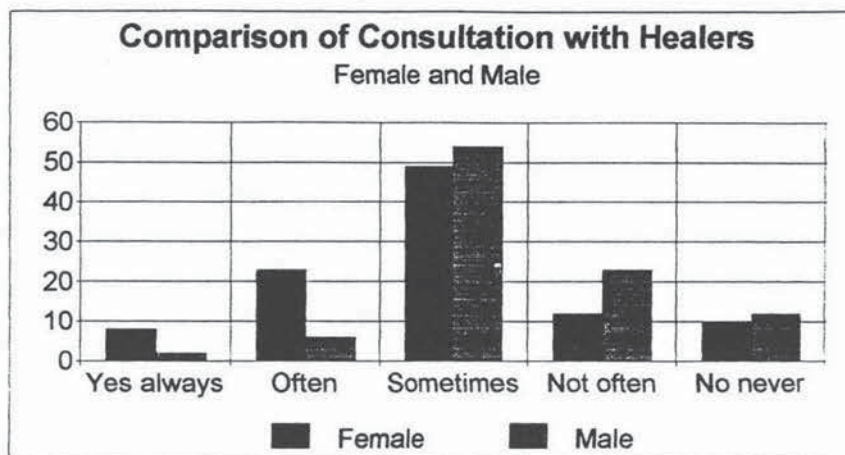
Results from 97 responses, shown in figure 20 indicate; "yes always" (2), "yes often" (6), "sometimes" 54), "not often" (23), and "no never" (12)

Figure 20: Consulting a Male Healer



All comments relating to questions 10 and 11 (female and male healers) were bracketed together. Nine respondents made comments but did not circle a number as requested. Comments indicate that there is: "No difference", "No preference" (4), "Depends on person not the gender", "Sex irrelevant - quality of person qualified choice", "Not important whether male or female", "Don't mind", "Whoever is available"

Figure 21: Comparison of consultations with female and male Healers



Summary:

In this section the type of healer consulted was addressed; results indicate that most respondents would "always" consult a medical doctor followed closely by an alternative health practitioner. "Often", a medical practitioner, alternative practitioner, friend and spiritual healer were chosen in that order of preference.

On the other end of the scale the highest "no never" count went to a tohunga. The low rating for a tohunga could well reflect the demographic data with a low Maori sample of the population, and the fact that a tohunga does not have a high profile in society, compared to a medical practitioner. One of the comments reflects the lack of knowledge about who the tohunga is in the community - "I would if I knew one".

More respondents prefer to consult a female healer rather than a male healer but due to the larger number of female respondents this could be a bias. Among comments are indications that there is "no difference" and a suggestion that "it depends on the person, not the gender" as well as the availability of practitioners. There were no comments from respondents about why they prefer to consult either a female or male healer.

SECTION C: Self Healing

Questions in this section required persons who attempt to heal themselves, to complete each question by circling the most applicable number according to the key :- 1. "Yes always", 2. "Yes often", 3. "Sometimes", 4. "No not often", 5. "No never".

Question 1: Do you attempt to heal yourself using your own healing methods?

There were 118 responses as shown in figure 22; "yes always" (26), "yes often" (45), "sometimes"(31), "no not often" (10) and "no never" (6). Several comments were made including; "I think daily meditation is the means I use, but not 100% consciously." "Again my healing is of stress, not other medical situations; and I have been trained in psychology." "By this, I mean I would not regard it as attempting to heal myself so much as asking God to heal me. By seeking God's healing for myself via prayers of petition, - not utilising any powers I think I might have, if I thought I had any, which I don't!", and "I seek to appropriate the healing love of Jesus."

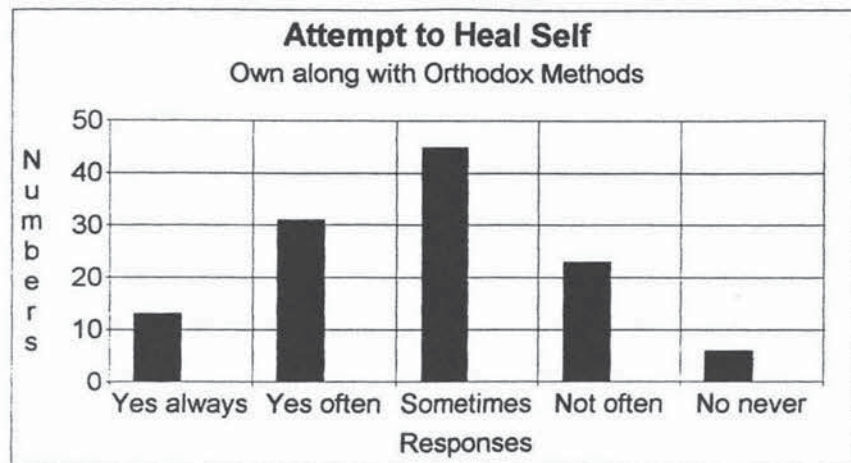
Figure 22: Healing Self with own Methods



Question 2: Do you use your own along with orthodox healing methods?

There were 118 responses to this question as shown in Figure 23; "yes always" (13), "yes often" (31), "sometimes" (45), "no not often" (23), "no never" (6). The only comment was "i.e. intercessory/petitionary prayer".

Figure 23: Healing Self; Own with orthodox Methods



Question 3: Do you use... your own along with alternative healing methods?

There were 119 responses as shown in Figure 24; "yes always" (15), "yes often" (47), "sometimes" (26), "no not often" (14) and "no never" (17).

Figure 24: Use of Own with Alternative Methods



Question 4: Do you use... prayer to heal?

There were 120 responses as shown in figure 25; "yes always" (26), "yes often" (36), "sometimes" (27), "no not often" (21), and "no never" (10). Comments were "Novena" (yes always), and "Affirmations also" (yes often).

Figure 25: Healing Self with Prayer



Question 5: Do you use... meditation to heal?

There were 120 responses as shown in Figure 26; "yes always" (21), "yes often" (37), "sometimes" (27), "no not often" (15), and "no never" (20). The only comment was "Jesus Christ is the centre of my meditation" (yes always).

Figure 26: Healing Self with Meditation



Question 6: Do you use... sacred scripture to heal?

There were 118 responses as shown in Figure 27; "yes always" (9), "yes often" (16), "sometimes" (18), "no not often" (22), "no never" (53). The only comment given was "The Bible" (yes always).

Figure 27: Healing Self with Sacred Scripture



Question 7: Do you use... the natural environment to heal?

There were 118 responses as shown in Figure 28; "yes always" (14), "yes often" (48), "sometimes" (38), "no not often" (6), and "no never" (12). One person commented "I believe in lots of walking, fresh air, exercise, sensible eating."

Figure 28: Healing Self using the Natural Environment



Question 8: Do you use... a place alone to heal yourself?

There were 117 responses as shown in figure 29; "yes always" (6), "yes often" (47), "sometimes" (34), "no not often" (14), "no never" (16). There was one comment, "I do live alone but wouldn't seek out a place deliberately."

Figure 29: Healing Self using a Place Alone



Question 9: ... being with people to heal?

There were 117 responses as shown in figure 30; "yes always" (1), "yes often" (21), "sometimes" (46), "no not often" (33), and "no never" (16). There was only one comment: "Not other than a partner/consultant for massage etc."

Figure 30: Healing self by Being with People



Question 10: Any other (please state)

There were 34 responses as shown in figure 31; "yes always" (2), "yes often" (16), "sometimes" (5), and "no never" (11).

Figure 31: Healing self by Other means



There were a number of comments to question 10 which are listed below, multiple responses are shown in brackets.

"Yes always" (2 responses)

"Play my piano."

"Crystals."

"Yes often" (16 responses)

"Aromatherapy"

"Visualisation, Affirmation."

"Close to nature - beach, bush."

"Doing the ordinary things with care. Making up special ceremonies/rituals."

"Crystals & Reiki (I have a 2nd degree certificate in Reiki)."

"Homeobotanicals & natural therapy including Reiki and Meditation."

"Spiritually oriented group therapy."

"When people offer to pray for me I say yes please (depends on the person)"

"Hatha Yoga, Trees, Movements, Nature."

"Relaxation tapes; Exercise etc. My health needs/problems haven't been great. I believe in a balanced approach to health & well-being."

"I'm blessed with, (1) Basically good health, (2) A caring/challenging & sensitive spouse, (3) A faith that God uses many things to help us maintain a positive approach to health: Prayer, Bible study, meditation & friends, as well as quiet time for reflection, exercise & relaxation, affinity with creation etc. all help. I haven't needed to consult a Doctor often - but would never refuse to go if needed. I favour that more than alternative healing/ healers (although that's due as much to ignorance as to prejudice)."

"Sometimes" (6 responses)

"Writing, Art."

"Attitudinal Healing."
 "Colours & crystals. Visualisation."
 "Positive thinking."
 "Self diagnosis & lifestyle adaptation."

The following comments were also noted:

"Diet, Exercise, Rest, Looking for reasons etc."
 "Define healing of self with respect to emotional hurts not obvious physical hurts."
 "Minimum 1x laughing a day. Aikido."
 "Positive visualisation mostly, along with natural body cleansing (fasting etc.)"
 "Use music."

Summary:

Comparing responses to "Do you attempt to heal yourself using a spiritual dimension?"¹ and "Do you attempt to heal yourself using your own healing methods?"² results show a similar response in the affirmative, this confirms that people attempt to heal themselves using a spiritual dimension.

Comments such as "ask God to heal me" and "seek God's healing, via prayers of petition", implies that self alone does not have healing "power". Excluding question six³, and averaging the remainder of the questions there are 13 people from the sample who never attempt to heal themselves. The most common means of self healing according to combined "yes always", "yes often", and "sometimes responses" are firstly, the "natural environment" (100 responses), followed by "own plus orthodox medicine" (89), "prayer" (89), "own plus alternative medicine" (88), "place alone" (87), "meditation" (85); all with a similar number of responses. Lastly, "being with people" (68), "Scripture" (43), and "other" (23), have a much lower response rate.

SECTION D: The healer

Questions in this section were completed by people who acknowledged themselves as healers who utilise a spiritual dimension as they act to heal. Twelve different kinds of healers emerged from the data in this section.

Question 1: Do you have a professional clinical practice?

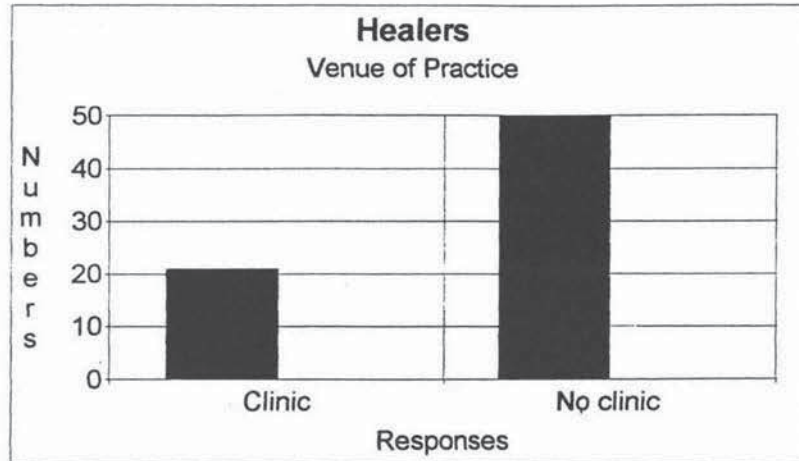
¹ Questionnaire, Section A., Question 6.

² Questionnaire, Section C., Question 1.

³ Question six, Sacred Scripture with 53 "no never" responses.

This was a "yes" or "no" answer. Altogether 71 people responded as shown in Figure 32; "yes" (21) and "no" (50).

Figure 32: Clinical practice



Question 2: What kind of practitioner do you call yourself?

Categories of practitioner and the manner in which respondents named themselves are as follows:

Religious

- "Spiritual director (in training)"
- "The Still Point - Spiritual Director"
- "Ordained Anglican Clergyman"
- "Counsellor at the Massey Counselling Centre & Chaplain at the Chaplaincy"
- "Hospital Chaplain"
- "Elder in the Church"
- "Church Pastor"
- "Religious Leader"
- "Faith"
- "A Christian Friend"

Spiritual & Healer

- "Spiritual"
- "Healer"(x2)
- "Just a Helper by being a Listener and handing over to the Power of the Spiritual Healer of the Higher Power of Healing by Prayer."
- "Spiritual Healer"
- "Shamanic Counsellor. Reiki Practitioner"
- "I see myself as on the fringe but as a spiritual healer"
- "Healing at a Distance"

Counsellor

- "Counsellor"(x3)

Orthodox Medical & Nursing & Psychotherapy

"General Practitioner"(x2)

"Nurse" (x 6)

"Nurse & Christian i.e.,Have power of the Holy Spirit, speak in tongues;
Interpreter"

"Registered General and Obstetric Nurse; B.A. degree Nursing and Education"

"Psychotherapist"

Alternative & Natural Health

"Natural Health Therapist"

"Naturopath" (x3)

"Aromatherapist"

"Massage/Energy/Manipulation"

"Holistic Health Practitioner"

"Trainee Therapist"

"Therapeutic Masseuse"

"Osteopath"

"Homeopath"

"Reiki" (x3)

"Therapist & Metaphysical Counsellor"

"Crystal Healer (Sometimes Counsellor)"

Other

"None, Accidentally in emergency situations"

"Generalist"

"Friend" (x2)

Maori

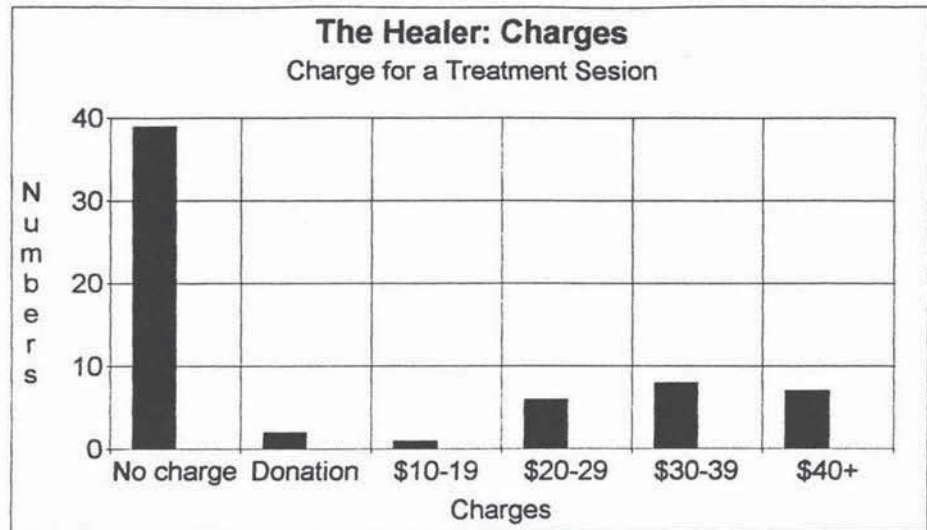
"I am a Maori & it is believed that I have some of the gifts of my tipuna."

"Share Maori medication knowledge."

Question 3: What is your charge for a treatment session (circle from six choices).

Results from 60 responses shown in Figure 33 indicate: "no charge" (39), "donation or koha" (1), \$10-19 (0), "\$20-29" (6), "\$30-39" (6), and "\$40+" (8).

Figure 33: Charges for Treatment



Question 4: This question sought information about groups to which the practitioner might belong. It required a "yes" or "no" response and space was provided to state which group.

(a) Do you belong to - a church group?

From 67 responses there were 34 "yes" and 33 "no" responses. The church groups and denominations named by respondents, are listed below. In some cases there was more than one response to a particular group, where this occurred an indication of the number is given in brackets.

Anglican or Church of England (9)
 Anglican combined (2)
 Roman Catholic (6)
 Presbyterian (2)
 Pentecostal (2)
 Salvation Army (2)
 Baptist
 Open Brethren
 Christian
 Quaker
 Seventh Day Adventist
 Methodist
 Spiritualist
 Go to Church

(b) Do you belong to - a spiritual group?

From the 53 responses there were 24 "yes" and 29 "no" responses. The spiritual groups named by respondents are listed below; any group repetition is shown by number in brackets as before.

Order of St Luke (x4)
 Circle Dance (x3)
 Manawatu Spiritual Health Centre
 Sisters of Mercy Religious Congregation
 Christian Doctors
 Informed Medical Group
 Private Independent Group
 White Eagle
 Healing Centre
 Wangapeka Educational Trust
 Baha'i
 Sai Baba
 Miha
 Himatangi Beach Fellowship
 Sophia Catholic Women
 Siddha Yoga Meditation Group
 Private Friends
 Manline
 Reiki

(c) Do you belong to - another group?

There were 23 responses, 9 "yes" and 14 "no" responses. Both "Reiki" and "Manline" were groups mentioned previously and are also listed under spiritual group.

Reiki (x2)
 Star of Asia
 Thakar Singh Satsang
 Revival Centers International
 Country Women's Institute
 Manline
 Like Minded Professionals
 Nursing Profession
 International Society for Osteopathic Practice
 Holotropic Therapy
 Bowls

(d) Do you belong to - no group at all

From 26 responses there were 13 "yes" and 13 "no" responses.

Figure 34 illustrates graphically the types of groups that healers belong to in descending order; "church groups" (37), "spiritual groups" (23), and "other

groups" (16), and "no group at all" (13). There is some overlapping because a few people belonged to more than one group.

Figure 34 Groups to which Healers belong



Question 5: How do you use the spiritual dimension in your healing work?
There were 64 comments to this question from 67 respondents. Comments are categorised and grouped under common themes arising from them.

1. Touch (this also includes massage and laying on of hands)
2. Prayer
3. Meditation
4. People
5. Christian
6. Channel
7. Energy
8. Spirit guide

1. Touch

"Touch"

"Touching, hugs"

"Touch for Health techniques"

"With my massage, directing energy to the body where it is required."

"Using hands for massage, palpation and manipulation."

"Hands on, counselling, varies."

"Healing hands, crystals, Chiron."

"I work with people who wish to die in their own homes I use gentle massage to enable their energy for flow through their bodies. Helps them to cope with

their pain. Also work with sexually abused women and massage children."
 "With hands placed over the head area and body."
 "By prayer and the use of touch"

2. Prayer

"I pray to the living God."
 "Awareness of willingness to 'pray' with those for whom it is appropriate."
 "I pray for people; both on my own and I also pray with a patient sometimes."
 "Prayer - positive thought."
 "By prayer and the use of touch."
 "Prayer Communion (Sacraments) Compassion Spiritual Counsel."
 "By ministry and prayer."
 "We use prayer and anointing, (James 5) if requested."
 "In conjunction with orthodox medicine whilst nursing patients, especially terminally ill patients. Usually as silent prayers; to relieve symptoms and provide comfort."
 "By praying with and for my patients and by giving the Eucharist to my Catholic patients. By praying for healing with a patient whatever his or her denomination."
 "Situations present themselves and I pray or/and may fast for healing. Usually prayer alone is sufficient."
 "Use prayer when applicable"
 "Prayer and laying on of hands."
 "Use of prayer and meditation."
 "Prayer, peace, Bach Remedies."
 "Prayer - petition and intercession."

3. Meditation

"Meditation - using selected guidance from the Scriptures and other books."
 "Listening, reflecting, music for meditation."
 "A combination of visualisation and healing energies in private meditation."
 "By clearing my own spiritual and mental state it is easier to Focus. My spirituality is kept by daily practice of Hatha Yoga; meditation and chanting."

4. People

"Touch Prayer Dancing-Rhythm Music Nature Soul Healing Laughter Tears."
 "Prayer Listening Clarifying Sharing"
 "I try to be a companion for others in their relationship with God, helping them focus on what God is saying to them, how they can respond."
 "Mainly verbal methods, teach meditation, lay hands on sometimes."
 "I pray with and for people, sometimes laying hands on them and sometimes anointing."
 "On occasions - either gently challenging people to consider the spiritual in their lives or in prayer even less occasionally."
 "I believe in sensitive listening (valuing the person) and Scripture/Prayer/Holy Communion/Anointing also laying on hands, if appropriate/acceptance in Chaplaincy at Hospital."

"We also encourage people to use traditional medicine and healthful lifestyles to prevent sickness."

"Verbalise meanings of life and life threats taken into account at beginning of contact."

"I teach exercise and relaxation to 2 groups and discuss Yoga breathing/Tai Chi/Positive thinking to improve health etc."

"I tell people I can pray for them, they choose or not to. By my faith in God I see results, and I know of many miracles others have received."

"Transpersonal breathwork, dreamwork, past lives, deep hypnosis, guided imagery"

"For Shamanic Counselling I witness the patient in an altered state of consciousness and help them to interpret the information experienced."

"Mainly by merely recognising its importance to people.

- Love.
- Being gentle and non-intrusive
- Listening to others
- 'Intuition' 'Feeling' things (sometimes I cannot have any control or explain these things)
- Touch"

"Use counselling and other techniques"

"Talking to people."

"Again - my work is limited to family and those who request my help. I rely on my tipuna."

"My particular concern is to get to the cause of the trouble. I listen, I pray, I help if I can. Emotional healing, healing of past hurts often results in physical healing also."

5. Church, Christian

"I am an elder in the Church. If a person is sick and calls the Elders to pray for them I am one of the group who attends. We anoint them with oil and pray along James Ch.5. lines."

"I hold a biblical/Christian world view that underpins my philosophy and model of counselling practice. I believe it is appropriate if working with clients both of similar faith and of different faiths and if appropriate with Christian clients I will also pray if applicable."

"Follow the biblical mandate in James 5:16 - call elders of the Church, who anoint with oil and simply ask our father to heal on of His children. Prayer of faith."

6. Channel

"I see myself as a channel for light, love and healing and I attune and ask that my being be used for whatever therapy is relevant for the client."

"I become a channel"

"For Reiki Healing I channel energy."

"I channel a 'universal energy' and believe I'm guided by my higher (spiritual) self and (spirit) entities."

"I use myself and my hands as a channel to be used by Jesus."

"Jesus can heal past hurts because time does not handicap Him."

"Thought link with Higher Healing Powers channelling through to the patient."

7. Energy

"Using prayer Directing energy flow from me to the client and vice versa.

"Through my own awareness of the spiritual source of healing energy and also the spiritual aspect of health and dis-ease."

"Call on higher energy to assist."

"Visualisation of Healing Energy descending from Higher Planes."

"I work mainly in the Chakra energy fields as with Reiki.

"Because I have had some really unusual experiences myself which defy any explanation (scientific/current theory) I know there are many things we do not know about and that there are many other forces out there unexplored."

"By centring and allowing energy to flow through me to client."

"Universal Life-force Energy."

8. God (Spirit), Spirit Guides

"I believe God is the ultimate healer, so I pray and centre myself on God and try to keep that God consciousness as I work."

"I pray that the spirit will use me to heal."

"Simply trust in its reality, and acknowledge it consciously in myself."

"By becoming one with all and asking for help/Guidance etc."

"As a Spiritual healer I have a guide in Spirit who works with me. I use my hands over the body feeling hot spots where the healing is needed. My guide then tells me clairaudiently what is wrong with the spot and then channels the healing energy through me. I also heal animals in this way, the only difference being that a vet in spirit acts as my guide for animals. I have healed more animals than humans, as I prefer it that way, because animals are easier to heal than humans. Humans can put up barriers to healing where animals don't."

"The spirit in me does the healing."

"Guidance."

"By a belief in a person's Spiritual dimension and the ability for healing to be not always physical."

"I believe each person has an inner healer and must heal themselves. I can only facilitate this by respecting their latent divinity."

"Nothing to do with Transcendent or Divine. Contact with my Spirit Lover - Angel a/o Holy Goddess. She helps to cure."

Summary:

In this section the different kinds of healers who emerged from the survey sample are described as well as the manner in which they practise. This sample which helps to answer the second aim of this study, i.e., "to describe the religious, spiritual, and cultural framework that people who practise and exercise the spiritual dimension in healing function within."

Significantly, most practitioners in this sample did not have a clinic (70%). Another finding, which perhaps reflects the fact that most practitioners did not have clinics, is that the majority of healers did not charge for healing (65%). Healers who charged for services or who were in paid employment are described under three headings:

(1) Religious practitioners

- spiritual director
- chaplains, hospital, university
- Christian counsellors

(2) Medical and Allied Health Practitioners

- general medical practitioner
- nurse
- psychotherapist
- osteopath
- counsellor

(3) Natural Health Practitioners

- naturopath
- homeopath
- Reiki healer
- therapeutic masseuse
- holistic health practitioner
- Maori healer

The remaining healers, without a clinical practice, tended to call themselves "spiritual healers" or "healers" and did not charge for treatment.

Most practitioners belonged to a church group (48%), some belonged to a spiritual group (34 %), and some to another group (13%), a few belonged to no group at all (18%).

Categories which emerged from the data, about the spiritual dimension in healing work, were as follows:- touch, prayer, meditation, people, Christ, channel, energy, and spirit guide.

STAGE TWO: INTERVIEWS

Clarification and expansion of answers from the questionnaire.

Interviews began after each participant was given their completed questionnaire to review. Opportunity was provided for the participant to clarify or expand any answers they had previously given; the researcher also had the opportunity to question the subject and clarify answers. Responses were spontaneous and five headings selected relative to the topic, i.e., (1) religion, (2) prayer and meditation, (3) spirit, and related terms, (4) concepts of God, (5) male and female healers, are given below in the participants own words in order to capture their lived experience.

The following is a key to the text below:-

Q = questionnaire

Q.3 = questionnaire, subject number three

Q.2.1. = questionnaire, subject one, paragraph one.

M. refers to the researcher.

Religion

Q.2.1

"I was probably brought up as a Christian and the Church world was very defined and so therefore you went to Church on a Sunday and you said your prayers, you said them at night, you did what you were sort of meant to do as far as the religious traditional ways of thinking were meant to be. But in actual fact there has been a growth for me in a larger sense of the awareness of nature and it's beauty and how much that it gives back to you and the caring for the earth and the caring for the soil. I don't know how to explain this dimension because I guess if you go back into the traditional sense and that old hymn 'All things bright and beautiful', it's there but for me it's a lot stronger now. I believe that God is the highest being, maybe I've become more aware of the fact that there could possibly be other helpers like Sai Baba and different spiritual dimensions in that area."

Q.2.4

"I would consult a minister but in saying that, that minister would be chosen carefully by me. For me it would just have to be a particular minister that is very open and not traditional or holier than thou, I guess somebody who in a way has lived a bit, there are some churches I feel quite uncomfortable in. I find some of the churches now very restricting and I hate going in and sitting in, and I sometimes object very much in those sermons where you get this 'women must be obedient to your husband and other little things that sometimes come across and I sort of feel a lot of these people are

not really in the world today, that they haven't really perhaps lived the sort of life that I have lived. I find that when my children were teenagers and they were questioning and they had very questioning minds, that the minds of the ministers were very closed and then later on my daughter went into a relationship and you know sort of dealing with that and having the reactions of church people, which was very narrow and sometimes extremely hurtful, it just didn't seem to relate... **I found myself moving away from the Church...** when I found myself moving away I thought maybe what you really need to do is to commit yourself a little more so then I got myself involved in a different type of commitment up at the **hospital chapel**, but then **when my mother got sick** I found it very difficult going in there and I just saw things a bit different. I guess what I like about the chapel was the total realness about it because there were sick people there, and yeah it was a different sort of commitment to the actual Church itself."

M.

"Do you find in your work that prayer tends to be more associated with churchy type things and meditation with other?"

Q.8.8

"Yes, and that's not real for me. Yes, **if I was working with somebody who didn't come out of a church background I would probably suggest to them that they do some meditation**, I think it's just a matter of words in there somewhere, but I think we are really getting in touch with **the same sort of energy**. I tend to basically try to pick up on the language that they are likely to be using and it makes sense to them, rather than try to put my own structure in there. My prayer has changed from very every verbal stuff to almost no words, every now and then I go back there, and I need to go back there, and every now and again I feel really like yelling out - Daddy hold me, but I don't often do that it would be Mummy probably and that feels OK to me."

Q.137.1

"I'm a Catholic, I'm not really that religious maybe if I'm going in a plane I'll perhaps say please God let me get there. **I pray at odd times**, not usually. Just before I go on a plane I cross myself."

Q.144.3

"**Some of my friends are religious women**, women who have been consecrated and that's where they are coming from, and they've also grown through a lot of crises in this life to this point where **they are recognising their own power and their own experience and knowledge as being valuable and available** and that's wonderful."

Q.192.1

"**I don't like the word religious, I prefer spiritual**, I'm more of a spiritual person than a religious person. I think spirituality is a fairly personal thing, I think we all maybe see it in different ways. I'm not a group person, I like to do my own thing. **I feel that God is more something within the person and without, but it's not specific, not omnipotent, really personal.**"

Q.218.1

"Anyone can have religion, but your spirit is what you are and you can only be what you are if you look to your Maker."

Q.240.3

"We're still believers, but at the moment we don't belong to any one Church group. We tend to belong to the more charismatic type of Church group rather than the dyed-in-the-wool Presbyterians or something like that who never believe in, can't even fathom that the Holy Spirit is still around."

Prayer and Meditation**Q.2.2**

"I believe there's different types of meditation but if I'm sitting still, I see them as similar, most of the time the focus is on Christ or Our Lord, however, there are times when in going into meditation for me I just move into a blackness and perhaps sometimes then move from there into colours and then go from there in little steps - it doesn't happen all the time. Sometimes I'm sort of focusing about other people too I guess it's the prayer that comes into it as well, but it seems to be able to get to another level. I meditate often."

Q.2.3

[Prayer]. "I wouldn't say I do it every day at a particular time or anything but it is very much part of my life, I mean, it's close to every day, but I don't wake up in the morning always and sort of say prayers. I went through a time of that where I would wake up every morning and go into prayer, but I don't do that now. I find that it just depends how the day evolves, but by the same token it doesn't mean to say that it's a morning or evening prayer. I can be out in the garden, I can be walking along the road or wherever and that sort of thing happens, I'm just in prayer."

Q.8.2

"I use prayer with people who are open to prayer. I wouldn't pray with them, I would always say would you like me to pray, I would never ever say to someone who wasn't going to be open if I had a vague sense that this might be a good thing I would offer usually at the end of a [counselling] session."

Q.8.3

"With some people who are doing deep healing and who come from a very deep Christian place I will sometimes use prayer as an intricate way of dealing with the problem, say for instance when they are going into the really scary places one then takes Jesus into that place, and another one because she can't cope with a male image just takes wisdom into that place, and that will be all what I might call prayer as a major therapeutic technique for that particular session."

Q.8.4

"**Silent prayer, I would normally open every session with silent prayer, I would say let's just centre ourselves, we will just sit together for a few minutes, I call that prayer. And if I'm stuck and don't know where to go, I'll say - let's just be quiet for a while, and that for me is prayer.**"

Q.8.5

"**The difference between prayer and meditation - I use a form of prayer for myself which is called 'centring prayer' and I now believe that as I pray it is a sort of meditation, I believe that that's a healing prayer to me. For me today meditation is much more active, more thinking through, more doing something.**"

Q.8.6

"**Contemplation is much more, just sitting, being aware, being in touch, being in tune, now I would put the word prayer over all of that. But I guess when I say that I'm going to pray with other people I tend to be thinking more, and I think this is the more popular view of talking prayer - God you're good and I'm sorry I've done this and please God help that. The verbal stuff, that, in common parts I would use the word prayer.**"

Q.8.7

"Unless I was talking with somebody for whom prayer is a no no, then I would talk about **the word meditation**, and then, in fact I would probably use the word meditation not in a way that I would use it but more in a sort of **TM mantra type centring type, stillness.**"

M.

"Do you find in your work that prayer tends to be more associated with churchy type things and meditation with other?"

Q.8.8

"Yes, and that's not real for me. Yes, **if I was working with somebody who didn't come out of a church background I would probably suggest to them that they do some meditation**, I think it's just a matter of words in there somewhere, but I think we are really getting in touch with **the same sort of energy**. I tend to basically try to pick up on the language that they are likely to be using and it makes sense to them, rather than try to put my own structure in there. **My prayer has changed** from very verbal stuff to almost no words. Every now and then I go back there, and I need to go back there, and every now and again I feel really like yelling out - Daddy hold me, but I don't often do that, it would be Mummy probably and that feels OK to me."

Q.15.1

"**I wouldn't say for me prayer is something I use to communicate with the divine**, now I'll try to say how I would define prayer - it is the term *used to implies you start off with an idea that you want to communicate with God and then how can I do this, I shall use this means, I shall use prayer.*

Q.15.2

Whereas to me and in mystical tradition the desire of prayer, the impulse of prayer is already set in our hearts by God so it is not a case of an autonomous age of wanting to use something, it's a case of a person finding God awakening in them, the desire for communication with him."

Q.20.2

[Meditation and prayer] "I do try and meditate I probably try too hard because I've got such an active brain it won't shut up, but when I have managed to totally let go I have had some amazing visions, I've had some amazing meditations, yes, not sort of going down on my knees and putting my hands together but yes I do acknowledge and thank the universe for its abundance and guides for what they do, I do say look fellas I'm in a jam here can somebody help."

Q.20.3

"Differences between prayer and meditation. The format might be different but I think on the whole they are exactly the same because its getting in touch with this force, consciously being aware of the force, I mean its everywhere, anyway, but when you're consciously aware of it it has more affect on what you're going through in your life."

Q.71.1

"Prayer and meditation - while I kind of think of them all much the same as affirmations and visualisations, meditation is not something I've managed to do very well. Thinking about it last night and thinking Oh well, maybe I should just call it prayer and then I probably would find it easier to do. Prayer is a religious practice used to communicate with the Divine. Meditation is a spiritual discipline and concentrating using those techniques, one reflecting deep beyond spiritual matters or focusing the mind and centring on the self."

Q.75.4

"My definition of meditation would be listening to God. I don't really sit down with a tape and meditate for long periods of time, I find that through the use of perhaps of my creative abilities, I tend to get into that state and sometimes it will be really short I'll just do a short little thing but its a time when I'm in tune with what I call the universe and so if I'm playing the piano, or playing the guitar, or in the shower, or doing the gardening, that sort of thing, I really try and focus on what I'm doing. I remember reading years ago about the Buddhist idea of finding dignity in the most basic simple of tasks, even sweeping the floor, so when I'm feeling quite peaceful or when I'm in that state of mind I try to use just my everyday activities to let the energy flow through me, that's how I meditate. Also when I go to bed I'll do that, but for me opportunity doesn't exist with looking after children I can't spend long hours just sitting there."

Q.75.5

"Difference between prayer & meditation - just very simple, a very simple difference that was explained to me that **prayer is talking to God and meditation is listening to Him.**"

Q.99.2

"**Prayer** - I think about it quite a lot actually, going backwards and forwards in the car every day I suppose I do in my own way pray, but I don't call it, - **praying to me is done in Church, but I suppose in my own way I am contemplating, yes I have these conversations with myself,** not usually connected with health but I suppose indirectly they are because if I didn't sort them out then they could become problems that were connected with health. I don't call it prayer because prayer to me is something you do in Church but then I know myself I've been in Church and I've been sitting there and I've been thinking I shouldn't be thinking about this, and I think about something else but I don't think I've ever out loud or in my mind asked for God to make me feel better."

Q.144.4

"Prayer - I don't often use prayer and I said that is not often something I use, but **I've become aware of how my attitude has changed towards prayer** and the growth - asking God for something and expecting that I'll get it if I really prayed hard to **moving towards a relationship with some other force out there, and I see prayer as a reaching out to other, out of myself, some other energy or other force.**"

Q.171.1

[Male hospital chaplain] "Often it's not appropriate to interrupt procedures in some of the rooms where maybe a nurse or doctor is visiting or something, but the person is still there and they know that you're there so **sometimes I just pray at a door.** Often it seems to be more the intention of people's hearts to use a sort of old phrase, rather than necessarily the words of our lips, it's not from me, the prayers are coming from people anyway, what they are sort of saying, I want to get out of this place or I want to get better, or **they mightn't be naming the name of God, they mightn't even know how to do that, but they still pray and I think I like to be sensitive to the fact that people are different. So sometimes you offer to pray with a person and they don't want that then other times they ask you for it and all the range in between.**

Q.171.2

At times because the situation doesn't seem to be easy to have the privacy to have a prayer with them there is **just silent prayer at the door or by their bedside while they might be unconscious, sometimes in that situation to decide do you say anything or just remain silent, part of loving people, I just love people, so I don't want to hurt them,** and if they are really hurting and don't want prayer or can't, you know healing or the thought of a minister being there is very offensive to them, while I don't want to add to that pain, but it might be the other side, they might be just reaching out, or there might be misunderstandings, it's not always easy knowing what people are really thinking

and feeling deep down, but you can sense if they don't want it, it's a very privileged role to be going bed to bed in a major hospital today."

Q.192.2

"When I was younger I used to pray a lot and I think I still do in lots of ways, more inclined to say, well please God, this sort of thing even though I don't really believe there is a God out there - I think that sort of goes back to my childhood belief, but I do believe that there is some sort of spiritual superior force out there that we can call to and journey to.

Q.192.3

I think prayer for somebody who believes in God is beneficial and I think it's just where you are at and what you really do believe. I think that if you are a religious person I think prayer is beneficial and I think that you are tuning into that same source anyway and meditation is all turning inward, you are sort of you're actually reaching that source within yourself with meditation - the same source that is within is without. Meditate every day, no I should but I don't, I'm a very undisciplined person, although I think we do meditate in ways that we don't realise we do. I go for walks down the beach with the dog, I think I meditate when I'm walking and quite often at work, even sitting at the typewriter, driving the car I get sort of 'away', I know that I should set aside a time each day to do this. Meditation is part of my life even though it's undisciplined."

Q.203.2

"Difference between prayer and meditation - a big difference between them, it's different. Meditating is just going to thought where we guide ourselves. I meditate on the Word, basically my mind just goes off thinking about the Lord. I'm thinking about things that have happened to me, where I am in my walk. Meditation is personal, although you can share your meditational or thoughts with another person, which would then be called 'spiritual thought' edifying that person, for example, meditation - I may meditate on how I speak to people about the Lord when I witness to them about certain scriptures that come together to make up something to say to that person that will relate to them, and then if it was something to do with revealing that that person could see that it was true and could experience it themselves, would be showing that to them in edifying them or letting them receive grace.

Q.203.3

Prayer is directed towards the Lord for specific things, or for people, or just thanksgiving. So one is more a doing things, but also something that we should do most of the time; meditate on things that are honest and true."

Q.206.4

"I kind of thought about affirmations and in a way they seem to me to be like prayers, but in my understanding of, in the Tibetan tradition, the deities are actually higher states of consciousness and the task is like to embody those states of consciousness, so that you actually act in a way that's in

accordance with that and so the praying is to, I don't see its an external being, it's to a higher state of your own consciousness I suppose."

Q.207.3

"I pray, I pray night and morning, I pray to the Divine Spirit, it's God because God's a force, so O.K. the Divine Spirit, and I pray as I would pray ordinary. But when I meditate, no that is different again because I will sit down and meditate, I close my eyes, usually I visualise, to start off with I'll take three or four deep breaths which relaxes my body totally, then I will visualise a place I would most likely want to be, somewhere usually, that's got water because I'm stuck where there is no water, it's because I love water - a river, a lake, the beach, or somewhere. Well, from there I go - you can feel yourself floating from there, and then I reach the higher realms most times it is to Spirit I go, usually it's a garden I end up in, and it has been all the time, it rarely varies and from there then usually my guides tune into me, but then my guides can tune into me while I'm walking along the road. Prayer and meditation to me are two separate things

Q.207.4

I do not meditate when I pray because I pray night and morning, but they are prayers, total prayers, sometimes I pray during the day and I do that instinctively, and I do do it quite often too, if I'm going along the road and I see an ambulance well, then, I automatically send out healing to whoever might be in the ambulance, and I do that automatically, I just find it popping into my head and I just usually say I'd like to send healing, Divine Spirit, please send healing to whoever is in that ambulance."

Q.209.1

[Maori Ringatu.] "Ever since we were young we've risen at dawn and it's kind of prayer that we acknowledge all of nature, so we like to do that before sun up before the world intrudes, so its a slow awakening process of me myself, so when other people jump out of bed and run around and do what they have to do, I'm getting lazier now that I'm older - I get up and go outside, it is meditation but at the same time I'm talking to my ancestors, I want them to help me to keep this day clean and clear and I'll do my bit and I hope they will do their bit because I firmly believe too I think this is where my spirituality might come into religion as well.

It's like looking at a kit, the bottom of a kit where it's all interwoven, that strengthens all the other - the bulk of the kit, now I see the bottom piece as being council for my ancestors, it's a rope of mankind so I go out there and ask them to keep me safe and more or less in line, the message is passed up even further and if it's been OK my own kind of Maori council will advocate on my behalf to a higher being. If I'm not, I'm given little signs that I need to get my act together, so it's very quiet, it's a peaceful time for me. With me working in the area I'm working in now I think it's what keeps me stress free. It's a mixture of prayer but it's not that normal, I do have normal kind of prayers

Q.209.2

But I believe too that I can pray to the trees, I can pray to anything that's got life, which is everything, so we have that kind of meditation. We also have meditation where with my Dad, he's had really bad strokes and heart attacks, **we as a family will gather and meditate and pray where we are all honing in on the one thought,** so we have to clear out minds and our one thought is be well, make him well, and to keep that thought uppermost in your mind be that the only thought you keep in your mind for anything longer than an hour is difficult, so it takes a lot of training I suppose, but it's something we've learnt from way back.

Q.209.3

During the day, I use it a lot with my counselling - you feel people and you feel that you could be in trouble, they could be aggressive and **I make no qualms about the fact that I'm going to pray, colleagues all know this, I usually leave it to the client and they will say - "Can we have a karakia?"** I never make that move myself because that would be forcing myself in there."

Q.218.3

[Difference between prayer and meditation] - "I think that again that is what man has done to it, I mean we get so many people that jump on the bandwagon and say well, but they want you to pay for it. Well **I am a very healthy man and I think with my wife's prayers and my prayer's probably have a lot to do with it.**"

M.

"Do you pray every day?"

Q.218.4

"Well, my wife, yes, but me probably most days but **not extemporary prayers but sort of under my breath sort of - Lord help me type of prayers, that sort of style.** I mean to say if I had problems, I would tend to say well yes Lord just help me, see what I can do and it does help."

Q.240.1

"I think meditation is prayer, as much as the meditation I see. The transcendental meditation and things like that you've got to sort of recite a mantra, which is in actual fact a Hindu prayer, so you are virtually meditating to a different god."

Spirit, spiritual, spiritual dimension**Q.8.1**

"Where I'm coming from [Presbyterian female minister] very much **unity of body mind, and spirit,** and you can't separate spirit from soul or body, they are almost intellectual concepts but I'm actually happy to live with that one.

Q.8.9

...To me **the whole spiritual thing has become much more in tune with other people**, it was very individualistic journey back there, it's much **more of a communal journey now**, although I do my own stuff individually.

Q.8.10

Its much more also tied with the earth, so that I can't separate myself now from it, it's the same thing, would rape it, now I can't people used to be out here and there, and earth was down here and we separate it, the carbon that's in the mountains with the carbon in my body etc. so it's become much more **inclusive with creation**, I mean it was very much more Church centred than it is now. I certainly don't put barriers or lines between those who are in or those who are out, who are saved or those who are not saved and all that stuff in the Church, yes there is much more a community of the whole world **but back there it was - go to Church on Sunday and do this and do that**, that certainly was part of it."

Q.15.3

[Spiritual dimension] "Just slight hesitation there that it could almost imply that the spiritual dimension is a different dimension from the person, happy with the term inner depth but I would want to say **a spiritual dimension is really the inner depth of all our being and existence so that everything has a spiritual dimension and if you like the spiritual is the core of all our being that we tap into when we open up to God.**"

Q.203.1

"And the spirit comes from where? - it's called the Holy Spirit which would come under the Sacred Scripture. The Holy Spirit is defined as the Spirit of God."

God

Q.20.1

"I don't like using the word God, to me I prefer Great White Spirit, I prefer **Universal Force, Universal Flow**, because I believe there is **absolute abundance of just love, total and unconditional love, that loves everybody, and everything is created and knows and accepts cause and effect and just loves anyway**. What you put out, what goes around comes around, what you put out you get back, and this **just constant flow of - its love to me.**"

Q.71.3

[Concept of God] "I don't use that word, ...energy, a **universal energy which is found everywhere, its a lot up there and all around and right inside everything, in people, animals, plants, and in things.**"

Q.75.6

"I was raised a Catholic and found that God was easier for me as a concept than Jesus Christ. God is a very malleable concept and so I've always sort of stuck with that, **God is just - its the energy, and the love that surrounds us within the universe, He is omnipotent, and that we can all draw from Him that we**

are all an aspect of God, so that we are all God in that sense but, that I can draw from not only people but the orgone [name given to a theory of 'life energy' by Wilhelm Reich about 1945], often when I'm outside or whatever, I'll try and see it and open up and draw from that too; its all God, all that is good, and my firm belief is that we are put on this earth to love and that has a ripple effect and that the more that we do that the greater we are going to increase the world's momentum in that respect, its just that force, that life force, that love."

Q.144.5

"Things change, and it can be a humble caring other person; and it might be male, it might be female, depending on my need at the time. It might be that father I'm reaching out to or it might be some other significant female, in a mother or a friend image, but there certainly is within that **this love energy, I think that's what I tap into, is that love energy, a process that happens to me when I get into that moving out other, creates a space for healing within me**, whereas the dis-ease has been the concentrated focus on me, but if I reduce that energy and move out then I notice there's a change."

Q.171.3

[Concept of God]. "Yes, deepened and changed quite a lot, the experience of the death of a little baby that we had, my brother's quite sudden illness and death, and I guess the death of other people through suicide and other things. The faith journey is not simple for many people although for me I'm pretty sure about my faith direction. God is a god of surprises and we don't know, we only see in the glass darkly and sort of think I believe that now really more so than that makes faith statements more tentative. **God is a loving parent, a loving father and I see Jesus as a saviour and I see healing, I believe in that Holy Spirit.**

Q.171.4

Faith is a difficult and dangerous thing and there are areas where it's just very hard to get people to see their way through, often its because there's something deeper needing to be done, and I think that's part of theology, a difficult thing for many people. **Today I think people tend to want to use the word "spirit". I see the Holy Spirit as an expression of God's personality and where that Holy Spirit relates to our lives - the Holy Spirit is independent from us, but we only become aware of the Holy Spirit - His Spirit has always been there anyway even if we don't recognise it but something dynamic can happen."**

Q.206.5

[Concept of God]. "Not as any kind of external thing, I'd call it an experience of, its like the egg in the cake, its kind of through everything and I don't see it as separate in anything and its in everything, its in the rocks and the trees, and the ground and the earth and its - **I have to call it 'Life Force'** I wouldn't separate it out in any way from the actual objects, I think its fully interfiled or whatever you like to say, in everything; planets and stars and everything."

Q.207.2

"God in my opinion - I see God everywhere, in the trees, the birds, the animals, Spring, Summer, Autumn, when we get Autumn, when we get Summer, yes the flowers like you know to me that's God, He's a force, within people as well, yes. "

Male and Female healers**Q.2.5**

"Yes, there are differences and I think there is differences in two ways too. To me it's important to be able to relate to the person anyway and I find that if I can relate to the person on a very deep level then yeah, when I say differences I don't think there's male/female, like in feminism, sometimes it's nice to also go and hear a male point of view, just to try to get that balance so that you don't become too liberated or too feminist or whatever. You don't always have to agree with them."

Q.8. 11

"For me there is the fact that they are more likely to know about where I'm coming from - **there is something common about a woman, they are less likely to tell me what to do**, and allow me to find my own wisdom. I have a sense that I don't have to think twice, I can just say what I need to say to a woman."

Q.20.4

"I think **because of our culture there are some differences but they each tap into the same power, but the patterns are different.**"

Q.20.5

"With myself **I have been balancing the male and female within me** and it is a wonderful experience, it really is, so much is coming more right and male healers I have found have got a very beautiful female side to them which really adds to their dimension of the male makes them very sensitive as well as supportive and a lot less than the aggressive that's usually around. I lived with an aggressive male in me for years and years and now I'm finding I don't need to be in control because the more I'm not in control the more I am in control. I'm teaching the male in me to be supportive not controlling, not aggressive."

Q.20.6

"**There are some male healers who are aggressively so and the male does sometimes tend to be more power over the female thing although there are females who want power over as well.**"

Q.39.1

"Well I prefer female healers myself (female) I don't know why, I seem to relate more to women than men, I quite like some of the male doctors but not really. I have a lady doctor now and I'm so thrilled, I got her back because she looked after me years before, in the early stages when she was a young doctor. **Male doctors they don't understand all the physical side of women, their**

complaints and their feelings and things like that, they don't really, they haven't got that extra something, I don't know what it is but women know how they feel and they know how other women feel too. A man will say right here you are, which happened to me lots of times, it's a bottle of Valium or Halcium or something like that for sleeping and I went through taking them, the lot, and I was just out of my tree, it was just dreadful, and a woman wouldn't do that to you, she would sort of think now there may be some other cause underlying that pain and illness."

Q.71.2

"I'm trying to think of what male healers I've been to because I find I don't, I don't want to go and see men. I don't have much faith in their sort of sensitivity I suppose I just don't have as much faith in men's attitudes, I mean I find in my life that all the sort of things that interest me like say if I'm reading through the Guardian [local newspaper] and I think Oh, that looks interesting then I'll go and do it, most of the things that I take up are predominantly female, most of the people I consult are as well, I deliberately chose a female GP I don't know who else I've consulted really where I've had a choice of male or female, I don't know how much of that is just my attitude to men and women in general, or whether its specific to healing."

Q.99.1

"Well I don't think I see any difference between male and female but I think I'm more likely to have confidence in a female than in a male, why? because I think I'm a great believer in the concept that females are every bit as good, as equal to males, but I've been brought up in a time that males were encouraged to think that they were better than females, therefore I suppose is it reverse sexism or something, I don't know, I just think that if I was ill in bed and I had the choice of a male or female healer I would pick a female healer, I would pick a female every time because I think there is an understanding there that no matter how much study the male has done, or where he's been, and what his life experiences are, there is differences and you can't just negate these differences by any means."

Q.144.1

"Female healers - I tend to use my friends as my first contact, the reason I use a female is that most of my friends are female and they have played that healer support role for me at some time in my life so those are the ones I tend to use, but there are Anglican healers and they have had knowledge and wisdom that has enabled me and empowered women to heal themselves but with that knowledge I'm comfortable consulting with my friends and women who have that knowledge."

Q.192.4

[Differences between male and female healers]. "I don't really find any difference, maybe its different, both are effective. I think we've all got male and female within us anyway. Probably the female aspect that does the more nurturing aspect which the healing comes from, I don't think it matters whether they are male or female."

Q.206.3

"I feel that a female one [healer] understands the female position more, but then there may be a male one that's kind of like more advanced or whatever and that would be able to access further dimensions than a female one so **I think I do prefer to go to a female one for the understanding of the female form, I suppose, and the female experience.**"

Q.207.1

"I prefer a male healer, I don't know, sometimes I think females are more compassionate but the female healers I've come across - to me they come across to be very clinical, I've always had male healers heal me."

Q.209.4

"I prefer the male healers, they don't get as emotional as women, and yet for my sister she prefers female."

Q.218.2

"No, I think man interprets the Bible the way they think and a lot of them say a woman can't, shouldn't do this and shouldn't do that, but I don't believe that, Jesus had the women follow him as well as the men and I know the Bible is God's Word and it's been written by man but I think a lot of women have sort of feel anti-men but **I don't see that we are so different in our make-up's and things like that, but I think I'm trying to look at men and women like God does and he just sees the innermost part of us**, and I can't see that, because you are a woman, you can't go out and do what he wants us to do - that a man can do better."

Q.240.2

[Differences between male and female] "I don't really, there are some people who are a bit prudish and don't want a woman poking around there, **most of my doctors are male but that's only because that's only because there's not that many female doctors around.**"

Summary

Who or what is God? God is still the supreme being; "God is a force - a Divine Spirit", but not so much in the sense of a "God out there" but more of a "Spiritual superior force that we call on and journey towards". "God is the energy and the love that surrounds us within the universe, we draw from Him and we are all an aspect of God." "The Holy Spirit is an expression of God's personality, independent from us, but something dynamic can happen [with us]". "God is not an external thing, He is through everything - rocks, trees, earth", and "it's like the egg in a cake", "God's a force, within people as well". Some people don't like using the word God, but rather use terms like "Great White Spirit", "Universal Force", "Universal Flow", "Unconditional Love",

"Love Energy", a "Force, Life Force". Many people believe that we are "getting in touch with the same sort of energy".

Indications are that there is a certain growth away from the restrictive nature of Christian Churches towards a more grounded approach towards religion with an awareness of nature and the environment and the term "spiritual" being preferred rather than 'religious'; one can be a "spiritual person" without religion. The spiritual dimension is viewed as "the inner depth or core of all our being" . that "we tap into when we open up to God."

The minister has a key role in retaining adherents to a Church group and one chaplain who was interviewed saw himself as a person "in tune with people," who "loved people" and was "sensitive to the fact that people are different" and in meeting their needs he would not want to "hurt anyone." Another minister saw prayer as "a therapeutic technique" and her attitude was that prayer often helps to deal with the problem and there is security in "taking Jesus into the scary places", or if male imagery was a problem then the term "wisdom" might be used.

There is variety in prayer; from the "silent prayer, centring", and the "impulse of prayer from the mystical tradition" whereby prayer is "already set in our hearts by God" not as a ritual or act but the desire for "communication". Closely associated with this idea is prayer changing from the "verbal to almost no words." Some people coming from a Christian or Maori background may use "set prayers night and morning" as well as individual prayers when "prayer is a part of life". "Prayer to acknowledge nature and talk to ancestors who pass the message onto higher beings", or "thank the universe for its abundance and guides for their help", implies communication with an unseen realm of spirits which are a means whereby help and approval in daily activities is gained. The concept of prayer appears to be "a doing" action which is more directed than meditation, There are also "instinctive prayers" for example to "send out healing to someone". "Prayer," it is noted, "keeps one healthy" and "karakia" is another term used for prayer.

Many people who dislike the association of 'prayer' with 'Church' tend to use the term meditation for an activity similar to prayer; nevertheless, meditation is said to be "listening to God" while prayer is "talking to God". Both prayer and meditation are said to be "tuning into the universe" or "tuning into the source".

More specifically meditation can occur "when working or walking" as one "goes into a higher state of one's own consciousness" through "turning inward, and reaching the source within". In meditation one can "visualise, breathe, relax and go to places, like a garden, lake, or beach". For a Christian meditation is personal and can mean "going to thought where we guide ourselves", meditation on "Christ" and the "Word" is important.

Most comments about gender in relation to healer were that women were preferred. Women were said to "relate better to other women" and there was "more confidence in females", because of "something common about women" and there is an "understanding of the female position, form, and female experience" that "male doctors don't understand". It appears that women don't have much faith in "mens' attitudes" and "some male healers are aggressive" and seek "power over females" yet those who prefer a male healer do so because "they don't get as emotional as women" and another commented that "there's not that many female doctors around".

The notion that "we all have male and female within us", and that the "female is the nurturing aspect from which healing comes" may be the reason why some people "see no difference" between male and female healers.

INTERVIEWS with healers

Following are extracts from interviews which relate to healers and their experiences with healing.

The following is a key to the text below:-

I. = refers to the interview

H. = refers to the healer

Q.3.1 = questionnaire, (3) code number, (1) paragraph from interview text.

M. = refers to the researcher.

I.H.Q.3.1

"I'm not in the healing ministry as such in that there is a healing ministry at All Saints(Anglican Church) and I'm not part of it. I don't feel that I have a **gift** in the sense of people with physical needs. I see myself as much more working with someone who needs a long term healing like healing of memories, healing of the past so it would be much more. I can see that they are there and healed but not whole yet - people that I'm working with, and I've really only just begun this year, and I can see progress, yes and they can well the one in particular can too as well as its an uneven progress.

I.H.Q.3.2

It isn't continually positive, sometimes there is a step back and we make a new discovery and go on from there, and a lot of it is uncovering of the past, I think that is **part of the process**, as things are able to come to the surface, I mean and I know from my own experience the things that come up for healing this year I would not have been able to bring up two years ago. **Some healing takes place so something else can then surface.** "

I.H.Q.8.1

(Experience of healing as a practitioner - **Methodist minister**) "The one that comes to mind - the first time I ever felt brave enough to **lay hands** on someone I was working in a parish. There was a woman going in the next day to have her final tests before she had **open heart surgery**, she had little kids and she was up the wall, and I said to her - Do you mind if I pray?" she said "No, she would be delighted", "and **all I did was pray for peace** because I didn't have any other and she rang me the next day and said "I've just come back and **the doctor said what's wrong with you, what's happened to you**", and she didn't have the operation, and she said the kids noticed it last night - they said "Mum, something's happened to you, you are singing, and I said "Oh

well we prayed for peace" - but in fact she didn't have the operation, she still isn't very well but she didn't have the operation and I mean that was just beyond me."

L.H.Q.8.2

"Yes, and I've had nothing quite as big as that but certainly minor things and **frequently I will pray** for or have other people pray for relief for me from fear or anxiety or tension or backaches which feel as if they have been carrying a load - oh yes, that's a very much part of my life, very much a part of my life and I work with particularly the sexually abused ones - I see the God given sort of dimension of that as absolutely inherent in the healing process.

L.H.Q.8.3.

While I don't actually look for **miracles** as such, **for rapid healing sometimes it happens, and it certainly speeds up the process.**"

L.H.Q.15.1 (University Chaplain, Anglican)

"I can recall very rarely the times **I've prayed for healing for myself**

L.H.Q.15.2

in fact the only time I can think of is when I was going to be leading a retreat and I felt that a bad virus was going to absolutely ruin the thing, and it was part of a sense of **saying "Look Lord this is your work, you want me to do it well, well you'd better heal me so I can** - it was that way around rather than saying starting from myself.

L.H.Q.15.3

It's a hesitation, whenever people talk about **the healing ministry of Jesus**, because I think that tends to separate it out as a specific function when in fact I believe it is a **part of His proclamation of God's initiative - the Kingdom of God is coming.**

L.H.Q.15.4

And when Jesus looked for faith in people, before healing them, I don't think what he was looking for was the kind of trust that a 'faith healer' or even a doctor or gives out placebo pills is looking for when that prescription is made.

L.H.Q.15.5

From my own experience a **doctor** may say to themselves, I honestly can't really see that I've got much that I can prescribe that's going to help this person, but I know the power of placebo, and it's possible that this might help them, and I don't feel it breaches my integrity to prescribe something in that way. And it may be that faith healers work in a bit of that way.

L.H.Q.15.6

I think **Jesus healing ministry**, and I would see my own in this way too, because for Jesus those healings he performed were meant to be - they were **intentional signs of the kingdom breaking in and not just healing for its own sake.** The people were experiencing through that healing the whole

goodness and power of God and His ability to change the scene and open things up in a whole new way and bring hope.

I.H.Q.15.7

Maybe that when Jesus was looking at people's faith that what he was actually looking for was an indication that they could take on board this whole dimension of what God wanted to give - healing was a part of leading up to that.

I.H.Q.15.8

Because I certainly feel when you ask folk, **when we agree to pray with healing with folk and I would do this often**, I would include a prayer **that the person be open to receive anything and everything that God wants for them now**; even if he doesn't mean to heal them - there may be other things that God wants to give them - there might be a way of new understanding, healing in some other area of their lives that they may be asking for specifically at that time. So again, **putting the initiative with God** saying, Lord, I come to you conscious of a need for healing, physical healing say in some way but I come to you asking you to give what it is you lovingly give to me and I'm not going to try and put constraints on that and say "Lord, what it suits me to have from you I will ask for ~ so that even involves an openness of the fact that God's name will not be taken in vain."

M. "So do you have many people who come to you specifically with this request then?"

I.H.Q.15.9

"It's very common in my ministry to be with people who have physical illness or mental distress, emotional distress, or troubles of one kind and another, and **I would always in that situation keep in mind - is it appropriate for me to ask them - Would you just like me to pray with you about this and to perhaps even say,**

I.H.Q.15.10

Would you like me to lay hands on you and pray for this, or how would you feel about when you come to **Church** next Sunday, perhaps a **group** of us meeting with you after the service together to lay hands on you and pray for you.

I.H.Q.15.11

It's not so common for people to take the initiative in saying - "Would you lay hands on me please for this" - sometimes it happens, but **if the invitation is given personally, or sometimes in a service, sometimes at the end of a service, a communion service**, I would say, There may be folk here this morning, self expression if you like, prayer for, and they would feel they would like to come forward, **and I will talk with them lay hands and pray and some of us together**, and that happens.

I.H.Q.15.12

But there are times when I don't ask folk if they would like me to pray because it doesn't feel appropriate, I feel they would just be too embarrassed and be constructed so generally speaking people will usually, when I ask people will say, "Oh yes please"

I.H.Q.15.13

- and that would include many people who wouldn't normally come to Church or talk with a vicar. There would be quite a lot of people who would be ready to be led in prayer.

I.Q.15.14

I can remember one particular case who had attempted suicide a number of times, and who had a very bad relationship with her father, which was the source of the whole thing perhaps, whom we prayed together perhaps half an hour, and just every five or ten minutes I would just put in one or two sentences or whatever, and **at the end of that time she remarked how closely my prayers had corresponded with where she was at that particular point in the silences.**

I.H.Q.15.15

And I think where something like that can happen then that's very much a reinforcing sense for people, **that there is some kind of openness in being in touch, and some reality there at work, apart from just us personal sources.** I think **silence** where it can be received and used can be very important.

I.H.Q.15.16

I've taken a number of **silent retreats** and **people commonly say how they feel closer with other people in the silence once they get used to it, than they do able to converse, and people realise that conversation is just a smoke screen.**

I.H.Q.15.17

The issue of the fact that there are **faith healers** in the Christian Church and **people who see themselves as having the power of healing somehow within them in a natural kind of way is an issue.**

I.H.Q.15.18

All I can say is it's not how I see and feel things, and I have problems about it - **it runs counter to my understanding of God - that people should have spiritual gifts of healing or discernment for that matter, if they are not particularly holy people,** and I can see that they are not particularly holy people, I find that a problem. I don't know I'll go so far to say that this is all a sham, **perhaps by God's providence there are gifts and powers that don't come on condition of holiness,** but I have my doubts, and that would go for some of the dramatic well known books, exorcists and spiritual healers etc.

I.H.Q.15.19

Doubtful the depth of spiritual in the true sense, God really working in hearts and minds, and helping to release us to be the people he made us to be. It's a temptation to escapism, anything spiritual I think can have a little of the dynamic of despair and evasion, a kind of throwing the towel in for anything and everything that offers a straw for us to clutch at, you know and **I think true Christian spirituality makes real demands in that situation - for our own good we've got to accept the demands that God makes upon us perhaps as a condition of healing."**

M. "Can you tell me what does it mean for you to use the spiritual dimension in healing?"

I.H.Q.20.1

Maybe to **protect myself** from calling in guides in another dimension, there to **open myself as a channel**, to be guided to heal themselves by their own guides, sort of **working as a group**. I have had experience of having suggestions as to what I can do to help the person, I certainly feel that there are **other spirits there**.

M. Would you like to talk about your guides?

I.H.Q.20.2

"That depends what's going on, **how powerful the healing is needed**. I don't actually sort of say, 'Oh, good morning, Mr. So and so or whatever, it's just that **I am aware that they're there, sometimes I cannot physically see, but I can imagine in my mind**.

I.H.Q.20.3

Once or twice I have had a **manifestation of a being** - when I was healing my friend once, there was a manifestation of a man I actually know who is not in spirit - he's on earth and **he was standing near the end of the table, just helping in official part**. When I asked him about it later he said he had during that time had to go to bed because he was so tired and he was drifting; he wasn't asleep but he was drifting, so he thought it was very likely he had been there.

I.H.Q.20.4

I always acknowledge the guides even if I can't identify them, don't know who they are or what, I always acknowledge their presence because **I'm just part of a whole, I have undertaken responsibility to be a channel, to open up to that."**

M. "Have you always felt this way?"

I.H.Q.20.5

"I've been told **I was psychic when I was a child**, and I know I said a lot of things when I was a child, which were rubbish, and I was actually hit because of the things I said, I could see things then, **but I buried it for a long**

time because of the fact that my mother was so very frightened of anything of what she called occult, because she had had a bad experience with a ouija board when she was a child. And it's only in the last ten years that I've really come more towards it, I've gradually become more and more confident with it, so **I've always know I've had this capacity for healing.**"

M. "Is there anything else you would like to talk about regarding the spiritual dimension in healing?"

L.H.Q.20.6

"I think everybody's got it, **everybody has the capacity for healing themselves and others**, because particularly, **well in most religions the priests have said - you can't talk to God yourself, you've got to come through me. People have given their power away, and they don't realise how powerful they are, that they can change their thought patterns to improve their life.**

L.H.Q.20.7

OK maybe they're in this life to have **a certain ailment or sickness or something to teach them a few lessons.** ...I know that in this life I have come in to deal with rejection, all the way through rejection, rejection, I still haven't come to terms with it but I'm getting there."

M. "Now you've got her visualisation and affirmation - would you like to talk about how you would use visualisation and affirmation."

L.H.Q.20.8

"Well I'm very lucky, I can see pictures in my head when I particularly really really want something I can **visualise** it and it does come to me. **I usually ask for guidance on whether it's the right thing to visualise.** When I left my husband I visualised the sort of house I wanted, the car I wanted, the sort of things I needed to be able to stand on my own feet, and when I went to buy a house everything went just like this, just fell into place, really beautiful.

L.H.Q.20.9

Affirmations - somebody lent me a tape, Louise Hay one, and I've just found it so handy, if I'm feeling down, I just say I'm receiving all of it, the abundance I need from the Universe at this moment and I just keep on saying it until my frame of mind changes.

L.H.Q.20.10

At the moment I'm **visualising** somebody to come along for my daughter, because she's going through quite a lot of teenage grott that I can't help her with and I'm just visualising that somebody, preferably female will come along whom she can talk to about anything and everything, she doesn't know what's wrong with her, so she at the moment is saying, "There's nobody I can talk to, because I don't even know what's wrong", and she won't realise just talking will bring things out, so I'm visualising somebody will come along and be a friend to her."

I.H.Q.39.1

"I think it might be **Spanish background you know it's been a lot of healing in my father's hands and a little in mine.** I was a beautician and hairdresser and I've always been able to give relief through massage, and I hate not being able to do it now because I want to you know."

M. "Just going back to the group, now you did mention here being with people to heal - do you find that this group you meet with is therapeutic?"

I.H.Q.39.2

"Yes, it's mainly N's ladies, I call them N's ladies because they belong to the **Church** down here and you feel as if they are circling you, and it's just a loving feeling.

I.H.Q.39.3

I find **P. the minister up here at Presbyterian, a very special man.** A young man, wonderful family, **open to all ideas,** the same gifts that I have, you've got, and other people have that have been given. He's so open it's amazing, I just feel as if he's like a brother, **there's that kind of feeling,** and I don't go very often but when I do go he's delighted to see me which is lovely, but **he sends a lot of healing and he is such a good person.**

I.H.Q.39.4

He gets **groups together to heal people,** he has healing after death, and even after children have died and people have got divorced, he has these special groups that go together, **lay on hands,** and that goes on for about seven weeks.

I.H.Q.39.5

He's got a very bad heart, but **he's got a wonderful gift,** and that's another part of healing as far as I'm concerned, a big part, and a wonderful approach - that family seem to have been sent here because **that Church is bursting at the seams with people and it never was before."**

I.H.Q.58.1

"Another thing that's new to me that I feel that has definite healing properties are **crystals,** and I've done a little bit of reading on them but not a lot, but I really do believe that crystals have powers and different crystals are suitable for different people.

I.H.Q.58.2

A woman came into my shop, and I actually wear a little crystal that a friend had given me, this one here - a clear quartz, and I often wear my jewellery just like this, and this completely strange woman, who was an elderly woman, was in the shop and she was kind of mulling around and I got a bit panicky thinking 'Oh, no one has served her yet, but she seemed to sort of - wasn't making herself available at a counter, so finally I got free and I went up to her and said - How may I help you? ', and **she touched straight away my crystal which was kind of a personal thing to do for a complete stranger -** and I said, 'Oh that's a crystal' and she said, "Oh, I know dear", she said, "I've got some

information on crystals, a lot of information, would you like to read it?". And I said, "I would love to read it, I would absolutely love to, I would love to know more about crystals, and I'd really appreciate that," she said, "I know you would dear, I wouldn't have offered if I knew you wouldn't appreciate it." **Now she knew, she knew things about me that I didn't tell her, we talked for probably twenty minutes and she I guess is a psychic, I don't know. Now in my Catholic upbringing that is a real no no but even that I'm learning to accept, and she has handed me over this information and I've only read a little bit of it, but I definitely that there are crystals, there are gems that have healing,** for example, I brought for my sister two years' ago, I don't know why, I didn't know anything about crystals at that time, a big amethyst piece of **amethyst rock** I bought for her. I went into this shop and I zeroed in on it, I did not know why, I walked right around the shop, I tried to find something cheaper, but no this had to be for her, and I sent it to her. I had no idea if she liked that kind of thing or not, she opened it and she absolutely adored it; she told me last week, she said she didn't know why, but she found herself when she was really stressed out being drawn to it, and she would just look at it and touch it and she would come away feeling OK. - now recently she did some reading and those are the properties of the amethyst, it is a soothing stone, she didn't know that but she discovered that without reading it. I didn't know that she needed that stone, but I did, do you know what I mean? It is this underlying knowing or sensing that we have, so I really do think that there is a lot in that too, but I've yet to learn that."

M. "Do you use any hands on healing?"

I.H.Q.71.1

"I did a **Reiki** training but I didn't feel like it worked for me."

M. "What about maybe patients you are treating with homeopathic remedies - do you feel that that's a spiritual way of healing people, or do you pray at all for the patients?"

I.H.Q.71.2

"Sometimes, yes, I'll use the word pray. **I sometimes pray beforehand** - like you know in the morning when I'm working, that **I'll be open to let the healing forces work and stuff.** I don't sort of specifically pray for the person, more **just that I'll be able to be an instrument of it.**"

M. "How would you describe yourself as a healer?"

I.H.Q.75.1

"More recently I've come to realise that the ability to be **clairvoyant** actually can be quite a healing thing - I mean, I'm by no means clairvoyant, but extremely **intuitive, and I mean that's a gift for me,** and that I try to use; my intuition."

M. "Have you always had this?"

I.H.Q.75.2

"Yes, yes, but I've never identified it as coming from **a source that's greater than myself** until recently. When I was in a group of us I attempted to develop and things like that, but it just didn't seem to go well for me, and I concluded that well, it's not really my time, that I have a different focus really, and that was confirmed for me by somebody I got a reading from, so I just accept and trust my intuition more than I ever have done.

I.H.Q.75.3

But it's very difficult now to know that I have intuition and that it's a gift that is given to me and to separate what I'm thinking is intuition, and what is just my simple imagination and that the only way that I can do that is to be aware of **my feelings**, my actual feelings and that's the connection with the emotion, so I feel that's where I go."

M. "So, that's where you feel the intuition."

I.H.Q.75.4

"**Sometimes (points to heart area) here, and sometimes in my head**, there's a puzzle and all of a sudden it'll come, I'll get the answer and that's what I do and often if I can't have that I go to what I'm actually trying to work out so I'm probably quite lowly developed."

M. "So while you may be dwelling on something do you use prayer or meditation, or the environment to help you to come to a decision, or do you just let it be?"

I.H.Q.75.5

"Usually I let it be, because there is **a mixture of the mental going on too**. If I have strong feelings about something then there's always the mental and rational side arguing against it, so I tend to leave it till a time when I can work it out but in the past I have let my self, I haven't listened to my intuition, and that's caused me a few problems.

I.H.Q.75.6

My children I do a lot of healing with. Not so recently in the sense that it's hands on, more with the way that I am myself - **I try to have them reflect a peace** about them, and a sense of themselves, and with all that I try to put my family especially with them being girls, because I'm such a radical feminist, the greater sense of themselves, the more opportunity there will be with what's going on around them, you know they will be able to sort of focus on themselves and eventually about making their own decisions.

I.H.Q.75.7

And so they will be able to have that same ability to draw from the Universe for healing.

I.H.Q.75.8

There's one really minor **situation where my child had hurt her arm** and I said to her Let's put our hands on it and ask your guardian angel (I use terms

that they can relate to) to help me fix it, 'cause she was really quite beside herself. So she lay there for a while and then sort of opened her eyes and got talking and got her mind off it. Now, I don't know whether this is imagination or not, but she came out with the remarkable statement, because we were talking away and she said, "Hey Mum, my arm is better", and I said, "That's great F., you know your guardian angel did some magic there for you. And she said, "It wasn't only my guardian angel", she said, "**It was the power within me.**" Yeah, and for a six year old I thought that was quite remarkable, and I don't believe in them having any formal sort of knowledge, but I believe in them having a sense of themselves that they can do it, so I try and encourage it in them, so they've got magic bodies and things like that. Yes, maybe I'm a healer, maybe, I don't know.

L.H.Q.75.9

I suppose the main sort of healing that I've done throughout my life without ever realising it as being anything spiritual has been that I've always had a lot of wayward strays into my home or into my life, fixed themselves up and they'll carry on, - **friends and people who have come to me** for whatever reason, sort of counselling I suppose, but it's more than that, and even if it's a **temporary sort of a thing** often with people I don't have a lot of contact with after that, which is sad, a little bit sad for me but oh yes, I've had a lot of people who've stayed with me but that's been nice, and it's been nice for me to be able to help them.

L.H.Q.75.10

Somebody will come into my life or I'll meet them, and it seems to be **somebody to talk to, so I think that that's spiritual because that's a gift that I have, an ability to help somebody sort of tease their problems out for them.**"

L.H.Q.99.1

¹Well, I know **in my experience as a nurse** there have been situations where we have been doing everything we can do physically, we think we have been doing everything we could do physically possible to help someone's condition to improve, and go off duty, and we think about them all the time we're away - what can we do, why are they like this, how can we improve the situation, and **we come back the next day and the situation has improved but we can't nail anything down as to have been responsible for it happening.** And I'm not just speaking about working here at Mercy - I've only come to Mercy three years' ago, before that I was in the public system.

L.H.Q.99.2

I wasn't as aware of the spiritual side of things in the public system as obvious as here - for obvious reasons - we actually have nuns working as Sisters in the building, giving nursing care and being with patients, and all I know is that to experience a change in someone's condition that you can't put down to anything specific, or anything physical, just increases my belief that there is something up there, a greater being responsible."

M. "So having been in both systems what is so different here?"

L.H.Q.99.3

"I think here **the spiritual part of healing is more obvious**, it's expected to be more obvious, it is perceived by the nursing staff I think, and the general public, our patients, that it would be more obvious and more prominent and although they might not say that's what they've come to Mercy, or why they like coming to Mercy, I think that has got a lot to do with why they choose to come to Mercy and not go down the road to Southern Cross.

M. "So do you think it is the nurse as a spiritual person working over here or do you think they expect to be prayed over or what?"

L.H.Q.99.4

"I think it might be all sorts of things because the majority of the general public know that the majority of our staff are not religious or they are part of an order. **The majority of nursing staff that work here have some very close connections with a Church of some description, but it doesn't have to be Roman Catholic, and in my case it is not.** I just feel better about myself working here than I have worked elsewhere, **I feel more at peace** with myself - friendly, peaceful, healing atmosphere in the hospital, I can't describe it any more than that."

M. "Do you feel that your female doctor uses a spiritual dimension in healing or in her role as a practitioner?"

L.H.Q.144.1

"I don't think she does, **I'm aware that she first relates to me as a woman**, and that's important that we have that kind of understanding, so I'm comfortable with her on that level, but she's young and **I see her very much into orthodox medicine**, and through her training she's come to that position.

L.H.Q.144.2

But I see her moving to looking at some alternatives, and she's very comfortable with people choosing alternatives and she doesn't always bring her prescription pad out. Six or eight years I've been with her, she's moved, and yes, it's been interesting to watch."

M. "Would you like to talk about how you act as a person using your spiritual dimension to help others with healing."

L.H.Q.144.3

"**I have friends** who will make contact with me if they are in crisis or if they are not feeling well, and it's a support group, that we've actually set up for ourselves, good for women, and there we share what's happening to us. Generally it's things that are quite painful that are happening within our family or just for ourselves, and so I can be contacted by a friend - just on a one to one or where we'll meet and have a meal together and talk about what's

happening, it's like a peer supervision, but it's also a very healing thing. More of friends who have shared something there, and then got in touch and said how helpful that was and knowing that was there they were able to keep hold of themselves until they got together with friends and were able to chew that out, so it was a bit of mutual trust built up.

I.H.Q.144.4

I also have a friend that is a close woman friend and we've travelled a lot together, and I'm there for her and I will ring her to see how she is if I know something is happening, she appreciates that. For my family too, my daughter will ring from Australia and it might be a time of crisis or she might be worried about her own health, and she will ring and talk about it.

I.H.Q.144.5

There is something else I got out of the Sophia women's group and that was the ability to look at theology with a critical eye and start analysing how theology had developed and how it had excluded women in the process, and so there were small groups of women in that movement who will say, "I would like to study theology or I'd like to give up some theology", and so we started to do that and although it seemed to be quite an academic exercise we never did it in a formal way of going through an institution.

I.H.Q.144.6

We examined some aspect of Church life, like we examined the sacraments, like baptism, and we would just look at how the ritual was carried out within our Church (Roman Catholic) and then look at Maori spirituality and the relationship with water. And then some wonderful things happened, then within that process we began to appreciate that within our Church water isn't considered holy until some man has blessed it, has put his hands over it and blessed it, whereas in Maori spirituality water is sacred, it has the spirit in it in its natural state and therefore is very healing and holy within itself, whereas in our Church holy water had to be blessed.

I.H.Q.144.7

And so there was a movement there to appreciate water; to baptise a baby with water - that was whole and wholesome, healthy within itself and didn't necessarily need a man at all to come and bless it, it was there in the spirit of wairua. The spirit was in it so it gave me an appreciation of my own spirituality as well as doing that."

I.H.Q.171.1

"Well I suppose healing for me is a pretty practical thing really. I enjoy pretty good health myself and believe that we have got quite a lot of responsibility in that for ourselves to maintain a good nutritional relationship. I've been involved quite a bit as a minister [hospital chaplain], praying for healing with people. Opportunity I suppose, because I'm meeting daily with people who are ill and who are really reaching out or wanting to see if there was anything.

LH.Q.171.2

Sometimes people are a bit shy, sometimes I'm a bit shy, but yes, very often people want to - I suppose the majority would of been associated with one or another of the Churches, sometimes I ask. **They do seek you and you get paged to a ward and it's often when people are going for an operation or through a bad point where they are seeking to make some sense of their life."**

M. "And do people who have no Church affiliation also ask?"

LH.Q.171.3

"Yes, yes they do but **they don't necessarily know how to ask and that's where you've got to pick out the non verbal cues, that is that they will be opening up onto some quite important things.**

LH.Q.171.4

And perhaps not a formal prayer is what they necessarily need, but some gesture, some openness to that. To open out - something that's been rather like praying. You've rather **opened your heart** to me about these things.

LH.Q.171.5

So it may not be very formal in a hospital anyway, it's not a very formal situation you find yourself in because you are not usually in a single room with people. Maybe, or likely to be interruptions and I don't always like to create too much privacy about it all because of that really. If there was a person - pulling out the curtain round can still ensure privacy anyway.

LH.Q.171.6

So it's got to be the attitude of the person and whether they seem to want to go a bit further, exploring, **sometimes people see prayer and healing sometimes just an exploration into some extemporary for them. Coming to terms with the fact of where they're at now.**

LH.Q.171.7

And some people have a lot of faith, even if they haven't had any particular religion you can build on with them, talking, sharing.

LH.Q.171.8

I guess the ministry too there are a couple of things that are important but I don't see them as necessarily as crutches and that's if people want **Holy Communion**, and that may not be something they've experienced but it may be very very important to them.

LH.Q.171.9

So there's a whole range right through from not knowing that, thinking yes, there might be something in this, to it just being something they latch onto because they've seen it as a healing thing for them; it established their spiritual life sort of like a temperature gauge to gauge where they are at.

I.H.Q.171.10

The other thing I've used quite a lot, but not entirely predictable is using **anointing oil**. And that's something that obviously if the person is very ill **and the family are wanting prayer, for them it's a new piece of power, and there is a healing too, it often occurs.**

I.H.Q.171.11

That's **quite often offered to people who maybe they've never thought about that before, but there is a growing awareness of using oil for anointing**, and the oil has different elements, the oil is holy, different elements are brought together with the pharmacy here, so it seems like it's a hospital thing with some recognition."

M. "What sort of oil would you use?"

I.H.Q.171.12

"Well it's a **Biblical blend** of Olive oil, tincture of Myrrh and Citronella, for healing and wholeness. As it is used in the Catholic Church it can be a surrender of the person too - if they are obviously dying it can be part of that recognition.

I.H.Q.171.13

Two purposes maybe when I see it there have been a number of occasions when people have been healed and when the family are expecting death that might not be necessarily what they want at all. The person to be healed out of that very terrible illness or to linger on for very much longer - **as a nurse said, when we use oil in her Church either people died very quickly or made a very good recovery, so it seems to be a dividing of the ways.**

I.H.Q.171.14

So it achieves something, definitely seems to be part, **seems to speed things up either way.**"

M. "Do you find that people ask for it when they are maybe not so ill or not so ready?"

I.H.Q.171.15

"Well people do because **as a more normal function it's being used in a whole range of churches for a number of years in healing services.**

I.H.Q.171.16

Usually they are seen as being **special healing services**, but they are used following the **Biblical injunction about when a person is ill let him call for the elders of the Church, anoint the sick person and the sick person changes**, that's the sort of mandate for it and it's used by churches as various from Catholic Church right through to Pentecostal Churches; all the mainstream churches have some recognition or understanding of that use of oil for healing."

M. "What about the laying on of hands?"

I.H.Q.171.17

"Yes, well that's **traditionally been another sign hasn't it of healing**. Yes I think that's very valid and helpful, and yes, I do use that - advisedly again I think, people can be in quite a vulnerable position in a bed in a hospital and I guess you have to judge it by the circumstance.

I.H.Q.171.18

But **often when they're lying in bed it's very easy just to reach out and touch a person's hand on their elbow or arm** - quite often they've got leads coming in and out of their hand anyway, but that seems to be a natural sort of thing and then to pray with them, so it's not quite the same as a formal, say **in a church situation where people come and kneel at an altar rather than you lay hands on their head easily**.

I.H.Q.171.19

And it seems very natural there to do that - very often it's not even verbal, out loud, just a recognition that that's the place where they're at. They've shared a bit about where they're at and can just simply be a being with that person, if **just laying on hands is right through for very sort of more or less sacramental way, a deliberate way of laying hands on their head through to just a squeeze of the hand.**"

M. "Seems as if you use different forms of prayer too - so would you use silent prayer?"

I.H.Q.171.20

"Yes, well often it's not appropriate to interrupt procedures in some of the rooms where maybe a nurse or doctors visit or something but the person is still there and they know that you're there, so sometimes yes, **I pray at the door** - so often it seems to be more the intention of people's hearts, to use a sort of old phrase rather than necessarily the words of our lips, it's not from me the prayers are coming from people anyway.

I.H.Q.171.21

What they're sort of saying "I want to get out of this place or I want to get better", or **they mightn't be naming the name of God they mightn't even know quite how to do that but they still pray** and I think I like to be sensitive to the fact that people are different so sometimes you offer to pray with a person and they don't want that, then other times they ask you for it and all the range in between.

I.H.Q.171.22

And sometimes because the situation doesn't seem to be easy to have the privacy to have a prayer with them, there's **just silent prayer at the door or by their bedside while they might be unconscious** sometimes in that situation to decide well, do you say anything or just remain silent."

M. "Do you find this difficult to tune into what people's needs are?"

L.H.Q.171.23

"No. I think it's **part of loving people**, I just love people so I don't want to hurt them and if they are really hurting and don't want prayer or can't, you know healing or the thought of a minister being there is very offensive to them, well I don't want to add to that pain.

L.H.Q.171.24

But it might be the other side - they might be just reaching out or there might be misunderstandings - it's not always easy knowing what people are really thinking and feeling deep down, **but you can sense I think if they want something or this is embarrassing or that they don't want it.**

L.H.Q.171.25

It's a very privileged role to be going bed to bed in a major hospital today, it's not something you can assume that even a minority of people would want to be very expressive in the spiritual sense because they are in a place that's not their own.

L.H.Q.171.26

And I think that's why maybe things like the person knows and the staff receiving **Holy Communion in most hospitals make a very deliberate time and place - they sort of set it up beforehand so that know and it's very clear what's happening**, then it's clear... it's an acceptable way of expressing spiritual truths in a non threatening way.

L.H.Q.171.27

People will tell you and you sometimes feel a bit silly, you've offered something and then the person really doesn't want that but you had to trust them, there's still something in who I am and who they are and continues through that, them saying "Well I don't want that", and there's often the fact that they mightn't be in a good standing with their church because they haven't been confirmed or been for a very long time, hypocritical, but it's better for them to say that than to pretend."

M. "How did you heal?"

L.H.Q.192.1

'**With hands mainly, we used to sort of go around the aura and some people did laying on of hands. We did it with a couple of people, one in front and one behind; one of us would be doing, perhaps the healing from the other one standing behind.**

L.H.Q.192.2

One of the things that I **sort of felt was sort of calm, sort of tingling in the fingers when you're actually doing it.**

I.H.Q.192.3

I've actually had spiritual healing done on me, and I think I sort of benefited by it, I didn't have anything terribly wrong with me or anything but **I always came away feeling a lot better after it.**"

M. "Anything physical at the time?"

I.H.Q.192.4

"Really sort of sensations you know like warmth in certain areas - you know if somebody was sort of standing behind and certain areas of the body could actually feel the warmth in that area - **often sensations like a prickling sensation.**

M. So the medical doctor you consult does he or she work from a spiritual dimension that you know of?

I.H.Q.192.5

"I don't think so, **the doctor that I go to knows that I deal with alternative healing** too, you know alternative methods. I don't like having antibiotics or anything like that.

I.H.Q.192.6.

But when R.(husband) had his heart attack, he just had to go to the doctor and he sent him to hospital - he hadn't been to a doctor for years and it was just a case of getting him there and I think that was good, they have the skills. I think **it's a pity that they can't all work in together.**

I.H.Q.192.7

I used to go to **the Spiritualist Church** and I did get a little bit involved with spiritual healing there, both giving spiritual healing and receiving it - **I think there's a lot of value in it, I also think some people can't be healed that way, spiritually, you know I think there are people that put up blocks,** it's very difficult to get through to people, it's like quite often I think that the world is sort of a state of mind.

I.H.Q.192.8

I think if you really want to be well, you can be well sort of thing, it's something that comes from within. I think there are a lot of people just put up blocks, you can't heal them whatever way, I think this goes with spiritual healing as well - I think you can perform wonders on people, **it's probably got a lot to do with faith,** I don't know.

I.H.Q.192.9

It has to be faith from the person that's being healed I think, and perhaps that the person that's healing them, or they believe in God.

I.H.Q.192.10

The very first time I got involved with spiritual healing, and I didn't know very much about it, I went to an evening, a healing evening and **we all stood in**

circles holding hands, and there was a relative of one of the people there who was very sick - we held hands and concentrated and meditated, and it was quite an amazing experience. I know that she got better, and whether it was through that or whether it was through other treatment it's hard to say.

L.H.Q.192.11

About three years ago my granddaughter had a very serious accident on a bicycle and she was in a coma for three months, and she had brain damage, and the doctors decided to take her off life support and they more or less sort of said - she'll be a vegetable and she's not going to pull through.

L.H.Q.192.12

And there was a terrific amount of energy that we poured forward on this. We had an evening where we just sort of meditated on her, and there were children at school who the girl I work with, her son, her daughter went to J.'s school and their class prayed for her and there was a terrific amount of sort of thought going out and the other things that we did. We all came together as a group and we never left her on her own, we sat with her and talked to her and read to her, people massaged her feet, you know we just generally worked with her and when they took her off the life support we were all terribly upset about it.

L.H.Q.192.13

But she actually came through and she's probably about 80% cured - she's got a disability, she's lame in one leg, and she's got a bit of short term memory loss but she's certainly not a vegetable, and I thought, well I feel that the effort that went into that was more beneficial than any medical treatment that she actually had, because the doctors had more or less written her off, just written her off.

L.H.Q.192.14

And I think that was an example of what people can do when they get together and work on it - all sorts of healing going through there from different sources from Roman Catholic Church to Siddha Yoga through to individuals."

L.H.Q.203.1

"Well there's the healers of the world, the doctors, and there's the spiritual healers being miraculous healing, healing which happen on the inside, not on the occult side.

L.H.Q.203.2

As I see it there's only one true healer who is a physician who is Jesus who heals and doesn't take anything else for it, it's a free gift."

M. "Would you consider a healer as someone doing something for nothing as it were, in that sense?"

I.H.Q.203.3

"I see it as, like in my healings that I've received and seen other's receive, it's something that's already been paid for so it's already available to you.[through Christ]"

I.H.Q.206.1

"I think the modality is secondary to the interaction between the people. A modality is just a kind of an exchange or some kind of medium a way of working.

I.H.Q.206.2

And I think kind of **the open hearts between the people in the healing situation is really what heals.**

I.H.Q.206.3

I don't think it's the crystals so much or whatever, but I think they accelerate or are a catalyst or something like that."

M. "Would you think of it as an instrument?"

I.H.Q.206.4

"Yeah, yeah, a tool. **A tool for the mind or a tool for the body."**

M. "As a practitioner do you do hands on healing?"

I.H.Q.206.5

"Yeah, I do - **Reiki and holistic pulsing."**

M. "...all right, would you like to talk for a moment about Reiki."

I.H.Q.206.6

"Right, I don't fully understand what's going on but it seems to energise and balance and sometimes activate **a very deep healing kind of way of working, and also I think it induces that kind of light sort of trance state.**"

M. "Is that in the practitioner or in the person that's come for healing?"

I.H.Q.206.7

"In both I think, **people just want to chat away and that's OK if that's what they want to do.**

I.H.Q.206.8

But other people seem to go into a more higher state of awareness of their bodies and experience it in quite a deep way."

M. "You've got here for Reiki healing, I channel energy, would you like to talk about that."

L.H.Q.206.9

"Well, my understanding is that **in the attunements that the chakra will balance, so it allows the energy to come through and come out the smaller chakras on the hands**, and because I have quite a lot of faith in these sort of practices, when I'm actually talking about them, I'm sort of not very good on words."

M. "OK when you are actually doing the healing, do you experience anything different?"

L.H.Q.206.10

"I experience warmth in the hands and quite often they sort of get swollen."

M. "Physically swollen?"

L.H.Q.206.11

"Yes, sort of **fatter**."

M. "Do they change colour at all?"

L.H.Q.206.12

"I haven't actually observed that much, **they get kind of swollen and sometimes I experience, I suppose it could be called psychic things, clairvoyant images, but that's not all the time.**"

M. "Would that be relative to the person you are working with?"

L.H.Q.206.13

"Yes, well **I think an energy field is created between me and the person and so it's kind of reading the energies that are there, but depending upon the question I ask or whatever, then the images are related directly to that question.**"

M. "So do you feel as if you are using intuition?"

L.H.Q.206.14

"Yeah, yeah. [Heals from the Buddhist tradition] **The Buddhist tradition is vast, there is Theravadin which is in the South East Asia, there's Mahayana and Varatryana and they are all different, and there is just so many, vast array of practices and they do have the concept of body, speech and mind and there's healing of the body through herbs and those kind's of things.**

L.H.Q.206,15

And there's speech which is like the energy field and there's guided specialisation that is used to bring into being the qualities of particular deities, there's pictures around here - in the other room there's green Tara which is an embodiment of healing and it's like there are twenty-seven taras and the more you go into it the vaster it gets.

L.H.Q.206.16

I've got a book here on **Tibetan medicine** that approaches it in that way and **healing is seen as going towards enlightenment and freedom from suffering, so it's all healing.**

L.H.Q.206.17

The word healing is similar to whole and becoming whole is like becoming enlightened, and so it's all healing or none of it is healing, I mean whichever way you want to approach it.

L.H.Q.206.18

There's also **Reiki** - discovered by a Japanese person who was meditating in a monastery in Tibet that had a healing tradition associated with that monastery. At Kaukapakapa in Auckland there's a Tibetan temple and there's a lama, a visiting lama whose speciality is, not sure how you say it, Heng Shu or something, it's a Chinese tradition of environment where they do certain things like if there's beams, heavy beams, you'd put a mobile there, it lightens the energy and if you have a street that a lot of traffic comes down, you would have a mirror to reflect the energy back.

L.H.Q.206.19

Anyway this **lama has designed a healing centre** to be built at Kaukapakapa on the grounds where the temple is there and it's all designed with water in certain areas and all things like that, **so it's all perfectly designed to get the energy flowing."**

L.H.Q.207.1

[Talking about a cat] In both sides of his pelvis, the vet showed me the X-Ray, it was crushed you see, so my vet and I - he knows I do spiritual healing - he knows that from the other cat. I brought him home and he was supposed to rest, and well within two weeks Smokey was walking again, and he's just fine, because one side of the pelvis was pressing against the bowel - the vet gave me tablets for him, so that his bowels could work, but Smokey now, 14 months down the track doesn't even need that, he knows himself now - he'll come and sit on me for healing, and he's one of my success stories, he's only got his hip on one side slightly crooked but we just give him healing on that, but as far as that he's in perfect health.

The vet couldn't believe it when I took him back after two weeks and I took him out of the cage and said, "Now Smokey, you show Mr. H. what you can do," and he walked across the room, and he said, "Oh, he's not supposed to be doing that," but he said "I won't ask".

L.H.Q.207.2

I had a **grandmother and a mother who was psychic**, but my grandmother chose not to acknowledge it by drowning it in drink, my mother just simply buried her head in the sand at her gifts because she was frightened at what people would say and label her a nutter and all the rest of it, but by the same

token I was fortunately enough to have a father who was a male nurse, so it was good - that's I guess where it's interested me in the healing side of it."

M. "Did you let this develop when you were a child?"

I.H.Q.207.3

"Well yes, they never ever tried to squash my psychic abilities, they knew this and although I wasn't interested in being a nurse, I was always interested in Dad's work and I always had sick animals, I always had animals, full stop with a big A.

I.H.Q.207.4

When I joined, the Spiritualist Church, I sat in development groups both for healing , to fine tune my healing because I've always had a natural ability to heal.

I.H.Q.207.5

So, now I have with me, and I've had with me for a long long time, in fact I can't even remember when it started to work with me, his name, I've actually had it confirmed after all these years, I knew it was **a doctor, spirit, he is a doctor, works with me**, and as I said back a bit, **I'm a clairaudient**, I don't see that often but every now and again they privilege me to see but I do hear. **I do hear very well and when I'm healing he will tell me.**

I.H.Q.207.6

I do feel hot spots and he will actually tell me what is wrong, specifically. If it's a specific thing and he wants me to heal he will tell me that and his name is Dr. John, I had that actually confirmed by two clairvoyants just within six months of each other, just last year."

M. "And these two didn't know each other?"

I.H.Q.207.7

"No, no, and that to me is perfect proof, 'cause I knew and he used to always say to me and I used to often, when I do meditation I talk to my guides 'cause I've got about four guides I work with, and I used to say to him, I know you're a doctor, I know that much , and he used to always say, "When the time is right I will tell you, so you have to abide by that I'm afraid," because if you keep on questioning them they get quite agitated, and so I accepted that, I thought, Oh well, fine, I know you're a doctor, I know that, same as when I work with animals, I've got a vet that works with me, and I know he's a vet but he's not telling me his name either - he's going to let me do the spadework obviously, and he's been with me for a while, I know he's a vet and he does much the same thing. I 've got a lot of cats, I haven't studied, I know a bit about cat anatomy but I don't make it a habit to study every little bone you know - but he works with me that way too.

LH.Q.207.8

And what I essentially do is - I just run my hands, usually if I'm healing a human if they are sitting upright, because at Church we've only got stools, so we haven't got a table to work with. And if you're sitting up I'll start with the head, mainly up here, because I happen to believe and I've seen it time and time again, a lot of illness stems from the mind, and I start with their mind and then I'll work down, and as I work down he'll either tell me if there is something particular wrong, or he'll let me go and I'll work down.

I.H.Q.207.9

And if it's a hot spot, say there was some vertebra out I would feel it as a real hot spot, really really, and then when I start to heal my hands go red, my hands actually go red, up to about here when I'm really really healing, they get so hot and I get so hot, and then I know.

LH.Q.207.10

Just last year I was healing a young man at Church he hasn't been coming to Church very long and I gave him healing, well then Dr. John came through and I said to him, he had an ear problem actually - I picked that up all right myself and then Dr. John said to me, he said, "You tell him to give up smoking". Now I didn't know this guy smoked 'cause I've only seen him twice before and he's never, ever smoked in Church, I've never seen cigarettes on him or anything. I turned to him and I said, I'm being told to tell you you've got to give up smoking.

LH.Q.207.11

...well his mouth fell open and he said to me "How did you know I smoked?". I said, 'Well think yourself lucky, 'cause it's my guide that's telling you, not me, I didn't know you smoked, but that's the cause of your ear problem.' I said, 'It's your smoking', so then he commenced to tell me, he said, "This is the third time I've started smoking", he said, "Three times I've tried to give it up". So I said 'Well I'm telling you for your own health, consider yourself, 'cause my guide doesn't come through all the time and tell people', but I said, 'He obviously must want a special interest in you, you know.' So whether he's actually done it as his New Year resolution or not I don't know, but I hope so.

LH.Q.207.12

Quite often we'll get women at Church, a lot of women, we struck a batch of them a while ago at Church that had back problems, lots of back problems you know, 'cause at Church quite often we'll just heal them, and they won't say a word, they sit there, some of them sit there rigid."

M. "So are these people that come forward for healing?"

LH.Q.207.13

"They come to Church, yes, yes, and we have healing afterwards. We usually say to them, we're very fortunate 'cause we hold it in the community centre and there's a nice little sideroom there that us healers can work in, so it's out of

the body of the Church as such, because when they're having tea and coffee, there's the general chit chat that goes on and that can be quite distracting, so it's really good - we don't close the door, but we work in this little room, it's a little bit quieter and we have soft music going and some come in there, especially ones

L.H.Q.207.14

If they've only come for the first time - they've never had healing before, and it's almost like **they'll put up a barrier**, you can feel it. It's just so - they sit there as if we're going to - I don't know - turn them into frogs or something, I don't know what it is, it's uncanny, you know you can pick it up, and then you get the other ones."

M. "Can you go through that barrier?"

L.H.Q.207.15

"Occasionally, and if they really, really put it up you can't - for a long time I would only heal animals, 'cause animals don't put up any barrier at all, they trust you so, and that's, I mean I've healed strange animals as well.

L.H.Q.207.16

I've actually got a guy whose healing group I'm in, G, - he's got a **knack of putting vertebra back, it is the way he works with his hands, you have got to see him work to do it, I can't do it, I admit I can't but he can and you can actually hear it click back**, he did my daughter just after Boxing Day. She had done her back in, and I ran my hand down, and she said, "Run your hand down", and I said, 'Yes you have got a couple of vertebrae out', and I said, 'you are going out to G. I'm not messing around with you.' I said, 'I'll give you a bit of healing to ease the pain but he'll put them back for you', and he did. He puts them back and then of course she was in terrible pain that night but of course it is always worse before it is better, but by the morning she was fine.

L.H.Q.207.17

It's just the way he does it - he works with his hands a different way to what I do - **he doesn't touch you, he's up above, just the same as I am, like I work about that height, he's got a table with the patient lying down and he just went over and comes back, and he's put mine in before today and you can actually hear the click as he works, and he's got a couple of guides who work through him, but it's done psychically, and it's fascinating to watch; I haven't got that gift, but OK that's fine.** I joined his group a couple of years ago.

L.H.Q.207.18

We had another guy that came out for healing just before Christmas and M. (G's wife) is a healer too. There was M, another girl who does healing and I and we were down one end of the table and G. was working on this man. And all of a sudden, just past out hands, **we were just channelling energy, and past our hands went a cold breeze, and M, S, and I all shut down, the power just went out of our hands, the energy just went out of our hands**

completely. And M. looked at me and I looked at her and I said to her, "Did you feel that?" and she said, "Yes, I did, I'm as cold as ice", and I said, 'Yes, so am I', and afterwards this patient wasn't within the group because G. gets patients out there, he had simply come for healing. And we reckon that through his mind, he obviously didn't believe, or he was just trying it on, and it was through him that for some reason the spirit just shut off, bang, like that, it has never happened to me before.

L.H.Q.207.19

To get back to my girlfriend in Auckland, I healed her. She asked me to come over and do some healing on her, (now T. and I have been friends for 40 years, we started primary school together, and she knows me really well, she knows my religion and that doesn't worry her or anything). **And I go to heal her and I stop, and she said, "What's wrong L." and I said, "relax, take down the barrier you have put up and we will start again", "Oh", she said, "You know what I am doing", and I said, 'Yes, now if you want some comfort please, for goodness sake just relax, take a couple of deep breaths, do what you like but relax.'** So I did actually give her healing.

L.H.Q.207.20

Where we were stopping I was baby-sitting, friends of ours house, plus her elderly mother of 82, and I gave G. healing as well, because she has got Paget's disease which is something that I had not come across before and she said to me, because she's English and she does go to a Spiritualist Church every now and again, and she said, **well I had to stop one session I was giving her, "You know L. - oh the heat coming off your hands, could you back off", and I said, 'Yes I will G.', because she said, "It's uncomfortable", and I said 'Yes, you tell me if it is because sometimes I can generate a real heat and it really can be uncomfortable.'** And she said, "Of all the healing that I have had you are the one, I've never ever felt it like you can give healing."

L.H.Q.207.21

And I said, "No, I know that I have got this terrible, well **fairly large energy field, and I know this and if I don't use it up it has a dire effect on myself; well I just simply fizz out, that's what happens, I just flake out, that's it!** But no, she enjoyed it and I wrote to her before Christmas, and she said I hope you are coming up again because I want some more healing.

L.H.Q.207.22

So that was labour weekend, I ended up working for healing; but as I say, they come to me, they get put in my path, **I don't seek them out, but they just come, they drift, they grab or take, whatever you like.'**

M. "Are your guides all male guides?"

L.H.Q.207.23

"All of them are but then all my life I have got on with men or boys, even at school, I've got this one girlfriend but I've had boys as friends at school in preference to girlfriends. Yes, at the moment I've got four male guides, I've

had one female guide in all the time I've been in the spiritual movement and that's only been for a brief period of six months, but all my other guides, one is a big Indian, seven foot tall, and he works, but not on the healing side,

I.H.Q.207.24

He works when I do clairaudience on the platform he comes through, so we have one for each department sort of thing."

I.H.Q.209. [Maori working in the hospital system]

M. "So are you quite comfortable going into the hospital situation?"

I.H.Q.209.1

"I'm comfortable because if I can help a Maori patient get it across to the doctor that she needs to have her rock sitting where she needs to have, even her greenstone, we don't want anything valuable in there, but it's not a piece of jewellery, it's maybe an heirloom as such but it has other connotations, so anything I can do to make Maori feel comfortable using the system I will do it, and a lot of the time it's more the area of spiritual needs not being met."

M. "Do you feel that the system is quite keen to see Maori coming in with spiritual healing?"

I.H.Q.209.2

"No, they're backing off from that, they think you see we may do without their services I think, its that, or otherwise its a fear of the unknown.

I.H.Q.209.3

Now I've worked with the respiratory consultant and a lot of Maori patients might be using kawakawa or kumerahoe and they have used it all their lives, they want to continue using it, its part and parcel of their daily lives, they are afraid to ask, they are afraid to say, this is something I've always had I need it.

I.H.Q.209.4

It may not do my body any good maybe but spiritually I depend on it. So just by having a word with the consultant nine times out of ten I've found they've been fine, so long as the patient doesn't discard orthodox means."

M. "So do you think they're more acceptable if you use that word, culture."

I.H.Q.209.5

"Rather than spiritual, there seems to be a hang-up. I don't think its a cultural safety problem - even in my written documentation I used to put 'Patient's spiritual needs aren't being adequately met' - so they would call the minister."

M. "So they were looking at spiritual in relation to being religion."

L.H.Q.209.6

"So we're saying, its not necessarily so, the two can walk hand in hand, but as I say, I can't always separate them out.

L.H.Q.209.7

I don't actually do healing. I can't do that until our Aunts' are gone. Dad's younger sister is 56 and she has just started, its her time now but for her to do it she had to go to her elder sister, Auntie M. is about 75 or 76, it works in the same way as a kairanga. My younger sister can't kairanga until I give her permission so the same thing happens here."

M. "So will you say, eventually be a healer, is there a line in your family?"

L.H.Q.209.8

"I should be but I don't feel right for it and I don't want it, but my son he seems to be more, I don't know that it's that I don't want it, I just don't feel that I'm the right person, because I'm actually quite a selfish person and to be a healer I need to be more giving. I mean I'm giving in money and time and things like that, but I don't know that I want to give away too much of me."

M. "So if you were a healer, you would be called upon at any time, day or night?"

L.H.Q.209.9

"I objected to that happening with my Dad, I could see my Dad do healing and the more he did the longer it took him to recuperate. When we were ill I wouldn't call on Dad because I didn't want him to use up his strength on us and I mean I would tell people down there - there are others out there - go to them give Dad a break.

L.H.Q.209.10

Even when Dad was recovering in hospital they were still going to him, my parents say "It is the way it should be".

L.H.Q.209.11

But Dad would also say to whoever - "You should seek your doctors help first, if it's Asthma, why not the pump".

L.H.Q.209.12

I think being in here has made me a little, not cynical, but as I say selfish, I don't want my kids losing my time the same as I've lost out with my parents."

M. "How old are your children now then?"

I.H.Q.209.13

"My baby has just turned 21 and my eldest is 24, I've got a number of whanau in between. My husband died in 1989, my kids still miss him badly but he comes back now and again. If I got into that area my kids would be in a worse position than I was, we're living in the city now. At least when I was home I could go visit my other Gran. or go to an Aunt because Mum and Dad were always busy with other people so I don't really want to get into that."

M. "What about the boy that is maybe interested in healing?"

I.H.Q.209.14

"J. - he left me at 14 to go and live with Mum and Dad, so he is learning about the raw Maori, he's learning all about the bush, what nature can provide, how it can be used."

M. "So he probably has a knowledge of Maori medicine from the bush."

I.H.Q.209.15

"Oh he certainly has, he's had seven years' training, he helps make it up for the Kohanga Reo, he's now allowed to go out and pick, Mum trusts him to do that."

I.H.Q.209.16

He comes back and he cooks under her guidance - she ensures that the right incantations take place while he's doing it. For J. it suits him, it suits Mum, people have said - aren't you angry with J. but I'm not."

M. "So it can sort of skip you and go to him?"

I.H.Q.209.17

"There was a reason why he had to go to my mother and I feel this is it, really settled at home. He went there at 14 and Mum asked if they could keep him, it wasn't a problem for me, the kid was happier there and he was getting a lot more than just that. He's also interested in the family history and that's the area that I'm doing."

I.H.Q.209.18

The healing - it's neither here nor there with me, maybe when I get older and I have to go back home I won't have a choice."

M. "But you are probably doing healing in the work you are doing, do you see that as healing, the people that come to you in your social work, do you see that as healing?"

I.H.Q.209.19

"Well one or two people like M.(hospital staff), mentioned that, maybe it is, but I see it in a different way. I see the kind of healing that Mum and Dad do where it's sort of full on Maori."

M. "Is that hands on healing?"

I.H.Q.209.20

"Yes."

M. "And the incantations?"

I.H.Q.209.21

"Yes."

M. "So would you say that the proper Maori healer has certain rules and guidelines?"

I.H.Q.209.21

"I know for myself I have my own demarcation lines and boundaries, **there are certain things I can tell them off on the wards about cultural safety especially if I know that they are from our area.** If they are from Taranaki, or up the river, then I refer to F. and M.

I.H.Q.209.21

They tend to think I'm more Maori, it's not that I'm more Maori than them, I suppose because it's more spiritual and I firmly believe in it.

I.H.Q.209.23

So when I come in here and say I can feel vibes, good or bad, I actually mean I can feel vibes, so in that instance I will when we've had bad vibes in here, through having a death and the body is brought here, I'll come through and do what we call a kawatea, a cleansing, to send our spirits off - we just do that sort of casually because it is something we've always known, but because of other people, it's like F. & M, they're not going to have confidence in me - I'm younger than them, how do I know what I'm doing - to make them feel good I'll call out and enlist them in too and quite often they'll say, "Oh, for goodness sake dear, why did you have to call, there's nothing wrong here", and I say, 'I want you to do it'."

INTERVIEWS with HEALERS: Summary of themes

Manner of Healing***Group***

retreats
 friends
 church
 circle

Spirit Guides

channel

Sacraments

Anointing
 Eucharist

Prayer

silent prayer
 not a formal prayer

Meditation***Hands on***

lay hands on
 touch
 massage
 hand chakras

Crystals/stones***Spiritual gift of healing******Channel***

energy
 spirit guide

Through Faith***Herbs*****Situations**

Hospitals, public, Religious R/C
 Interactions between people; home, shop
 Christian Church

Healers

Medical doctor
 Nurses/Nuns
 Spiritual healer
 Alternative pract.
 Maori healer
 Psychic
 Reiki
 Chaplain
 Minister/Religion
 Faith healers
 Buddhist tradition
 Self/power within
 Women friends

Sensory Experiences***Feeling of:***

calm
 peace
 heat
 warmth
 tingling/fingers
 prickling sense
 swollen hands
 red hands
 hot spots/healee

Healing atmosphere***Barrier & blocks/healee******Visualise, clairvoyant******Creation of energy field with healee***

INTERVIEWS with healees

Extracts from interviews with healees describing their healing experiences are given in this section.

The following is a key to the text below:-

I. = interview

Q. = questionnaire.

Q.2.1 = questionnaire, (2.) subject number two, (1.) paragraph 1.

M. = refers to the researcher.

M.

"Tell me what does it mean for you to experience the spiritual dimension in healing?"

I.Q.2.1

"An inner comforting, a feeling of peace, and a feeling of wholeness, I guess."

I.Q.2.2

"And that can come through anything from touch to speaking with a person to praying."

I.Q.2.3

There's a little more, I can add a little more, I guess there's also a feeling of euphoria, that sort of real high that you can go to which is very special."

I.Q.3.1

[Talking about a retreat experience]" So I feel as if there has been a profound healing and interestingly enough in the days after that in the end of the retreat and three or four days after, whenever I slept and I woke, I knew that healing had taken place, very deep healing and I still have to take that within me and live with it and continually cling to it. I do feel it was something quite profound."

I.Q.20.1

[In response to a question asking about spiritual healers]." Yes, I've done that, I've got a lot of spiritual friends who are healers and quite often they spontaneously do healing on me anyway without me having to ask."

M. " Would that be hands on?"

I.Q.20.2

"Not necessarily, it could be just a **throw away remark** like "**What's bugging you?**" or, "**What are you blocking?**" or something like that, and I find that when I do healing I find that I don't have to actually specify that I tripped over a rock because I was angry at my daughter or something like that. I don't have to specify I just have to feel that I'm not letting go of anger or letting go of resentment or something, and then consciously just let it go, and you don't have to let go of the nitty gritty and exactly what instance has caused it, so I'm working on letting go because I'm very good at hanging onto things."

M.

"Just to go back to those practitioners you mentioned earlier, are you aware that they might work from a spiritual dimension?"

I.Q.20.3

"Oh yes, I know T. does, yes T's a very spiritual lady although I think **she tends to work from a point of view of her religion**, which I think is **Russian Orthodox**.

I.Q.20.4

I've got a very **Christian friend** who is a member of a **Christian Church** but she's also very spiritual but she finds a lot of strength in the Church, although her beliefs are bigger than the Church, a wider thing, but she needs the strength from the Church."

I.Q.39.1

"I have had times when I've been so very ill and a **group of friends** have done **healing and holding me**, spiritual healing and it's worked very well."

M.

"Would you like to talk about that then?"

I.Q.39.2

"My sister actually belongs to a group and they get together."

M.

"Is this a Church group?"

I.Q.39.3

"Yes, it's a **Church group** actually, this one, and they get together and really it's amazing, you know the relief and kind of feel of well-being that you get when you are really ill in hospital."

M.

"Is that relief from pain?"

I.Q.39.4

"I think just a spiritual feeling, **uplifting feeling** more than anything, but I know it has worked for so many other people you know.

I.Q.39.5

In the beginning I used to think, oh it doesn't work, but it does, you just can't get away from it.

I.Q.39.6

And it depends who the people are that are there, their strengths, they've got to be very strong and dedicated people I think to send out.

I.Q.39.7

I feel it's like a **magnetic field**, and these sort of feeling **rays** are sent to one person or several, and you do feel it."

M.

"Is this prayer group or hands on?"

I.Q.39.8

"Yes, **hands, healing**, well they've done it from the **prayer group in the Church** itself but I have also had people also sitting around my bed and I'm always tapping on the door and coming back, sometimes I wonder why but it's amazing really how it works.

I.Q.39.9

It's a feeling that there are so many different kinds of healing.

I.Q.39.10

When I was in hospital last time I was nursed by quite a stern iron girl, I didn't know whether I liked her or not, she seemed sort of roughish and heavy handed you know, and I thought, I don't know about you, but one day I was in terrible pain and she just looked - this has happened to me twice mind you, I have got something - just seem to gather people like one of those people."

I.Q.39.11

[Talking about another healing incident] "I went to Wellington, I was about 38 years old and I had suffered on and off most of my life with a lot of **blood clots**, it's this family thing and I've inherited my mother's illness, I lost my mother she was 54, but with modern things of course they still keep going, And stayed with a friend of mine, they ran a hotel in Petone, and I was in agony this night, I walked in there and I said 'Oh my leg', and the doctor had painted it, anyway we were sitting in the private bar after everybody had gone off, sitting there and there was this man across the room with I thought his wife.

It was his wife, and he was staring at me, and I thought, ooh, I said to S. 'Look at that creep' - cos in those days I was quite slim, and I said, 'I feel miserable and it makes me feel worse, perhaps he can see through' and he walked over and she said "Oh no, he's a nice person, he comes from the Christian Science Church, he's a healer. He goes all around the world, and he seems to stay 6 months here and there. Now they ran the Wellington airport, they had the catering part of it, they'd come from Australia, he was called over here because

of this healing he had, and I was thinking oh no, not another one, I always seem to collect these people - they look at me and slap I'm zapped. Anyway he came up and we were talking and he said to me straight out - "You're in great pain aren't you," and I said 'Well yes, I've got a sore leg, I said I've got a blood clot and I shouldn't be on my feet out there.' "Well," he said, "I'd love you and Mrs P to come and visit us out at the hut, round the bays, by the sea." I looked at him, Aunt Mary was with me because she was definitely unbelieving, not terribly religious lady at all, and she eyed with great horror you see and she said, "Trust you to meet another person." So the next day S. said, "Well, you'd love to see their home, it's full of beautiful things, and he's a very interesting man, he really is a healer." And I thought, well if S. says that fair enough, because she is very doubting. So we went out, and it was a beautiful home, and we had afternoon tea and he just said - "Would you like to come into the next room, I thought ah ho - Aunt Mary came too, 'cause she was worried and he got **behind my head and he blessed me in the name of the Father, the Son and the Holy Ghost, crossed the head** and he told me all sorts of terrible things that were hurting my body at that time, and he knew all about my life, just seemed to know, nobody had told him because nobody knew about these things, but he told me and Aunt Mary is sitting there looking. **And he just put one hand each side of my leg and I felt this amazing heat - I felt that with my father, the same feeling,** he used to help Mum with the pain, and this heat and that leg that right leg, I can see it right now it was enormous, it was so swollen and red; **it all went down and went away and I went back to the doctor in a couple of days and showed him and he couldn't believe it - that man he did have healing in him but it was also done through religion you see, so the Church of Christ Scientist I think they were,** but he was a very religious man, and you could tell he had that, a lot of people have a very uplifted look and they have an aura about them, they have an aura around them, and you can tell."

I.Q.39.12

(Another experience) "And when I arrived here strangely enough, I met a lady, we all gather on a Monday for afternoon tea - the ladies in the Court - we meet each other there on Monday because we don't really see a lot of each other otherwise, and this unusual lady looked at me and I thought, oh well, something's unusual about her. Very bright, very straight, very unusual person and she came down to see me, knocked on my door the next day and **she's a healer**. She lives here and she's in her late seventies, **her gift** has slightly weakened recently, the last year.

I.Q.39.13

When I first came here she had a very powerful gift and she brought me some **crystals and I worked with those crystals**. She showed me what to do and the colours and the right things I needed and she seemed to know exactly what I needed and also told me to go and have a look at some and **whatever my mind says "pick up", well that was my crystal**, which I did. I took them to the sea and washed them and kept them in my own hands because if anyone else touches them it sort of spoils the balance. I've got amethyst, citrines and all sorts of things that I use, and I've found they are very unusual things, they are very strengthening and you can be upset if you use too much.

I.Q.39.14

You've got to know your crystals and put them in the right places and don't leave them under your pillow because you fly and have nightmares and things. But if they're put near all the points, chakras and whatever, points on your body they really do help the pain, and if you're a believer and you've got a faith and I believe it is religion in another way, because it's all faith in something, and the ones I've managed to pick up have helped me a lot, the crystals, and they're very soothing - you know if you're depressed or anything, and you use whatever crystal that comes to your mind or your mind says pick that one up, and take it and put it under your pillow or beside your bed. Amethyst I like because its soothing for me, pink stones, the rose quartz suits me fine; I've got one in my car and one in my bag and I can hold it if I want to, crystals of all sorts, amethyst seems to be good and the rose ones for me and the citrine and things like that, they've sort of kept me going a lot while I've been here now. That lady just came to me, I didn't make any overtures to her except that I felt her unusual gift, I felt it because I know I'm a little bit of that kind myself and two of my sisters are terribly psychic, very strong."

M.

"So what does it mean for you to experience the spiritual dimension in healing? "

I.Q.49.1

"Well I guess it means that your beliefs influence your health, yes I guess that there is a power available to heal."

M.

"Which church group or spiritual group do you belong to?"

I.Q.49.2

"Well, I mean I attend an Anglican Church."

M.

"So do you go to Church regularly?"

I.Q.49.3

"Yes, I do go to Church regularly."

M.

"So do you feel partaking of communion, sacrament or attending church does help?"

I.Q.49.4

"Yeah, I think so, yes well the mental health, physical, but yes I think it does."

M.

"Would you go to healing services in the Church? "

I.Q.49.5

"Yes, I have gone to healing services; we have **healing services once a month at our Church.**"

M.

"Would you like to talk about your experiences there?"

I.Q.49.6

"Just a sort of **laying on of hands and prayer by a number, a minister and one or two members of the congregation; a very personal sort of thing that takes place before or after the Eucharist, usually associated with the Eucharist.**"

M.

"And do you always feel better afterwards?"

I.Q.49.7

"I might feel better, I feel more at **peace** I think. I don't usually go with a physical problem."

M.

"So is this a peace that you don't find elsewhere?"

I.Q.49.8

"Well, in a sort of sense yes, in a sense it is, yes."

I.Q.71.1

"Well, I don't feel that I can pull out healing in the spiritual dimension of healing, from just the spiritual dimension of life, except that healing to me - **any illness or disease is from a spiritual beginning** - do you see what I mean - I mean that I think that kind of ultimate level of life to me, and it comes from sort of spiritual through emotional, mental, onto the physical plane. So what manifests as a physical complaint to me has a spiritual beginning, so when I think about healing I suppose my first thought is to bypass the physical and aim deeper than that."

M. "How would you approach the healing, say for example you got sick in the physical body what would you do?"

I.Q.71.2

"Depending what it was - if it was something I wasn't too sure about I would probably **go to my GP to get a diagnosis**, to get a physical diagnosis and that part to sort of give me some idea of what the physical consequences are likely to be, and that gives me some idea whether it's an urgent thing or whether it's something I don't need to take quite so seriously short term.

I.Q.71.3

At the same time I would probably do a lot of thinking about what's this illness trying to tell me about my life and what's happening on all levels really, I mean like sort of my thought processes and my spiritual growth, and what's happening

there and whether I'm blocked in anything, as well as just my physical, practical, day to day life; so I'd be thinking about all that and maybe working on **affirmations and visualisations**.

I.Q.71.4

This is all very ideal though because it doesn't always happen that way and because I'm trained as a homeopath, I'd also be looking at remedies and maybe discussing it with other homeopaths and trying remedies as well, so that's how I tend to deal with things.

I.Q.71.5

I mostly consult with other **homeopaths** but for **alternative health practitioners** and I would only go and see one who I thought practised in a similar way **where the whole being is taken into account**, including the spiritual dimension, else I just wouldn't get on I don't think with someone else.

I.Q.71.6

Recently I went and had my Tarot cards read and that was partly because I was sort of thinking about health problems and stuff as well, so that's like looking at **the spiritual dimension of alternative health.**"

M.

"Have you had any experience with hands on healing?"

I.Q.71.7

"Once, yes."

M.

"How did you feel about that? you were healed?"

I.Q.71.8

"No, I wasn't actually."

M.

"Did you experience anything in particular?"

I.Q.71.9

"I didn't experience anything at the time, but I felt like it was all very real and very genuine, and I felt like it made some change in my life, and it was sort of something that I thought about and saw things rather than I physically felt different, but I've got this thing on my eye and apart from that like when I went to see the woman for the hands on stuff it wasn't physical. My complaints are rarely physical, I don't feel like it's on that level, it's usually much more emotional stuff, so in that sense I felt relief from it, yes, I felt better.

I.Q.71.10

I find it hard to pull the healing aspect out because I think everything in my life is aimed at healing basically, and what I've found has happened, the more I started to believe and trust in it, - what I've been thinking recently - I got a dog a week ago and I hadn't even thought about visualising or anything like that but I

had actually worked out very clearly, and I remember sort of saying to myself, right I want a fox terrier and I want a female, and then this dog turned up and I found afterwards it was exactly those things I'd specified, and the same thing happened a year ago with my house that I brought.

I.Q.71.11

Again unthinkingly, I'd been sort of reading about **visualisation** and thinking, I must do this but in both these instances I hadn't thought I'm going to visualise and I just suddenly realised when I was thinking about the dog, I thought here I am trying to meditate and trying to say I want some proof and I want to know if I'm being guided and I thought course I am - look at these things happening to me, yes, so I suppose just like how much is a part of everyday life without even thinking about it. And its all for healing I think. I mean the dog has just been amazing for our family really, we suddenly seem to be laughing much more and so I think that's healing."

I.Q.75.1

"Well I've just come to it in the last year, it was through a sequence of events, I was working and I got a **bladder infection, which turned into a kidney infection in 3/4 of an hour which is very unusual**, and I went home with a very high temperature and that night I had a lot of things that I saw were quite frightening in the house, and I mean I was in a different state of consciousness, because of my very high temperature, so I had the ability to see and I was very concerned about the things I had seen. So I spoke to a person who I knew dealt with this sort of thing and she contacted a **tohunga in Whakatane for me, and he basically identified that there was a curse** that had been put on my husband, and that the curse had actually started to affect me and the children and that they were trying to get at us through that, and that he had had this curse put on him through his job, he's a policeman.

I.Q.75.2

So the tohunga lifted the curse, and we left it at that. I also had another friend, J. who was involved at the Manawatu **Spiritual Centre** and she was quite helpful to me at that time, and so she introduced me into the centre at that stage, then we moved on. We used to go regular to meetings on Sundays and we went to a group so that's how I came to it.

I.Q.75.3

Little things build up throughout my life that sort of prepared me I suppose, but that's basically how it came about."

M.

"Can I just ask you a question about your medical doctor - does this person or are you aware that this person works from a spiritual dimension at all? "

I.Q.75.4

"No, she doesn't, no. "

I.Q.75.5

"I would consult a spiritual healer I think if I was more in a state of mind where I knew that my state of mind was affecting my physical health, but I couldn't actually put a clear condition on it. So that if I was feeling low and you know I was having recurring colds or I wasn't able to shake something off, under those circumstances I would tend to go to a healer because there would probably be or there has to be more to it that I haven't been able to identify or to work out for myself."

M.

"Do you have a spiritual healer that you can just go to?"

I.Q.75.6

"Yes. If I wasn't in that situation I would go to a doctor."

M.

"Have you experienced healing from this spiritual healer?"

I.Q.75.7

"Three times, three times I've experienced. One has been in a **group** where you have the **formal meditations and given tasks to do**, and quite often I can't do the task or the task leads me to receive healing.

The second type of healing that I've received has been very sort of **formal, like lie on the table and they'll put their hands over you, and both times I've been aware that I've been receiving healing**. When I'm on the table and they are actually working on me I can feel physically what they are doing, sense that there is more going on, but I can't put my finger on what it is, so if they are healing a physical condition I can do that.

The third type of healing that I receive which I consider to be spiritual and it's only my opinion, I have regular **psychotherapy**, and for me that gives me the means for **going within and a means to sort of achieve that personal growth**, to be sort of more relaxed.

I.Q.75.8

Any spiritual healing that I would ask for it would be an adjunct to a physical thing where I've consulted a doctor or if it was something in a group that it wouldn't be worth going to a doctor for that they would tend to think that you were hypochondriac, it was a combination where your emotional is creating a physical thing and you know that, then I would go to a spiritual healer, or someone like that and to probably someone that to whom I could talk to. I don't think I would go to anyone like a **naturopath**."

M. "Any reason?"

I.Q.75.9

"My experience of them haven't been particularly good, unless I found someone who had a spiritual side to them too, other than that I wouldn't."

M.

"Would you like to talk about some of your healings?"

I.Q.203.1

"Some healings have happened through stepping out in faith, some have happened without me realising it. I was told I had **osteoarthritis**; I had very acute pain from it, and this was after my having been **spirit filled**."

M.

"So how did they go about the healing? Was it a hands on healing?"

I.Q.203.2

"Yes, it was **hands on**. It was kind of a ritual thing, something probably that I don't totally agree with. When I came away from that, I more or less came to healing myself and was still in pain when I walked away from the **service**, I went to pain, it was pretty bad actually and I was sitting having lectures at the time, so I was sitting in a strange position and I had sciatica at the same time so it was very awkward for me and this sort of pain wasn't going to go away so I could see that it was actually manifested and I could see now to glorify the Lord because it was from an accident some years ago but it manifested itself a few months after I had become a **Christian** so I was told I would need a Chiropractor, I would need urgent Chiropractic treatment."

M.

"Who told you that?"

I.Q.203.3

"A **chiropractor and a doctor**; my GP looked at my back and said I wouldn't even be able to have children unless I got it fixed up or I'd have difficulty."

M.

"And how was he going to fix it?"

I.Q.203.4

"Send me to a physiologist and send me to a chiropractor as well. After the service I went to, I slept two nights for the first time in several weeks and realised that it had gone, the pain had gone. I tried to aggravate it but it wouldn't come back and the sciatica had gone as well and I'd also had pain in my right hand that I couldn't write - I used to work with computers, it was so bad, it was there just for months, six months, and that was a separate healing in itself I had to actually pray about it to go away so I could write, and those are a couple of healings that I've asked for and then sometimes I actually ring somebody up.

I.Q.203.5

There've been occasions when I've been and got a virus and had pain right through my body, kind of strange pain that normal analgesics wouldn't take away, and also toothache, and these times I've asked and had prayer for. I've actually rung somebody up. When I pray to the Lord I just have to talk and ask Him in His name and have faith and in hoping with expectation I know that I've

actually received much more. **I've had prayer on the phone for myself two or three times - within a minute or two and the pain had just gone completely, this is related to the virus and toothache and so forth.**

I.Q.203.6

Other healing I received without realising it was **my hearing restored**, my left ear, I had it tested about a year ago. About four years ago I was told it was damaged, I had a deafness, it tended to get worse and worse, I had to ask people to repeat whatever they were saying, and again it seemed to manifest itself without me realising it a long time afterwards. One morning I was lying in bed on my right side, I was lying so that my left ear was actually off the pillow, and I heard a ringing and I thought it was the phone in the house, when I got up it wasn't the phone in the house, it was the phone in the house next door. It was a loud phone and I normally never hear that phone in the house next door but it was like my hearing was all right now."

M.

"You realised the hearing had come back again but did you have your ears tested again?"

I.Q.203.7

"No, I haven't but I am waiting - sometimes doctors have free testing so sometime whenever it comes up I will go to that."

M.

"Would you like to give some of your experience for the healing of yourself?"

I.Q.207.8

"Yeah, I can. Well **I get healing from G. (spiritual healer)**, although I'm a healer, I have healing from G myself mainly because of my back and that, but even in Auckland I would. **Churches** I belonged to in Auckland, well there was a period of 18 months when I didn't do any healing and that was simply because I was a bit fragile so for 18 months I didn't do anything."

M.

"So was that at a time when you were being healed?"

I.Q.207.9

"Yeah, and the President of the Church I used to go to in Otahuhu, he's wonderful, he really is; sometimes I won't do healing at Church if I'm not feeling up to par. I won't do healing but I will get healing from G. and I only stick to G. I don't change healers, some of them will try the whole spectrum but no, I won't, I just stick to him you know to do me good, yes that's it."

I.Q.207.10

I also consult an alternative health practitioner, I went to J. last year because I suffer from angina attacks, I've had several and that's stress related. I know what causes it so therefore I do a lot of meditation, that's how I keep my stress levels really, really low. For a while last year I was just getting little niggles

which you can live with and you don't require any medication as such but when I went to the alternative health practitioner I got onto homeobotanicals. "

M.

"Do how do you first attempt to heal yourself? "

I.Q.207.11

"Well I usually telepathically talk to Dr. John and then when I sort of feel say it was here, my heart, I just lay my hands there and I just mentally say to him - **you do your work Dr John and I can feel my hands tingling**, that's about all I do. I go into a meditative state and I just ask Dr John to do it. If it's my back and I can't get to G. usually I'll do it and I'll do it for more than one day, I don't just rely on his healing for one day. If it's quite bad, if my back's quite stiff and sore and I know I can't get out to G. then I'll ask Dr. John say for about four days I'll ask him to help - and it works, it really does work.

I.Q.207.12

Some people say, "Oh you can't heal yourself, - no well I don't look at it that I'm healing myself I am asking for extra help same as with my healing - **I'm only the channel, it's not me at all, it comes through me rather than from me.** "

M.

"It's just from the guides is it? "

I.Q.207.13

"Yes."

I.Q.218.1

[Healing experience]. "It was at the Salvation Army, and it was a **women's Aglow meeting** and I was really heavy hearted, not for myself, I hadn't slept for about three weeks because **I had such terrible pain in the left knee** and of course I didn't realise at that time, but it was the **arthritis** and not to sleep, it's terrible, I just wasn't sleeping and I went along to the Aglow meeting with a concern for somebody else, not for myself and a friend of mine who is a trained sister said - "Go up, this woman is wonderful", and she kept saying, K.F. was her name, and she was a real prophet from the Lord, I mean a real healer, I mean she just glowed, she was just a beautiful lady, an older lady but she kept saying - "**Well it's not K. that is doing the healing, the Lord is using me, it is in the name of Jesus**". And I had actually written on a piece of paper prayer for this person for whom I was concerned and they had a little prayer box. But my friend, who is a trained sister, she said "Go up, go up E." and my reaction was, there is so many nursing staff all trained and you know I don't want to make a fool of myself but I did go forward when they called for different sections of people, you know whatever their problem was and I went up.

I.Q.218.2

And they did anoint me, and the Lord really, how can I explain it, but from I guess within myself I did hear His voice saying "Don't be concerned for S. what

about your needs, and that was within my head or my heart, wherever it was, and they did anoint me, and I wanted to just skip away from there and I thought no, I can't make a fool of myself, is this real. You see you still sort of have these doubts and I walked back, but I knew I couldn't leave that hall and I stayed there right through to the finish of the service. When I finally did go home, I mean K, M, and B, just looked at me - what's happened to E, they said they saw a change because I had gone out really bad news and the pain and everything was showing, **and I had come back glowing, and I knew there was a change.**"

M.

"Did you know this at the point that you were anointed?"

I.Q.218.3

"Yeah, I knew that I was anointed."

M.

"Yes, but did you feel a change?"

I.Q.218.4

"I felt an immediate change, **they prayed** for me as well as a lot of other ladies because there were so many there wanting prayer, so it was a mass prayer. It **wasn't a laying on of hands they did anoint me they had a little bottle of oil,** and I mean that is spiritual if you are sick."

M.

"Where about on the body did they anoint you?"

I.Q.218.5

"On my ankles and my leg, and I just know that there was a change, I mean you hear all sorts of things and you say Oh you know, you've got arthritis, you are full of bitterness and all these things, and I mean we can make a lot of people stumble by saying things like that. I admit I thought I had completely opened up my heart and soul to the Lord, but if I totally honestly deep down there were little bits that whether it was a grudge against a certain person in the family, it was there and until you completely empty yourself and there isn't any little dark holes tucked away you are completely free because I know the freedom of Jesus Christ now, I know how I have changed."

I.Q.240.1

[Experience of spiritual healing]"Well, this is the position with me and **I was in hospital** some three or four years ago and **I had a kidney stone** and it was giving me great pain and causing a lot of problems and they sent me to the hospital and the kidney stone was there, they x-rayed it and it was there and there was evidence of blood in my urine which indicated that the stone was causing problems. And a friend of mine that belongs to New Life Centre said to my wife, "Now do you mind if I bring my pastor and elder of the Church and myself up to B. and anoint him and pray over this problem. So E. said "Yes, that will be all right". So he went up to the hospital and saw **the sister in**

charge of the ward who was sort of rather taken back and she thought, oh goodness this is a bit crazy we want to allow it but we don't want any funny business going on in the ward. So they take my bed, wheel it out down the corridor and out to the waiting room at the end of the stairs. At the top of the stairs there's a waiting room there with some chairs and they put me there. **And Pastor W. of the New Life Centre and an elder, and this other man who was also an elder, they anointed me, and prayed,** and that was OK. So I went back to the ward and they stayed around for a while and left.

I.Q.240.2

The next day the doctor was worried about this kidney stone so they put another notice on my bed 'Nil by Mouth' - it was almost always there, carted me down to be X-rayed again, and lo and behold they couldn't find the kidney stone - it had gone!

I.Q.240.3

So they were most amazed, they couldn't stomach this - that **the kidney stone had gone**. They said, "Right something must have happened", so they got all my urine for 24 hours, strained through cotton wool looking for the evidence of this kidney stone and they never ever found what happened to the kidney stone. It had gone.

I.Q.240.4

As far as I was concerned it was gone by prayer, but as far as they were concerned they could not make out why it happened **and they kept me there for two or three days and there was no sign of the kidney stone**. There was no pain. **When I first went in I had what they call 'renal colic' and it was causing a lot of pain - and that pain had gone**. All they could find at the last stages was I had a hernia but they were going to do something about it but they let me home and they haven't done that hernia, or anything else since then."

M.

"So at that time, did you tell them you thought it had vanished by prayer?"

I.Q.240.5

"Well, we told them, they knew that they'd come up there and **I think I probably told them it vanished by prayer, but they wouldn't believe that**, they couldn't of believe that. And strangely enough my wife rang up one of my brothers, who is a preacher in a Church in Otaki, and told his wife about it. She thought E. [wife] was a bit cuckoo. And she still till this day has never believed that it happened. As far as she was concerned B. thought he had a kidney stone, and it went, and that was it sort of style.

I.Q.240.6

The kidney stone WAS there and it disappeared, it was causing me great pain and it disappeared and it was probably about three days after I went there and they prayed and I was there for seven days about another four days while they were looking for it and they didn't find it. **When God does the healing he**

does the healing - and as I see it, if you have a kidney stone there is only one way it can come out - and it just vanished!"

INTERVIEWS with HEALEES: Summary of themes

Manner of Healing

Group
retreats
friends
church

Guides
channel

Sacrament
Anointing
Eucharist

Prayer
centring prayer

Hands on

Crystals/Stones

Sensory Experiences

Feeling of
inner comforting
wholeness
peace
euphoria
uplifting
rays
heat
glowing
Spirit filled (Christian)
power
visualise

Intuition

Telepathy

Healers

Medical doctor
Nurse
Spiritual healer
Religious person
Pastor
Elder
Naturopath
Alternative medicine
Homeopath
Maori healer
Tohunga
Psychic
Psychotherapist

Situations

Public hospital
Maori

RESULTS: STAGE THREE

OBSERVATIONAL STUDY

The aims and purpose of the observational study was to discover exactly what people experience during healing, using a spiritual dimension, and whether there were any physical changes occurring in the body during the healing interaction. Experiential data from participants is reported first, followed by biophysical indices taken both before and after the healing interaction.

The following **healers** participated in the observational study and described themselves as:

1. Reiki healer
2. Spiritual Healer from the Spiritualist Church
3. Shamanic Counsellor
4. Magnetic Healer
5. Gemstone, Aurasoma, Colour Healer
6. Energy Spiritual Healer: Channel for Higher Healing Powers

The following **healees** participated in the study and were people who sought healing because they suffered from the following conditions:

1. A back problem after a fall one week previously.
2. Thyroid problem.
3. Skin cancer on the face.
4. Arthritis; both knees.
5. Menopause, being treated unsuccessfully with drugs.
6. Recovering from influenza.

Key qualitative results

Healing interactions will now be outlined and narrative from the observational data reported.

The first healer called herself a *Reiki spiritual healer*

The Healee reported a history of a fall one week previously; she had been seen by her GP and x-rayed; no abnormalities were detected. She was experiencing pain in the thoracic area of her spine.

During the healing the healer said she spent most of the time on the head area of the body "feeling the energy being balanced". She felt there were "blocks somewhere".

"When the energy flows" she said, "it flows in the crown chakra, [this is an energy centre in the head] and it flows on a very, very, very, high transmission." She described it as "a light sort of feeling", and "temperature changes happen when transmission occurs over certain problem areas." "This time" she said, "we got a vibration and she [the healee] started to become more powerful because it was more balanced." The healer also spoke about colour and she said that "it wasn't until I got to the heart chakra and I started working with the green, once we had that green really going and really strong then I was able to bring a rosy red colour in which was from the higher chakras and sort of stimulated, the energy, that was happening. The purple was coming through all the time, like it was the intuitive aspect telling us that it's still happening."

The healee said, "I saw a lot of colour, an extreme amount of different levels of green, changing to all different colours of blue, and high colours of vivid purple. I just got the most massive explosion of green.. I can't even envisage the green, it just went pooff like that, - then I saw pink, a lot of pink and then I went back to purples. And as I saw the different colours my body felt the colour, like a coolness."

The healee also experienced "electrical currents or transmission of some sort of energy" between herself and the healer. She said, "When the healer was working around my solar plexus, my feet just went burning red. They felt like they were on fire, and then when we finished they were cold, they had gone cold again." She also reported "different heats and colds in the body as she [the healer] touched me." The healee went on to say, "I even felt like I was sort of lifting out of my body at one stage too, things went really still, like I was not actually in here at one stage."

The second healer was a *Spiritual healer from the Spiritualist Church*.

The Healee was a lady who has been troubled with thyroid problems for some time. She welcomed the opportunity to have a healing session when the researcher asked her to participate.

The healer did a 30 minute meditation that afternoon before coming to the healing session in the evening. She said that this was an opportunity to "tune in" to her spirit guide, "Dr. John", who told her, before she met the healee, that the healee would be suffering from low back pain. This was confirmed by the healee before the healing session began. In describing her healing practice the healer says she relies upon her spirit guide and of this relationship she said:

"It's a sort of channelling, asking your own guides to come around; because you're basically asking your guides for help".

She said, "I found a couple of hot spots, he [Dr John] didn't say what, if anything, was wrong with her stomach to me, but I felt the hot spots so that's why I went back there again toward the end just to see if it had settled down."

The healee said the most obvious thing she noticed was a lot of stomach noises and she also felt temperature changes. In her words she said... "I got a lot of cold, I got very cold in some places, I felt heat but only certain parts and the other parts were cold, very cold."

The third Healer was a *Shamanic healer*

The healee came for healing because of a cancerous growth on her face. She had been diagnosed by a GP whom she said "wanted to conduct surgery" and she had said "no", she would "deal with it herself."

The healer did not have anything further to say after the healing session.

During the healing session the healee said she went into a "deep trance" where she "saw things" and "got messages" She saw "spirit people and animals" and she described her body awareness as "including a whole other world peopled with

Indians, eagle, wolf etc." "These", she said, "are my inner people." It was from these people that she "heard messages"

The healee described the problem and the healing as follows: "I went into a deep trance, retracing past issues - basically it went down to when I was a baby. My father was terrible - a problem, the eagle was present as a baby and tried to defend me but it took part of the baby's spirit away with it, so part of the baby went with the eagle, and part of the baby was with the mother and father. The eagle told me to heal - face what happened - integrate that part of the baby with the eagle, and the mother/father part of the baby, to bring it back to the self."

The fourth Healer was a *Magnetic, Spiritual healer*

The healee was a lady in her early sixties with a medical history of arthritis; she was booked for knee surgery the following week but was currently having a great deal of pain and walking with the aid of a stick. She said she realised a total cure wasn't possible, but she welcomed the opportunity of spiritual healing because she had experienced it previously at a Christian 'Aglow' healing meeting where she had experienced immediate relief from her arthritic pain at that time.

The healer said she worked with two guides during the healing. She said she had one guide the whole time then another one stepped in and she heard him say, "I'll rock your socks" She said, "one actually replaced the earlier one - took the wind out of my sails, my hands - they got so fast, there's just no way I could do it myself. Also when a guide steps in the energy just goes - I knew when I got to that part, because I'm feeling things when they're working with me."

This healer also saw colours, she said, "Colours - blue, a pretty blue green and blue, the colours were quite strong, purple, it's a beautiful purple, a deep purple. The patient was surrounded by a beautiful white light and it was so bright and clear it would hurt your eyes to look at it." She saw this colour as giving protection to the healee.

The healer saw a connection between herself and the healee and her emotional state and she said: "After the healing when I sat down in the chair I felt a very deep love from here in my heart chakra, it was incredible, it was like a bonding thing because of what I was feeling, I actually sent her a prayer, I don't always do that but I felt I had to tonight."

The healee had nothing to say after the healing session but her response when asked, "How do you feel?" was, "Well, just a love for someone else. Peaceful."

The fifth healer was a *Spiritual Energy healer using crystals, colour and sound.*

The healee was recovering from 'flu.

During the healing interaction the healer experienced a "very strong earth healing energy", she said that it "was pulsing into the healee's heart, through the gold earth wisdom," which the healer described as: "Fantastic, and it really wanted to open her more, and strengthen her more, so she [healee] could really work with earth energy."

The healer also made an interesting comment about blood pressure. "I've got two people with high blood pressure that I'm only doing cranial work on - whenever I finish it's higher, so I stopped taking it afterwards now because it just stresses them. They always feel better, and look better, and are better next time, but the initial result is higher and I don't know why"

From the beginning of the healing session the healee said she felt "a strong sense of connection, relaxation and healing coming into her body." She felt a "band of warmth around her collar bones, and a fullness in her throat", as well as "energy coming through the rib section and shoulder blades when the healer was working through her back and around her heart." She said she "felt a little bit chilly," and continued to say, "...but I felt it was really lovely and it was a very nice feeling."

The sixth healer was an *Energy Spiritual Healer*

The Healee suffered menopausal symptoms. She was being treated by a GP and on prescribed medication which wasn't working very well. She welcomed the chance to have spiritual healing.

The healer spoke about her hands during the healing and said..."My hands were moving, jerking they were, and I thought that's strange, so I sort of anchored my elbows on my knees and still they were going jerk, jerk, its like something is happening that isn't actually in my control, and my hands were really burning."

The healer went on to say, "I was in this garden, there was a little path and there was this lady in blue who was going to take her by the hand when she was ready to go on that path, but at the moment it looks a bit slippy, - definite trees, greenery, but this overpowering blueness was there, such an unusual blue. Her hair was long, sort of light but not normal, like golden, not like you'd see, it was an unreal kind of a look."

The healee experienced light and colour also and she said, "Bright light, lots of bright light; surrounding the edges of the light was a lovely blue and as it got wider and wider it got darker and darker, a real grey steel blue." She also felt a lot of "incredible heat" from the healer's hands, "not when she [healer] was actually touching," she said, but "when she was off the body, and it came directly into the middle of my forehead." At the end of the session she said: "I feel all relaxed and lovely now."

The Post-intervention Questionnaire and Interview

The post-intervention questionnaire sought the same information from both healer and healee about their experiences during the healing session. The questionnaire (Appendix Seven) related to "self", "self-awareness", "physical body image", "focus", "perceptions", and "emotional experiences". The interview gave participants an opportunity to talk about the healing experience immediately after the interaction.

Both healers and healees experienced *energy* and *heat*. *A source of healing from beyond self* was experienced by all except one patient who instead experienced a "source of healing from within the self" and "interaction of the self".

Five healers saw themselves as "*a channel, facilitating a source of healing beyond the self, to the healee.*" and the other healer in her interview spoke of an "energy flow, - just sort of flows on a very, very, very high transmission, a light sort of feeling".

The following charts (Charts 1 to 7), summarise results from the 'Post-intervention questionnaire'. The following key relates to the charts: (A) indicates healer "yes" responses, (B) indicates healee "yes" responses and (C) indicates total "yes" responses.

POST-INTERVENTION QUESTIONNAIRE RESULTS

Each chart relates to the question - "During the healing interaction did you have any altered sense of..."

Chart 1.

1. Self	A	B	C
detachment from ones normal self	4	3	7
decreased awareness of self	5	1	6
identification with a spirit person	4	6	10
identification with an energy	6	5	11
identification with the healee/healer	5	3	8
identification with a 'higher' self	4	5	9

Chart 2.

2. Self-awareness (personal identity)	A	B	C
increased	2	4	6
decreased	1	3	4
altered	3	5	8
of extraordinary ability or energy	3	1	4
source of healing from within self	1	5	6
source of healing from beyond self	5	5	10
interaction of self and a source beyond the self	5	4	9
a channel, facilitating source of healing beyond self	4	2	6

Chart 3.

3. Body image (physical)	A	B	C
decreased awareness	5	5	10
distortion of body boundaries	1	2	3
outside body boundaries	2	2	4
heavier or lighter	5	3	8
flow of force, energy, power	3	6	9
change in hands (skin colour etc.)	3	2	5

Chart 4.

4. Would you say your focus was of:	A	B	C
concentration	3	4	7
absorption	5	5	10
attention	4	4	8
Christian Holy Spirit	1	2	3
centring	2	6	8
prayer	1	3	4
meditation	4	5	9
openness	5	4	9

Chart 5.

5. Did you experience any of the following during the healing process:	A	B	C
eyes closed	5	4	9
eyes open	5	3	8
inner silence	6	4	10
intuition	4	4	8
clairaudience	4	2	6
clairvoyance	2	1	3
detachment	2	3	5
affirmation	3	3	6
visualisation	3	4	7
imagination	2	3	5

Chart 6.

6. Did you experience perceptions of:	A	B	C
rhythm	3	4	7
vibration	4	4	8
heat	5	6	11
cold	5	4	9
light	5	4	9
energy	5	6	11
electricity	2	1	3
tingling	3	3	6

Chart 7.

7. Did you experience any emotions:	A	B	C
positive	6	6	12
negative	2	1	3
love	6	5	11

The following chart (Chart 8) shows key elements given the highest "yes" responses, from the post-healing intervention questionnaire, (appendix) in the areas of "self", "self-awareness", "body image", "focus", "experience of perceptions and emotions".

Chart 8.	
HEALER / HEALEE INTERACTIONS	
Key elements given highest "yes" responses	
Number of responses	Word summary of key element
12	Positive emotion
11	Energy Heat Love
10	Spirit person Source of healing from beyond self Decreased awareness of body

	Focus of absorption Inner silence
9	Identify with higher self Interaction with source beyond self Flow of force, energy, power Focus of: - meditation -openness Eyes closed Perceptions of: - cold -light
8.	Identify with healer/healee Self-awareness - altered Physical body -heavier or lighter Focus of: - attention - centring Eyes open
8.	Intuition Vibration
7.	Detachment form normal self Focus of concentration Visualisation Rhythm
6.	Decreased awareness of self Increased awareness of self Source of healing from within self A channel, facilitating source Clairaudience Affirmation Tingling
5.	Change in hands, skin colour etc. Detachment Imagination
4.	Decreased self-awareness Extraordinary ability or energy Outside physical body boundaries Prayer
3.	Distortion of physical body boundaries

**Christian Holy Spirit
Perception of electricity**

2.

Negative emotions

Biophysiological Indices

The following results show pulse rate, blood pressure, and cranial rhythmic impulse, of each participant in the observational study before and after the healing interaction.

Radial Pulse

Table 2 shows radial pulse recordings in beats per minute, (bpm). Four healers recorded decreased pulse rates after the healing interaction (Q206 by 18bpm, Q268 by 16 bpm, Q207 by 12bpm, Q38 by 4bpm), one healer remained the same and one was increased (Q279 up by 4bpm). Healees also demonstrated decreased pulse rates (Q58 by 14bpm, Q218 by 10bpm, Q275 by 6bpm, Q245 by 6bpm, Q65 by 4bpm) and one healee remained the same (Q276).

Table 2: Radial Pulse Rates

Subject	Code	Pre-H bpm	Post-H bpm
Healer	Q239	72	72
Healee	Q275	65	58
Healer	Q207	80	68
Healee	Q245	86	80
Healer	Q206	82	64
Healee	Q276	88	88
Healer	Q279	84	88
Healee	Q218	80	70
Healer	Q 38	84	80
Healee	Q 65	76	72
Healer	Q268	72	56
Healee	Q58	86	72

Blood Pressure (B/P)

Healers

Blood pressures were taken with stethoscope and sphygmomanometer and recorded in mm Hg. Healers' right systolic B/P's (Table 3.) show that four were elevated after healing (Q239, + 8, Q206, + 18, Q38, +3, Q268, + 10) and two remain the same. Right diastolic B/P's showed major elevations (Q239, +13,

Q207, +38, Q206, +16, Q268, +12), one no change (279), and one minor reduction (Q38, - 2).

Healers' left systolic B/P's as shown in Table 4 were all elevated after healing (Q239, +20, Q207, +2, Q206, + 2, Q279, +8, Q 38, +5, Q268, + 20). All left diastolic B/P's were elevated (Q239, +26, Q207, +16, Q206, +8, Q279, +12, Q38, +12, Q268,+8).

Healees

Healees right sided systolic blood pressures are shown in Table 5 and were mostly elevated (Q275, +24, Q218, +5, Q65, +26, Q58, +5), with two lowered slightly (Q245, -5, Q276, -2). Right diastolic B/P's showed a similar pattern with major elevations (Q275, +22, 245, +22, Q65, +10, Q218, +6), one was the same (Q 276) and one slightly reduced (Q58 -2).

Left systolic B/P's (Table 6) were mostly elevated, (Q275, +2, Q245, +3, Q 58, +12), one remained the same (Q276), and two were reduced (Q65, -16, Q 218, - 14). Left diastolic pressures were all elevated (Q275, +18, Q245, +10, Q276, +8, Q218, +18, Q65, +8, Q58, +4).

Table 3: Healers right blood pressures

Subject Cod	Pre-H B/P	Post-H B/P
Q239	112/72	128/85
Q207	142/62	142/100
Q206	100/64	118/60
Q279	130/90	130/90
Q38	135/100	138/98
Q268	120/72	130/84

Table 4: Healers left blood pressures

Subject Cod	Pre-H B/P	Post-H B/P
Q239	90/64	120/90
Q207	138/72	140/88
Q206	98/62	100/70
Q279	112/78	120/90
Q38	135/98	140/110
Q268	120/82	140/90

Table 5: Healees right blood pressures

Subject Coc	Pre-H B/P	Post H B/P
Q275	106/60	130/82
Q245	125/58	120/80
Q276	162/90	160/90
Q218	145/78	150/84
Q65	124/90	150/100
Q58	165/108	170/100

Table 6: Healees left blood pressures

Subject Coc	Pre-H B/P	Post-H B/P
Q275	120/72	122/90
Q245	125/60	128/70
Q276	150/82	150/90
Q218	154/80	140/98
Q65	134/90	118/98
Q58	160/100	172/104

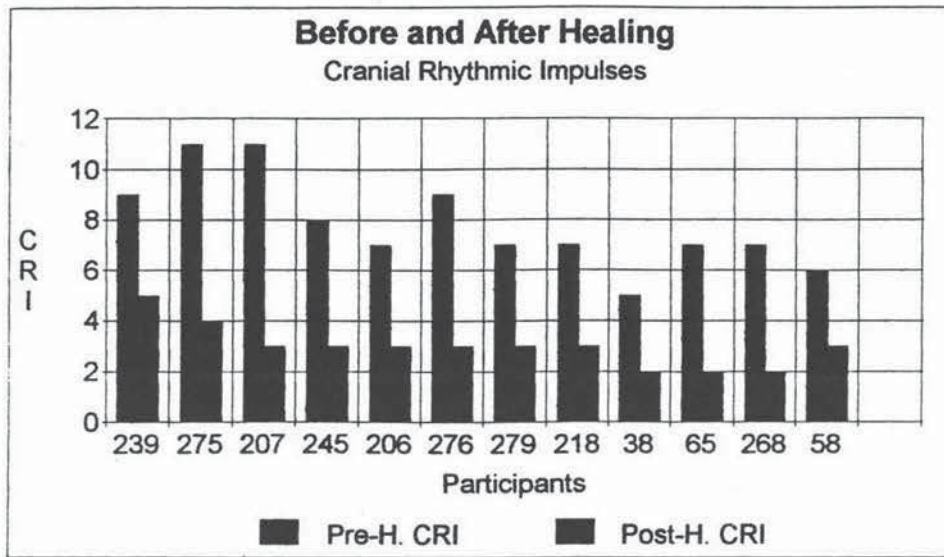
Cranial Rhythmic Impulse (CRI)

The pre-healing intervention CRI rate for subjects ranged between 6 - 11 cycles per minute (cpm) and the immediate post-intervention CRI ranged between 3 - 5 cpm. A reduction occurred in all post-healing CRI and a comparison of all CRI recordings are shown in Table 7, and graphically in Figure 35.

Table 2. Comparison of cranial rhythmic impulse recordings

Healer	Q239	9	5
Healee	Q275	11	4
Healer	Q207	11	3
Healee	Q245	8	3
Healer	Q206	7	3
Healee	Q276	9	3
Healer	Q279	7	3
Healee	Q218	7	3
Healer	Q 38	5	2
Healee	Q 65	7	2
Healer	Q268	7	2
Healee	Q 58	6	3

Figure 35: CRI Before and After Healing

**Summary:**

There were certain key elements that surfaced from the observational stage. All participants (healers & healees) experienced positive emotion and most of them experienced energy and temperature changes, especially heat. Openness, inner silence, intuition and love were high on the list of responses. A source of healing from beyond self was experienced by all healers and all except one healee.

All experienced some change in relation to the physical body; ten experienced decreased awareness, two healees experienced distortion of body boundaries, and four experienced being outside the body boundary.

Five healers saw themselves as "a channel, facilitating a source of healing beyond the self, to the healee." and the other healer in her interview spoke of "an energy flow". A sense of focus was apparent in the form of absorption, meditation, centring and attention. Four healers and two healees experienced colour of some kind and there was some identification with spirit persons.

There were some significant biophysical changes after the healing interaction which showed similar patterns in both healer and healee. Generally subjects' pulse rates decreased, and blood pressures increased (both systolic and diastolic). Cranial rhythmic impulses showed a reduction in all subjects.

CHAPTER FIVE

DISCUSSION AND CONCLUSIONS

The research in this thesis was guided by the desire to describe the spiritual dimension in healing and to discover its contribution to contemporary religious life and alternative medicine in Aotearoa-New Zealand.

'Spiritual' rather than 'religious' is a term that New Zealanders are more comfortable using and my results support the literature in this area.¹ Spirituality is very much a part of life for both Maori and Pakeha in Aotearoa-New Zealand and it can be experienced as part of everything that *is* living, and as a pattern *for* living. This, in an integral way, comes from the natural environment, being with people, reading Scripture, as well as individual prayer or meditation. All this is in relationship to 'God' in whatever manner the individual defines 'God'.

In seeking to describe and understand contemporary religious life in Aotearoa-New Zealand, experiences from the past (either one's own or others), ancestors, spiritual guides, human growth, intuition, prayer and meditation are all viewed as ways spirituality is enhanced. Spirituality in fulfilment provides a peace and a closeness to 'God', from whatever the believer comprehends 'God' to be.

Preceding chapters demonstrate that 'God the Father', the patriarchal figure, is still evident in some Christian churches but there are now alternative terms used by people who reject this masculine figurehead of 'God'; these include "Life Force", "Spirit", "Great White Spirit", "Universal Energy", "Universal Force", "Universal Flow", "Source", "Holy Spirit" (as an expression of God's personality), "Unconditional Love Energy" (viewed as the love energy that surrounds the universe).² These concepts have appeal for people who reject traditional religious terminology as well as for others who seek a meaningful connection with their own idea of God, themselves, and their environment.

¹ See p. 135, Q. 192.1.

² See p. 143, Q.75.6.

The letter "S" will denote this greater and higher spiritual source throughout the discussion in this chapter.

Acknowledgement of the spiritual aspect of a person is necessary in order to view the total picture of spiritual healing and one subject from the sample suggested that "the modality is secondary to the interaction between the people"³ For ease of reference when referring to the spiritual aspect of the individual "s" will be used in this discussion. If, as previously expounded, the spiritual aspect of a person is related to their chakra energy centres then the subtle anatomy of the human body needs to be recognised and taken into account as part of a holistic philosophy.

The spiritual dimension of a person is comprehended by interviewees in this study as the "inner depth... the core of all our being that we tap into when we open up to God",⁴ a "unity" with the "body and mind",⁵ and a "love energy" which "creates a space for healing within" which enables a person to "be in tune with people".⁶ Also the "Life Force" is viewed as an *experience* of the spiritual dimension which is "through everything and in everything (like the egg in the cake)",⁷ thus it is an ever present phenomenon and is "also tied with the earth, ...inclusive with creation."⁸

Contemporary healing as a spiritual activity in Aotearoa-New Zealand is largely a result of integration from spiritual beliefs of indigenous and immigrant cultures. In exchange for acceptance in a secular society the word 'spiritual' may be dismissed or avoided by some people and the word 'healing' used more frequently to denote spiritual healing. The letter "H" will be used in this discussion to signify spiritual healing.

In examining the phenomenon which occurs during the *healing interaction*, some of the commonest words used by both healers and healees in connection with spiritual healing are related to energy, i.e., "warmth",⁹ "heat",¹⁰

³ See p. 168, I.H.Q. 206.1.

⁴ See p. 143, Q.15.3.

⁵ See p. 142, Q.8.1.

⁶ See p. 143, Q.8.9.

⁷ See p. 144, Q.206.5.

⁸ See p. 143, Q.8.9,10.

⁹ See p. 166, I.H.Q. 192.4.

¹⁰ See p. 174, I.H.Q. 207.20.

"tingling"¹¹ and "hot spots".¹² The letter 'e' will be used in this discussion when referring to this energy created with spiritual healing.

Religion still carries a traditional strand of healing in most Christian churches throughout Aotearoa-New Zealand; guidelines for Christian healing come from the Holy Bible and the example of Jesus Christ,¹³ this includes "prayer", "anointing", and "laying-on of hands". As demonstrated from the America literature, there is also a strong following of spiritual healers in charismatic churches; this enables communities to express themselves, through the Holy Spirit,¹⁴ under the inspiration of God. In Aotearoa-New Zealand similarities exist in some churches and one person from the sample provided an example of how their group went about healing; "...we held hands and concentrated and meditated and it was quite an amazing experience. I know that she got better."¹⁵

The Manawatu recorded spectacular Christian healing missions in the past and there is promise of revival for the future, "because there is all sorts of healing going through there from different sources, from Roman Catholic to Siddah Yoga through to individuals."¹⁶ Some religious leaders realise that healing is an area in which they could better serve people and are introducing specific healing sessions into the life of their Church.¹⁷

The British Health System recognises spiritual healers who are functionaries within the churches, and also alternative or complementary healers within the community. All spiritual healers and alternative healers in Britain are permitted to work in hospitals and 'holistic' clinics. So far this model has not reached New Zealand and only Christian Chaplains are permitted to work in a hospital situation in the Manawatu. However, the patient may request treatment from a spiritual healer; permission is usually granted provided the healer does not interfere with conventional methods of treatment. An example taken from a sample interview shows that hospital staff, in this case, were suspicious and removed the patient from the ward while spiritual healing was

¹¹ See p. 165, I.H.Q. 192.2.

¹² See p. 171, I.H.Q. 207.6

¹³ See p. 151, I.H.Q. 15.6. & p. 167, I.H.Q. 203.2.

¹⁴ Davis, Frank Stafford (1990). *Charismatic Christian Spiritual Healing in Two Cultural Contexts: An Existential- Phenomenological Approach*. UMI, Ann Arbor, Michigan, p. 242.

¹⁵ See p. 167, I.H.Q. 192.10.

¹⁶ See p. 167, I.H.Q. 192.14.

¹⁷ See pp. 59 & 61, Roger Vaughn, *Saints for Healing*, Anglican Renewal Ministries.

being performed.¹⁸ In Britain there appears to be more open minded medical professionals who integrate spiritual healing into their practise and who have the support of a Holistic Medical Society.¹⁹

In recent times there are signs of change within the health care system in Aotearoa-New Zealand. No longer can the medical profession place themselves in a powerful position as they did in the past. No longer can they control health services as they did throughout most of this century. No longer can they keep practitioners of natural therapies or spiritual healers on the 'fringe' of conventional medicine and until recently alternatives were not considered worthy of any place in a government supported Health System but things may change in the future when the NZQA units are on the 'Framework' Meanwhile, practitioners are quietly going about their work healing their patients and teaching others.

In Aotearoa-New Zealand alternative medicine covers a wide range of treatment modalities,²⁰ many of these have been a means to transport metaphysical concepts and spiritual healing into the modern world of nursing and psychology. This is not new as Fuller,²¹ Ellwood,²² and Benor,²³ point to both America and Britain following similar patterns whereby alternative medicine with its spiritual origins gained secular acceptance through aligning itself with conventional medicine. However, seldom is holistic healing associated with conventional medicine in Aotearoa-New Zealand today; therefore it is seen to be more aligned to alternative medicine and nursing because spiritual healing is also of more interest to these professions.

Because standards for practise are being developed for the New Zealand Qualifications 'Framework' of education²⁴ this may well contribute to a greater acknowledgement and acceptance of natural healing within the health care system. Soon, there will be *national* qualifications available in *natural*

¹⁸ See p. 192, I.Q. 240.1.

¹⁹ See p. 42.

²⁰ A term used in alternative medicine to denote specific methods peculiar to natural therapies.

²¹ Fuller, Robert (1989) *Alternative Medicine and American Religious Life*. Oxford University Press, New York.

²² Ellwood, Robert S. (1993) *Islands of the Dawn*. University of Hawaii Press, Honolulu.

²³ Benor, Daniel. *Healing Research: Holistic Energy Medicine & Spirituality*. Vol. 1. (1992) and Vol. 2 (1994). Helix, Oxfordshire, U.K.

²⁴ At time of writing this thesis (1996) the Natural Therapies Expert Panel had developed unit standards and recommended units for a National Diploma and National Bachelor degree qualification in Naturopathy.

therapies²⁵ with standards currently being set by the profession. Already within the Polytechnic system new courses are available in spirituality for nurses,²⁶ and a range of natural therapies courses are available.²⁷

The Research Questions

From a targeted population the primary research produced data which established answers to the subset of research questions.²⁸ A discussion on findings follows.

(a) People do consult with someone who uses a spiritual dimension in healing when they have health problems.

From the targeted sample it became clear that people consulted healers who use a spiritual dimension, these healers could be categorised to fit two broad groups:-

(i) The first group includes spiritual *healers who belong to a religious or spiritual group*; generally they do not charge a fee for treatment.²⁹ These healers include 'religious leaders',³⁰ 'church spiritual healers',³¹ the more frequently consulted 'non-church spiritual healers',³² and family or friends.³³ In this study, a tohunga was less frequently consulted; this could be due to lack of Maori participants in the study, i.e. those people most likely to consult a tohunga.

(ii) The second group includes *spiritual healers who practise for a fee or salary*, such as a 'medical doctor',³⁴ a 'nurse',³⁵ an 'alternative health

²⁵ *Natural Therapies* was the term chosen in 1993 by the NZQA natural therapies Advisory Group to cover all modalities except manual therapies. Previously these modalities were considered as alternative or complementary therapies.

²⁶ 'Spirituality in Nursing' (1996) *Full Time Course Information*. Taranaki Polytechnic, p. 44.

²⁷ Brochure (1995), *Diploma in Complementary Health*. Manawatu Polytechnic, PN.

²⁸ See Chapter One, page 2.

²⁹ See Fig. 33, p. 126, p. 127, Fig. 34, p. 128.

³⁰ See Fig. 13, p. 110.

³¹ See Fig. 14, p. 111.

³² See Fig. 15, p. 111.

³³ See Fig. 18, p. 113.

³⁴ See Fig. 10, p. 109.

³⁵ See Fig. 11, p. 109.

practitioner',³⁶ or a 'counsellor'.³⁷ These practitioners may not declare that they also practise as a spiritual healer.

No matter which of the two groups in (a) above the healer comes from the client (or patient) in this targeted sample seems to be able to recognise a person working from a spiritual dimension. Spiritual healers have an undefinable something, the 'e' factor, which is a silent, unseen element that the healee can describe in a sensory way, mostly related to energy.³⁸

I am here proposing that the 'e' factor is the connection between the spirit of an individual, 's', and the higher spiritual source, 'S'. Healers talk about "centring", before commencing healing, being "open", and becoming a "channel". This "tuning in" process could be a means whereby the individual creates the right situation for 'e' to function; perhaps not unlike tuning into a radio frequency, this permits the healer's spirit, 's', to connect with the higher Spirit, 'S', so that healing, 'H', can take place.

(b) People offer healing through the spiritual dimension during retreats, friends offer healing, and functionaries from church groups also offer healing. Spirit guides may channel information or healing through a healer to the healee. Most healers use either a centring prayer, silent prayer, or meditation, but generally not formal prayer as part of the healing ritual in healing situations.

Healers use the spiritual dimension in their work mainly through "touch", "hands on" (or a more ritualistic anointing with laying on of hands),³⁹ "prayer" which is often associated with "touch", "laying on of hands" and anointing.⁴⁰ Many healers see themselves as "a channel" for "light, love and healing", a channel for "energy", a "channel to be used by Jesus", "a link with Higher Healing powers channelled through to the patient".⁴¹

³⁶ See Fig. 12, p. 110.

³⁷ See Fig. 18, P. 113.

³⁸ See page 194.

³⁹ See p. 128, (1.) Touch.

⁴⁰ See p. 129, (2.) Prayer.

⁴¹ See p.130, (6.) Channel.

(c) Although most people in this study had 'excellent health', were 'very healthy' or 'mostly healthy',⁴² results show that **people do maintain their health and attempt to heal themselves using a spiritual dimension⁴³ in various ways**; using their 'own healing methods',⁴⁴ using their 'own along with orthodox' or 'alternative methods',⁴⁵ 'being with people',⁴⁶ (particularly friends) or a 'place alone'.⁴⁷ The 'natural environment'⁴⁸ is especially important - particularly the earth, sea and bush. 'Sacred Scripture' was not a major factor in self healing⁴⁹ but 'prayer' and 'meditation'⁵⁰ were frequently used as part of the healing process in this study. Meditation is seen by the majority in this study as being different to prayer and as being important for self-healing. Meditation is "listening", "reflecting", "visualisation", and "music for meditation" is said to be helpful.⁵¹

(d) Healers offer healing through the spiritual dimension in a wide variety of ways.⁵²

Significantly, most healers in this study did not have a clinic,⁵³ neither did the majority charge for treatment.⁵⁴ Practitioner groups⁵⁵ can be categorised in the following manner:

(i) Spiritual or religious practitioner

Mostly healers belonged to a church or a spiritual group, a few belonged to another group and 13 belonged to no group at all.⁵⁶ This tends to indicate that the healer views group activities of some importance. A group who surfaced in this study were dissenters from churches but these people generally retained their spiritual beliefs and often had no problem returning to a church or spiritual group again.

⁴² See Fig. 8, p. 107.

⁴³ See Fig. 6, p. 105.

⁴⁴ See Fig. 22, p. 117.

⁴⁵ See Figs. 23 & 24, p. 118.

⁴⁶ See Fig. 30, p. 121.

⁴⁷ See Fig. 29, p. 121.

⁴⁸ See Fig. 28, p. 120.

⁴⁹ See Fig. 27, p. 120.

⁵⁰ See Figs. 25 & 26, p. 119.

⁵¹ See p. 129, (3.) Meditation.

⁵² See list of healers on p.179 and p.194.

⁵³ See Fig. 32, p. 124.

⁵⁴ See Fig 33, p. 126.

⁵⁵ See page 132.

⁵⁶ See Fig. 34, p. 128.

Christian functionaries as spiritual healers include "spiritual directors", "elders", "religious leaders", "spiritual healers", "religious orders of nursing Nuns", and "friends". Also included are salaried and ordained "clergy", "chaplains", and "pastors", and lay members from churches.

Other religious functionaries noted as healers in this study are "healers from the Buddhist tradition",⁵⁷ "Maori Tohunga", "psychic healers",⁵⁸ and "women friends." Little mention is made of male friends but this could be due to the greater number of females in the study and therefore a female viewpoint has been expressed.⁵⁹

(ii) Health professional

This group includes conventional general medical practitioners, nurses, counsellors, psychotherapists⁶⁰ and various alternative (natural or complementary) health practitioners,⁶¹ who function according to their professional role expectations and incorporate a spiritual dimension in their healing work; they are paid for their services.

(e) Spiritual healing is shown to be effective, and some of the more dramatic physical healings demonstrate the effectiveness of spiritual healing compared to conventional medicine. For example, the man in hospital with a kidney stone had been X-rayed before he was given prayer and laying-on of hands by a Church group of healers and there was no doubt that a kidney stone was present. After a repeat X-ray, the kidney stone was no longer showing, it seemed to have disappeared completely.⁶²

(f) Cultural background plays a part in both Maori and Pakeha spiritual healing.

Psychic abilities and the gift of healing are considered an inherent trait in both Pakeha and Maori culture. Often there is an expectation to fulfil a role as functionary within Maori culture⁶³ - this generally entails training of the

⁵⁷ See p. 169, I.H.Q. 206.14.

⁵⁸ See p. 169, I.H.Q. 206.12.

⁵⁹ See comparison of consultations with male and female healers, Fig.21, p. 116.

⁶⁰ See list of orthodox medical, nursing and psychotherapists, p. 125.

⁶¹ See list of alternative and natural health practitioners, p.125.

⁶² See p. 193, I.Q.240.3.

⁶³ See p. 176, I.H.Q. 209.8.

chosen one with a healer (usually a family member) over a number of years in the art of healing; emphasis is on karakia and preparation of herbal remedies, as well as hands-on healing.⁶⁴ There does not seem to be any similar expectation of family training to become a healer in Pakeha culture. Although it is common in Pakeha culture to talk about the 'gift' of healing⁶⁵ or 'psychic' abilities⁶⁶ being a family trait, often associated with intuitive lore,⁶⁷ training within a culture is not necessary to function as a spiritual healer but many of these people choose to study natural therapies.⁶⁸

Mention has been made about the function of the hand chakras in healing and many healers believe they channel energy from an external source ('S') through their hands.⁶⁹ Sensory experiences reported by healers are those of "heat", "warmth", "tingling fingers", a "prickly sense", "swollen" and "red hands".⁷⁰ Healees also reported experiencing "heat" coming from the hands of healers.⁷¹ These sensory experiences point to an energy ('e') concept.

Subjects in the observational study experienced physical and emotional effects during the healing interaction.⁷² It appears that both healer and healee develop, utilise, or transmit, some kind of energy, there also appears to be energy exchanged between the two people during the healing process (through the proposed "e" factor). Alteration of blood pressures, pulse rates, and cranial rhythms occurred to the extent that both healer and healee were affected in all cases under study⁷³ which indicates that this area is worthy of further study.

Having established answers to the research questions from the primary research our attention turns back to the literature of spiritual healing in an effort to determine what contribution the results of this study might add to the existing body of knowledge about spiritual healing.

64 See p. 177, I.H.Q.209. 14-17.

65 See p.153, I.H.Q. 15.18, and p. 156, I.H.Q. 39.5.

66 See p. 154, I.H.Q. 20.5, and p. 171, I.H.Q. 207.2,3.

67 See p. 157, I.H.Q. 75.1.

68 See p. 156, I.H.Q. 58.2.

69 See p. 169, I.H.Q. 206.9.

70 See p. 179, Healers Summary of Themes, sensory experiences.

71 See p. 194, Healees: Summary of Themes, sensory experiences.

72 See results pp. 201 - 205.

73 See results pp. 205-209.

The discussion will follow under three headings, (i) Confirmations of the literature, (ii) Challenges to the literature, and (iii) Contributions to the literature.

(i) Confirmation of the literature

Prayer, anointing with oil, and laying on of hands is seen to be the most common methods of healing documented within the Christian religion. Prayer is more likely to occur spontaneously before or during the healing interaction unless it is associated with Church ritual, such as during an anointing, and then it is more likely to be formal prayer. It was also noted in the literature review that not all Christian Churches believe in spiritual healing today, however, my study cannot confirm nor deny the literature because my study sample targeted subjects with experience of spiritual healing. Research into the association of physical healing with religious faith has been well documented, but the healing experience of the healee is still seen to be the best proof of the power of prayer to heal and this was confirmed by subjects from my study.

Conventional medicine in general, it is believed, has failed to treat the whole person - body, mind, and spirit. Conversely, alternative therapies do provide a holistic approach to care and my data confirms the literature in these areas. Although alternative medicine has become an established part of health care in both the United States of America and Britain today this is not happening in Aotearoa-New Zealand.

(ii) Challenges to the literature

Although Webster and Perry point to religiosity being low in New Zealand,⁷⁴ this statement could be challenged. Subjects from my sample demonstrate that although people leave a religious group they have no problem returning to the same or another religious group *provided* the group is able to meet their needs at that point in time.⁷⁵ This suggests that religious affiliation can change; people who leave the religious structure of churches still retain spiritual beliefs,⁷⁶ their beliefs do not terminate upon leaving a Church; it is the structure, doctrines, and personalities of people that are left behind. Census studies such as Webster's and Perry's do not take into account this

⁷⁴ See page 30.

⁷⁵ See p. 134, Q.2.4.

⁷⁶ See p. 136, Q.240.3

group of people who retain individual beliefs but do not declare allegiance to any religious group.

Although religious experience and behaviour nowadays is increasingly individualised, people in this sample still choose to belong to groups. Results of the study indicates that most practitioners belong to a 'church group', next a 'spiritual group', then 'no group at all', with a smaller number belonging to 'another group'.⁷⁷ There is some overlap because a few people belong to more than one group.

Like any group the leader is crucial to the success of the group. From the primary study one can see that the *successful* Church is one where the leader thinks and acts not wholly to the dictates of doctrine but according to his or her own conscience and the needs of the congregation. Again, if Church functionaries are granted flexibility and use of intuition this may well contribute to revival in churches.

The suggestion of a "manipulative milieu" by Hills could be challenged. The Manawatu evidence suggests that many spiritual healers do not charge for treatment, and those who do are generally working under a professional name such as "nurse", "naturopath", or "chaplain".

(iii) Contributions to the literature

The language of religion has always used the term 'God' to describe a higher being, but today the terminology used for 'God' has changed. One person in this study admits that for her, although the reality hasn't changed, the language has changed, but she says "I think we are really getting in touch with the same sort of energy." Many people use the term "energy" or "universal energy" which is believed to be everywhere and a source of "love" that surrounds people within the universe. "It's all God, ...that force, that life force, that love."

Some people view prayer and meditation as the same thing, while others see prayer as "directed for specific things", and meditation as "turning inward", and "listening for guidance".

⁷⁷ See Fig. 34, Groups to which Healers belong, p. 128.

Neo-pentecostal, charismatic, Christian healing is considered in the literature as being quite different to "New Age" healing. Some Christians agree with the latter but in my survey mostly people accept "New Age" as part of the holistic view of healing. They see that healing cannot be owned or restricted by the minority and even an Anglican minister suggests that others may be permitted to heal within God's plan where "gifts and powers ...don't come on conditions of holiness"⁷⁸.

Fuller demonstrates that in America no longer is physical healing part of church routine activities but in Britain spiritual healing has grown from within the churches. In Aotearoa-New Zealand, a more individualistic approach can be seen whereby healers can be part of a Church community without doing healing within the Church structure. If a Church does not fit their need people will shop around for another, or find a group of people with similar interests that do satisfy them. Alternatively they may choose to be alone in the environment. This demonstrates the intrinsic measure of private religiosity present in the people of Aotearoa-New Zealand and the need to belong to a group with which they have a rapport.

Perhaps largely overlooked in the area of research is the fact that both Maori and Pakeha have contributions to make regarding the *healing power of stones*. Stones and their spiritual importance have been briefly mentioned in this thesis; the literature alludes to early religious rites of the Maori using healing stones and the primary data mentions a *Maori patient who needed her stone with her in a hospital situation*⁷⁹ and a *Pakeha who uses crystals for healing*.⁸⁰ These things bring us back to the earth and environment and it could be theorised that transmission of energy from a higher source ('S') occurs through the healer ('s') or can be transmitted via the crystal or stone ('e') to the healee. Support for an energy concept is demonstrated from the primary experiential evidence when both healer and healee sensed heat, cold or tingling during healing.

Dolores Krieger⁸¹ used an energy theory developed from the nursing profession to explain therapeutic touch therapy. Although chakras, auric

⁷⁸ See p. 153, I.H.Q. 15.18.

⁷⁹ See p. 175, I.H.Q. 209.1

⁸⁰ See p. 156, I.H.Q. 58.1. & p. 168, I.H.Q. 206.3.

⁸¹ Krieger, Dolores (1979) *The Therapeutic Touch*. Prentice Hall, Engelwood Cliffs, New Jersey.

emanations, and energy fields around the body are an acceptable part of TT, less mention is made about spiritual healing concepts, yet this could well be as proposed by McKivergin,⁸² a sub-set of spiritual healing.

Today, in an era of technology and striving to understand and theorise about the nurse as healer, the hands of the nurse in the practise of nursing have been underestimated as an instrument of healing: it is a cheap effective way to help a sick person wherever a nurse is present, provided the 'e' factor is also present. It could well be that in the future nurses will heed the advice of Florence Nightingale and *nurse the sick person* and not be so concerned about the sickness. As a result of TT research studies, nurse researchers are beginning to ask questions about the nurse as healer in nursing practice today and there is room for further study in this area.

Summing up information from the literature and data from my primary research, my suggestion is that there are many subsets of healing but the equation remains standard through all healing modalities that heal through a spiritual dimension, i.e.,

$$S + s + e = H$$

Spiritual source + human spirit + energy = Healing

This equation supports the literature about spiritual healing and Patrick Butler,⁸³ explains healing in the following manner:

"Put very simply, healing consists in linking up the natural healing power within the body with the universal healing force which sustains us all. The healer is the link. By attuning both to the sufferer and the healing force, the healer serves as the channel through which the energies flow."

Richard Gerber suggests there may be a transient energy link between the chakras of the healer and the patient. This chakra to chakra link may allow a

⁸² McKivergin, Margaret Jane (1990) The Effects of A Non-Traditional Healing Intervention on Physiological and Qualitative Measures of Well-Being in Women. UMI, Ann Arbor, Michigan, USA. p.68.

⁸³ Butler, Patrick (1990) The Healing Handbook. Quantum, London, p. 85.

direct resonant transfer of subtle frequency vibratory energy on a level still not clearly understood by science but accepted by alternative medicine.

Elsdon Best,⁸⁴ discusses the Maori belief of the "breath of life" which denotes something other than ordinary breath; it implies a spiritual quality. Other cultures also view the "breath of life" as having spiritual qualities.⁸⁵ In alternative medicine, the cranial concept in osteopathy includes a cranial rhythm which was called a "primary respiratory mechanism" by its founder, William Sutherland.⁸⁶ Sutherland believed that he had discovered the spiritual source within the human body and that it could be felt through palpation of the cranial rhythm. My observational study showed a *consistent change in the cranial rhythm of both healer and healee during a healing interaction*. This finding tends to support Sutherland's theory and adds new knowledge to the literature.

The contemporary use of oil has been extended beyond the clergy and is now commonly used by natural therapists and others. It could be speculated that hands-on treatment by a healer, as in massage, with the use of oil, could have the same therapeutic benefit as ritual anointing with oil by a functionary within a church structure. In this instance spiritual healing with the use of oil could be said to have extended from a religious base and contributed to alternative healing in Aotearoa-New Zealand.

Today, both Maori and Pakeha are seeking for and discovering their ancestral roots and with this has come a resurgence of interest in spiritual healing. Historical influences point to evidence of a mystical, esoteric, spiritual tradition, well established within Pakeha culture; add to this the Maori perspective and we have some idea about the spiritual heritage and cultural roots of people in Aotearoa-New Zealand.

Some Maori people are learning to speak their language for the first time and discovering an affinity with the land of their ancestors. Many Pakeha New Zealanders (often third and fourth generation) also have a strong affinity with

⁸⁴ Best, Elsdon (1982) Maori Religion and Mythology Part 2. Govt. Print, Wellington, P. 53.

⁸⁵ A Reader's Guide to the Holy Bible: Revised Standard Version (1972). Thomas Nelson Inc. Nashville, USA. Genesis Ch.2 v 7.

⁸⁶ Sutherland, Adah & Wales, Anne L. (1967) The Collective Writings of William Garner Sutherland. Sutherland Teaching Foundation, USA, p. 151.

the land of their ancestors, and immigrants feel at home here. This land and the environment has a strong spiritual pull on people which contributes to contemporary religious life for the people who live here.⁸⁷

In Aotearoa-New Zealand the churches today are still maintaining their role providing spiritual care and healing but have not succeeded in influencing conventional medicine as the Churches and Spiritual Healers have in Britain.

In contemporary Aotearoa-New Zealand, spiritual healing is becoming more accepted as an integral part of holistic health care, in both nursing and alternative medicine. When the NZQA units of learning and standards are set on the 'Framework' (1996) for natural therapies there will be *national qualifications available in the area of natural therapies*, and these therapies will become more readily available and accessible in education for people; training will be supported by government grants to Polytechnics and loans to students. Only the future will decide whether or not alternative therapies will lose their metaphysical and spiritual origins, as they did in America when they gained a place of acceptance in a secular world where status was more important to them than their philosophy.

Conclusion

Many years ago the Maori people established their form of spirituality in Aotearoa, and one Maori respondent in the sample said, "Ever since we were young we've risen at dawn and it's kind of prayer that we acknowledge all of nature, so we like to do that before sun up, before the world intrudes, so it's a slow awakening process of me myself, ... I think this is where my spirituality might come into religion as well."⁸⁸

Later during the 19th century and early part of the 20th century immigrants came to New Zealand with their mode of spiritual healing either as part of their religion or integrated with alternative or natural medicine, and today, one Pakeha from the sample says, "there has been a growth for me in a larger sense of the awareness of nature and it's beauty and how much that it gives back to you and the caring for the earth and the caring for the soil." The introduction of Eastern religious thought, particularly the turning within to meditate, has produced an effect on society and contributed to the contemporary scene.

⁸⁷ See p. 143, Q.8.10.

⁸⁸ See p. 141, Q.209.1.

Today, like silent kauri trees in the bush, spiritual healers are standing tall and strong, functioning effectively in the community and contributing to contemporary religious life and alternative medicine in this land. Like the old kauri tree, branches will spread and continue to grow and flourish for many years to come.

RESEARCH PROPOSAL

EXPLORING THE SPIRITUAL DIMENSION IN HEALING

Statement of Purpose

The purpose of this study is to explore, through a triangulation design of research (Knafl & Breitmayer 1991:228), the experiences and meanings for people about the spiritual dimension as it relates to healing. It is envisaged that results will show as complete a picture as possible about the spiritual dimension in healing and new knowledge will be discovered. This will have implications for the education and practice of healing as new knowledge evolves in this area.

Aims and objectives:

The research aims to identify, describe, and generate knowledge about the spiritual dimension experienced by people during healing in order to better understand this phenomenon. The specific aims for this study are:-

Stage One:

- (a) To discover whether people consult with someone who uses a spiritual dimension in healing when they have health problems.
- (b) To discover whether people offer healing through the spiritual dimension.
- (c) To discover whether people heal themselves using spiritual dimension.
- (d) To find out what avenues (or kinds) of spiritual healing are identified by people using a spiritual dimension in healing.
- (e) To determine what framework people who provide and use the spiritual dimension in healing function within (professional, cultural, religious, spiritual).

Stage two:

- (a) How do people find the above methods being of value to them?
- (b) Is this kind of healing effective for people?

Stage three:

- (a) What do people experience during healing using a spiritual dimension?
- (b) Does healing through the spiritual dimension affect the physical dimension for these people?

Significance of the study:

Definitions for health in New Zealand vary; many people use the word 'spiritual' as part of a definition for health and others prefer to use the word 'social' instead of 'spiritual' which may in itself imply an inclusive spiritual dimension. (Fougere et. al. 1986:36, Martin 1991:166) However, any definition provokes questions about the meaning of the word 'spiritual' and what function it takes in the healing process. The spiritual dimension is accepted as part of health, health care and healing, in orthodox, alternative and religious professions that deal with healing, but there is significant difficulty in defining this dimension because of current lack of knowledge and research in this area.

Review of the literature:

In a study carried out by myself (Martin 1991:159), information was sought from teachers of health working in various disciplines about the spiritual aspect of health. When asked whether they thought there was adequate information in the literature of their profession about the spiritual aspect of health, 81% of respondents answered "no". McGilloway and Myco (1985:131) suggest that in nursing spiritual care is "left to the discretion and conscience of individual nurses" and Mayer (1992:28) points out that "agreed-on definitions of what is meant by spirituality, spiritual need, spiritual distress and spiritual care are notable by their absence. There is a common awareness

of the difficulty of finding acceptable definitions and a common acknowledgement of the importance of trying to do so".

Nursing

The nursing literature tends to view the spiritual aspect of healing as 'spiritual care' and the 'spiritual dimension' as related to caring.

Euswas (1991:177, 189) suggests that "the actualized caring moment includes 'healing'" which is described as "the patient perceiving some improvement or relief from disease or distress, and gaining physical or psycho-spiritual comfort and the potential strength to survive the ordeal of living with his/her illness".

Parse (1991:93) sees two different perspectives of health and healing in nursing: firstly, healing "is essentially a reparative process that occurs as a result of intervention" when humans are considered from the viewpoint as "machines that can be studied, analysed and repaired" and secondly from the viewpoint that "humans are not essentially machines but, rather, are complex entities intricately related to the universe in a mutually evolving, yet, personal way and it is given that the healing process cannot be fully known... healing is seen as a personal power emerging from the individual's well-spring of relationships with others and the universe". This would appear to be somewhat in line with Florence Nightingale's perception of a "vocation or calling", words used to mean "a spiritual or divine function" (Widerquist, 1992:109) in the nursing of the sick. In her essay "Sick Nursing and Health Nursing" (1893) Nightingale describes nursing as putting the patient in the best possible condition for Nature to restore or preserve health. (Wilderquist, 1992:120).

"Healing", states McKivergin (1990:13), "goes far beyond the confines of the physical body. It occurs through the tapping of inner resources rather than external interventions" and she refers to Carlson et al., (1989) who suggest the role of the healer as one of facilitating an individual's own self-healing capacities. "The healer is present at physical, emotional, and spiritual levels for the participant" (McKivergin 1990:14).

Mayer (1992:28) indicates that "most definitions accept that spiritual means more than the religious, psychosocial, or emotional, either singly or

collectively and she refers to Colliton's (1979) definition as "the life principle that pervades a person's entire being and as that which integrates and transcends the biological and psycho-social nature" (Conrad 1985) concluding that it is usually associated with some sort of transcendental relationship with God or with an "inspiration to transcend the material.

(Henderson & Nite 1978, Stallwood 1979, O'Brien 1982).

Alternative healing

Alternative 'medicine' or healing for this study is considered as an alternative choice of healing not usually offered within an orthodox health care system. Both the terms 'alternative' and 'complementary' are commonly used in New Zealand to define this area of health care in relation to the orthodox medical system yet these terms imply differences of meaning for people. (Leibrich et al. 1987:8,9).

In their 'Exploratory Research into Complementary Therapies in New Zealand' Leibrich et al. (1987:136) describe "spiritual healing" as "healers who accept that their power comes from a higher spiritual power - whether God, Brahma, Tao, Great Spirit or some other name variously described as healers, spiritualist healers, spiritual healers or spirit healers. Most believe that the healing power is mediated through spirits. Some go into a trance or altered state of consciousness to make contact with their spirit guides. Some simply place their hands on the affected person's body".

The authors also point to a study completed by Murchie in 1984 for the Maori Women's Welfare League who found that "one in five women said they would go to either a tohunga or faith healer if they had he mate maori (spiritual malaise) (Leibrich et al. 1987:16).

Fuller (1989:56,73) points to metaphysical origins of homeopathy, chiropractic and osteopathy where practitioners saw a "crucial link between their scientific commitments and their faith in the primacy of spirit over matter". For example Andrew Still, founder of osteopathy "had a steadfast belief in the Creator" (Dew 1991:19) and he envisioned an "indwelling divinity as forming humanity's higher self". He believed also that through the study and practice of osteopathy we can more completely "connect ourselves to the healthful currents emanating from their divine source" (Fuller 1989:56). Fuller suggests that the original philosophy in Chiropractic and osteopathy

have been muted by their quest for status in a culture where the medical profession has a preferential status.

Religion

God and Christ are central figures for many religious organisations as they perform healing through a spiritual dimension.

Recently the Church of Jesus Christ of Latter-day Saints published an article entitled "Spiritual Healing" in their Church magazine in which the author reaffirmed their sixth article of faith stating that:

"among other spiritual gifts, we believe in the gift of healing. To me, this gift extends to the healing of both the body and the spirit. The spirit speaks peace to the soul. This spiritual solace comes by invoking spiritual gifts, which are claimed and manifested in many ways. They are rich, and full, and abundant in the Church today. They flow from the proper and humble use of a testimony. They also come through the administering to the sick following an anointing with consecrated oil. Christ is the great Physician, who rose from the dead 'with healing in his wings' (2 Ne.25:13), while the comforter is the agency of healing".

(Faust, 1992:7)

The New Zealandia, a monthly magazine of the Roman Catholic Church recently published an article also about healing and a priest, Father De Grandis has this to say:

"Where the gospel is preached there will be miracles. That's from the Vatican Council.... This is the age of miracles because it is an age of evangelism. There are going to be signs and wonders and that frightens the life out of some Catholics. Healing is simply God answering prayer. A miracle is a dramatic answer to prayer.... When we have established healing through the sacraments and prayer, we will have people coming back to church".

(Freedman 1992:16,18)

Methodology

In reviewing the literature from several disciplines, King (1990:123) suggests that because health is viewed as a multidimensional concept there is a need to develop reliable and valid instruments to measure the dimensions of health and she indicates that quantitative and qualitative research methods are useful to collect data relative to health in nursing.

Packard and Polifroni (1991:9) view triangulation "as a vehicle that combines different methods in a variety of ways to produce richer and more insightful analyses of complex phenomena than can be achieved by either method separately". The rationale for choosing triangulation for my study is that this type of research proposes a research design that combines a range of methods useful for a study of this kind. Because of the multifaceted nature of the spiritual dimension in healing and the different kinds of healers being studied, information gathered together by triangulation will provide as complete a picture as possible about the spiritual dimension in healing. The most recent nursing literature indicates that triangulation is an appropriate design for a study of this nature. The aim is to provide completeness from the data rather than confirmation of any particular theory although Norman & Redfern (1992:44) suggest that "the purpose of completeness may also serve the purpose of confirmation".

Stage One:

(a) The subjects

The researcher aims to obtain a sample of 200 people both male and female to complete questionnaire.

Morse (1991:127) admits that the topic of sampling is not addressed adequately in qualitative texts and lacks clear guidelines on principles for selection of a sample. She indicates that in qualitative research, the selection of an adequate and appropriate sample is critical and the research is "contingent upon the appropriateness and adequacy of the sample".

An adequate sample therefore must be large enough to encompass a group of people who are representative of the group being researched. People using a spiritual dimension in healing are likely to come from varied and diverse backgrounds (Martin 1991) and the sample size to begin the study must be large enough to allow room for further selection of participants for the interview and observation stages to follow. The questionnaire will be distributed to 200 people; this being considered an appropriate sample for the study.

Criteria for inclusion in the study are that the subjects approached are willing to participate, they indicate that a spiritual dimension is used by them in healing, and they are able to communicate satisfactorily with the researcher.

(b) The setting

The proposed research study will be carried out within the geographical boundary of the Manawatu. The researcher is familiar with this area because she has lived in the Manawatu for the past ten years and practised as a nurse/naturopath/osteopath and is reasonably well known to people in the area. Selecting a boundary for this research will provide opportunity for further comparative research to be done in another area in New Zealand.

(c) The instruments

Questionnaires, interviews, and observations in healing settings will seek information from people about their experiences, understandings and meanings which will provide qualitative data that will reveal concepts that are important to them.

Stage One: The questionnaire

The questionnaire is the key quantitative and qualitative instrument to measure a sample from the field. To ensure that the questionnaire is reliable it was sighted by twelve persons (all of whom had completed or were doing research) from disciplines of psychology, nursing studies, anthropology, religious studies and marketing. These people were asked to scrutinise the original questionnaire for error in structure and content. Verbal and written comments were received from 9 persons. After reviewing and renewing aspects of the questionnaire, twelve persons who demonstrated characteristics of the target population were then asked to pilot test it. No further changes were made.

The questionnaire used in this study aims specifically to:

1. Discover and identify, through a survey, characteristics of people within the Manawatu who use a spiritual dimension in healing.
2. Obtain a selection of suitable participants for interviews.

The survey questions which request information from the participant require the respondent to mark the appropriate category or to write an answer where

indicated. Opportunity is given for the respondent to add comments to any question. The covering letter asks if the respondent would be willing to be part of the on-going research study and provides a space for signed informed consent.

The questionnaire, accompanied by a covering letter will be given to the targeted subjects.

Each questionnaire will be coded and distributed to 200 people who are likely to use a spiritual dimension in healing.

Stage two: Interviews

Informants with a desire to participate and who are best able to meet the needs of the study will be purposefully selected for interviews. An adequate and appropriate sample will be selected by the researcher from respondents returning the questionnaire. Persons selected will be a cross-section from the community and will continue the study into the second and third stages unless they choose to terminate and withdraw from the study, which they will be free to do at any time.

Procedure

Using a phenomenological approach, in order to gain data about the lived experience of each participant, the basic question asked will be:

"What is your experience of the spiritual dimension in healing?"

With the participants written approval, audiotape will be used to record the interviews.

Stage three: Observations

Participant observation of the healing interaction.

Procedure:

With the participants consent and written permission, an observation of a healing interaction will take place in a clinical situation.

Biophysical data, blood pressure, pulse and cranial rhythm will be recorded before and after the healing interaction of both healee and healer.

Analysis of data:

The questionnaire:

By completing the questionnaire respondents will self-categorise themselves into one two or three groups, i.e.

- (i) People who consult a person who uses a spiritual dimension in healing when they have health problems.
- (ii) People who attempt to heal themselves using a spiritual dimension.
- (iii) People who act as a healer for others using a spiritual dimension.

The questionnaire aims to provide both quantitative and qualitative data which will be analysed descriptively and used by the researcher as background material for the study.

Respondents will indicate on the questionnaire whether they would like to continue into stage two of the study if chosen to do so by the researcher. Persons suitable for interviewing from each of the above groups will be contacted by letter or telephone and arrangements made to commence interviews.

Interviews:

The researcher will transcribe the tapes immediately after each interview, then using a qualitative design list themes that describe the lived experience of the people which arise from the data. Tapes will be cleared when the study is completed.

Study participants:

Male and female adult persons, living within the geographical boundary of the Manawatu, will be targeted and will consent to become a subject for the study. The participants will use a spiritual dimension (or have experienced) healing and be able to communicate satisfactorily with the researcher.

Access to the field:

Participants will be sought from primary and secondary health care services in the community. Healers who function alone or within spiritual, religious or cultural groups will be included also.

People will be approached by the researcher or through networking, and invited to participate in the research by completing the questionnaire.

While the questionnaire was being formulated the researcher made contact with and developed a rapport with as many people, either singly or as groups, in the Manawatu, in an endeavour to find as many people as possible who would be likely subjects for involvement in the research.

Ethical considerations:

The Massey University guidelines for ethical research will be adhered to throughout the research.

Initially prospective subjects who use a spiritual dimension in healing and known to the researcher will be approached personally, others will be contacted through referrals or through network systems.

Secondary health care providers and clients will be approached through the administrator of the targeted institution. If necessary, the proposed research will be submitted to an ethics committee of each institution for approval.

All subjects will be informed about the purpose of the study, what the research hopes to achieve, and what will be expected of them if they consent to become involved in the study.

a. Informed consent

Informed consent will be obtained from all subjects after an explanation of the study has been given and before they participate in the research.

Stage one:

Disclosure about the research will be given to each targeted subject and written consent obtained before the participant commences the questionnaire.

Subjects who complete the first stage, the initial questionnaire, will be informed that they may offer themselves for selection into the second and

third stages. However, there will be no compulsion for the respondent to agree to any further participation.

Stage two

The researcher will provide disclosure about this stage of the research to persons in the sample selected for an interview.

The researcher will audiotape interviews.

b. Confidentiality of participants and information

All information obtained during the research will be treated as confidential and will be destroyed at the completion of the research. The only person who will have access to data which may identify the subject will be the researcher.

c. Anonymity of participants

Each person who agrees to become a participant in the research will be coded according to the stage of the research. Coding will be used to identify subjects in any material requiring transcription by a typist or in the final thesis report.

Stage one:

Each questionnaire will be labelled with the letter (Q) and given a number, e.g. Q.1, Q.2 etc.

The name, address and phone number requested on the questionnaire is to enable the researcher to contact suitable subjects for interviews only and is not required to be completed by the respondent. This section will be detached upon return of completed questionnaires.

Stage two:

Interviews will be labelled with the letter (I) as well as the questionnaire number, e.g. Q.2.I.

Stage three:

During a healing observation the Q. code plus I will be used.

d. Right to self determination

Subjects will be informed of their right to terminate their participation in the research at any stage.

e. Prevention of risk to participant

Clarity of purpose, anonymity and opportunity to terminate at any stage will be safeguarded for the participant. The participant will be made aware that destruction of all field data will take place when the final report is complete.

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FACULTY OF
HUMANITIES

RELIGIOUS STUDIES

Dear

I am seeking participants for a study that I am doing which aims to discover understandings, experiences and meanings for people about the spiritual dimension as it relates to health and healing.

There are three stages to the research:

Stage one: A questionnaire

Stage two: Interviews

Stage three: Observations of healing interactions.

You may complete the questionnaire without any obligation to continue with interviews or observations. Anyone completing the questionnaire may self-select themselves to continue with interviews and/or observations by marking the appropriate question in Section A of the questionnaire.

Background of the researcher and intention:

I am currently a PhD candidate, of Religious Studies at Massey University; the research is being supervised from this department and the Massey University Code of Ethical Conduct for Research involving human subjects is being followed. My first degree, a social science B.A. majored in nursing studies and a second degree, M.Ed.Admin.(Hons) was gained in education. My professional background and experience both in clinical practice and education is in the area of health and healing as a nurse, midwife, naturopath and osteopath. Knowledge gained from the research could be useful for education and practice in the healing professions. It is intended that findings will be published in a thesis when complete and possibly further publications will appear at a later date.

Stage One: The questionnaire

The enclosed questionnaire takes about 10 minutes to complete. A copy of the results summarising findings from the questionnaire will be available on request to all participants.

Yours sincerely,

A handwritten signature in cursive script that reads "Melva Martin".

Melva Martin

Exploring a Spiritual Dimension in Healing.

Information for the participant.

Stage one: A questionnaire.

There are four sections to the questionnaire. Section A asks questions of a general nature and seeks to identify people who:

- consult with someone who uses a spiritual dimension in healing.
- attempt to heal themselves using a spiritual dimension.
- act as a healer for others using a spiritual dimension.

Sections B,C,D, ask for more detail about each category of healer. You may complete whatever applies to you, one or all three sections.

There are no correct answers to the questions and it is your own personal input that is required.

Please return your completed questionnaire in the envelope provided.

Data from the questionnaires will be collected and analysed by the researcher only. Identifying names will not be used with any data collected and the questionnaires will be destroyed when the research has been completed. No identifying details or participants names will be used in any publications or reports resulting from the research.

Stage two: Interviews

Interviews will be conducted by the researcher with people who have self-selected themselves for interview by marking the appropriate space in Section A. If too many people respond then a random sample will be taken from the self-selected group.

The interviews will be recorded by video or audiotape, and this will be discussed with the participant beforehand. The tapes will be kept in a safe place, transcribed by the researcher and after the research has been completed the tapes will be erased. As with data from the questionnaires, no identifying details or participants names will be used in the research results.

The interviews will be open ended and the participant will make decisions with the researcher regarding the interview venue, video or audiotape, length of interview etc.

The interview will be initiated with a broad question such as:-

"What does it mean for you to experience the spiritual dimension in healing."

The conversation will be guided by both participant and researcher as they explore the understanding, meaning and experience of the spiritual dimension in healing for the participant.

Stage three: Observations

Observations will be conducted by the researcher with people who have self-selected themselves for observation by marking the appropriate question in Section A of the questionnaire. If too many people respond then a random sample will be taken from the self-selected group. The participants and researcher will discuss and decide together details about the observational study. No identifying details or participants names will be used in the research results.

DEFINITIONS

Alternative healing

Another choice of healing not usually offered within an orthodox health care system.

Alternative health practitioner

A health care provider offering an alternative choice of healing not usually offered by the orthodox medical system.

Religious group

A group of persons with common religious beliefs in which doctrines, myths, rituals, sentiments, institutions and other similar elements are interconnected.

Religious leader

A person appointed as a leader of any religious group

Healer

A person who acts to make another person healthy and well by using any method inclusive of a spiritual dimension.

Healing

The process by which a person is made whole, restored to health or made healthy and well through means which touch the human spirit.

Medical doctor

A person qualified to practice medicine.

Meditation

A spiritual discipline in concentration whereby techniques may be used by the individual to:

- (a) reflect deeply on spiritual matters
- (b) focus the mind and center the self

Natural environment

The planet earth and all it contains.

Nurse

A person educated and licensed in the practice of nursing; one who is concerned with "the diagnosis and treatment of human responses to actual or potential health problems" (American Nurses Association)

Orthodox healing

Conventional or accepted forms of healing generally supported by legislature.

Prayer

A religious or spiritual practice used to communicate with the divine.

Sacred scripture

Holy writings set apart and intended for religious use.

Spiritual healing

Healing carried out by healers who accept that their power to heal comes from a spiritual dimension.

Spiritual dimension

That dimension of the human being that deals with the inner depth of the person that is open to the transcendent or the divine (Cousins 1987:306).

Spirituality

Aspects of the inner life which are facets of the human condition. The 'spirit' as an aspect of 'life' within the body. (Stange, 1989:7)

Spiritual group

A group of people with a common interest in some aspect of spirituality.

Tohunga

A Maori designated as a priest or shaman and who practises traditional rites and ritual using the spiritual dimension in healing.

Section B: Consulting a healer

The following questions relate to the person or persons, who use a spiritual dimension in healing, that you would consult when you have health problems.

Please answer by circling the number in each question that is most applicable for you according to the key below.

- | | 1 | 2 | 3 | 4 | 5 |
|---|--------|-------|-----------|--------|-------|
| | Yes | Yes | Sometimes | No not | No |
| | always | often | | often | never |
| 1. I would consult a medical doctor | 1 | 2 | 3 | 4 | 5 |
| 2. I would consult a nurse | 1 | 2 | 3 | 4 | 5 |
| 3. I would consult an alternative health practitioner | 1 | 2 | 3 | 4 | 5 |
| 4. I would consult a religious leader | 1 | 2 | 3 | 4 | 5 |
| 5. I would consult a spiritual healer (church) | 1 | 2 | 3 | 4 | 5 |
| 6. I would consult a spiritual healer (non-church) | 1 | 2 | 3 | 4 | 5 |
| 7. I would consult a tohunga | 1 | 2 | 3 | 4 | 5 |
| 8. I would consult a friend | 1 | 2 | 3 | 4 | 5 |
| 9. I would go to another
(please state what other) | 1 | 2 | 3 | 4 | 5 |
| 10. I prefer to consult a female healer | 1 | 2 | 3 | 4 | 5 |
| 11. I prefer to consult a male healer | 1 | 2 | 3 | 4 | 5 |

Section C: Self-healing

The questions in this section require persons who attempt to heal themselves using a spiritual dimension to complete each question.

Please answer by circling the number in each question that is most applicable for you according to the key below.

1	2	3	4	5
Yes	Yes	Sometimes	No not	No
always	often		often	never

1. Do you attempt to heal yourself using your own healing methods?

1	2	3	4	5
---	---	---	---	---

Do you use any one or more of the following healing methods to heal yourself:

2. Your own along with orthodox healing methods?

1	2	3	4	5
---	---	---	---	---

3. Your own along with alternative healing methods?

1	2	3	4	5
---	---	---	---	---

4. Prayer to heal?

1	2	3	4	5
---	---	---	---	---

5. Meditation to heal?

1	2	3	4	5
---	---	---	---	---

6. Sacred scripture to heal?

1	2	3	4	5
---	---	---	---	---

7. The natural environment to heal?

1	2	3	4	5
---	---	---	---	---

8. A place alone to heal yourself?

1	2	3	4	5
---	---	---	---	---

9. Being with people to heal?

1	2	3	4	5
---	---	---	---	---

10. Any other (please state).....

1	2	3	4	5
---	---	---	---	---

INFORMED CONSENT:

I have read the research outline and have had all questions answered to my satisfaction.

I understand that I may withdraw my agreement to participate at any time.

I understand that complete confidentiality and anonymity is guaranteed and any information I provide through a questionnaire, interviews, or any observations of my behaviour will be used for research purposes only and will not be communicated to anyone in a way that would identify me personally.

I understand that opportunity to view my transcripts or to discuss the findings of this study will be provided by the researcher.

Under the above conditions I agree to take part in this study.

Signature of participant.....Date:.....

Signature of researcher.....Date:.....

GUIDELINE FOR INTERVIEWS

Time: 45 minutes

There are no right or wrong answers, it is your experience, understandings & meanings that are important.

"What does it mean for you to experience the spiritual dimension in healing.?"

The interview will:

1. Give you a chance to check my 'definitions'... feel free to comment or add any alterations you would like to see.
2. Provide opportunity for you to discuss further any aspect of the questionnaire.

Section A - General
Section B.- Consulting a healer
Section C - Self-healing
Section D - The healer

During the interview I would like you to talk about whatever you think is important about the spiritual dimension as it relates to health and healing.

3. How you believe your spiritual beliefs etc. keep you healthy or help in times of sickness?
4. If you believe you are going through a spiritual growth pattern (like physical, emotional and mental growth)
5. To talk about differences in male and female healers that is, if you have observed any differences.

Other:

STAGE THREEOBSERVATIONAL STUDYINFORMATION FOR THE PARTICIPANT (Healer)

Thank you for offering to participate in this part of my research study. Earlier in the research you answered a questionnaire and you may have also participated in an interview; already you have contributed towards a greater understanding about the spiritual dimension as it relates to health and healing.

Stage three, in which you are about to participate as a healer, requires you to attend the arranged 'clinic' for just over one hour. During this time you will treat a patient as you usually do using the spiritual dimension.

Before and after the healing interaction I will record your bloodpressure from both arms using a sphygmomanometer, pulse rate from your wrist, and cranial rhythmic impulse from your head using my hands.

Leads attached to the patient's skin will feed information about skin temperature and heart rate from the patient into the computer.

During the healing interaction I will not be in the room but will be nearby. However, with permission from yourself and the patient, I would like to videotape the interaction so that I can view it later in private. I will be the only person to view the tape, it will be kept in a locked room until the research is complete and then it will be erased.

After the healing interaction I would like to ask you a few standard questions and you will have the opportunity to communicate anything you wish to me which I would like to record on audiotape.

Total confidentiality and anonymity is guaranteed and observations and information communicated to me, the researcher, will be used for research purposes only and will not be communicated to anyone in a way that would identify you personally.

Any questions you have regarding the procedures or any other aspect of the research may be brought to my attention at any time and will be answered fully.

You have freedom to withdraw your consent to participate in the study at any stage and may discontinue at any point in time; no reason need be given.

INFORMED CONSENTParticipant: Healer

For the observational study I agree to accept healing from the healer of my own free will and to participate in the research procedure described.

I also agree to videotaping of the interaction between myself and the patient (healee) and audiotaping of any communication with the researcher after the healing interaction.

I understand that the researcher guarantees total anonymity and confidentiality of information from the healing interaction, and any observations will be used by the researcher for research purposes only, and will not be communicated to anyone in a way that would identify me personally.

My signature below indicates that I am giving my full consent to the research as explained to me and I have had all questions answered to my satisfaction. I understand that I may withdraw my agreement to participate at any time.

Signed:

Melva Martin

Date:

Researcher

Signed:

Participant (Healer)

STAGE THREE

OBSERVATIONAL STUDY

INFORMATION FOR THE PARTICIPANT (Healee)

Thank you for offering to participate in this part of my research study. Earlier in the research you answered a questionnaire and you may have also participated in an interview; already you have contributed towards a greater understanding about the spiritual dimension as it relates to health and healing.

Stage three, in which you are about to participate as a patient (healee), requires you to attend the arranged 'clinic' for just over one hour. During this time the healer will treat you using the spiritual dimension in their usual manner.

However, I will take some recordings before and after the healing interaction. They will be your blood pressure using a sphygmomanometer on both arms, pulse rate at the wrist and cranial rhythmic impulse from your head using my hands.

Leads attached to your skin will feed information about your skin temperature and heart rate into a computer. This is a very simple procedure, you will receive no harm and it should not be uncomfortable for you. You may sit or lie down during the healing session.

During the healing interaction I will not be in the room, but will be nearby. However, with permission from yourself and the healer, I would like to videotape the interaction so that I can view it later in private. I will be the only person to view the tape, it will be kept in a locked room until the research is complete and then it will be erased.

After the healing interaction I would like to ask you a few standard questions and you will have the opportunity to communicate anything you wish to me which I would like to record on videotape or audiotape.

Total confidentiality and anonymity is guaranteed and observations and information communicated to me, the researcher, will be used for research purposes only and will not be communicated to anyone in a way that would identify you personally.

Any questions you have regarding the procedures or any other aspect of the research may be brought to my attention at any time and will be answered fully.

You have freedom to withdraw your consent to participate in the study at any stage and may discontinue at any point in time; no reason need be given.

INFORMED CONSENTParticipant: Healee

I have read the research outline for Stage Three observations and have had all questions answered to my satisfaction.

I understand that I may withdraw my agreement to participate at any time.

I understand that, with my signature, I agree to participate in the research procedure described. I also agree to videotaping of the interaction between myself and the healer, and audiotaping of any communication with the researcher after the healing interaction.

I understand the researcher guarantees total anonymity and confidentiality of information from the healing interaction, and any observations will be used for research purposes only, and will not be communicated to anyone in a way that would identify me personally.

Signed:

Melva Martin

Date:

Researcher

Signed:

Participant (Healee)

POST-INTERVENTION INTERVIEW GUIDELINE

The interview will give you a chance to talk about your experience from the healing interaction. There are no right or wrong answers. It is your experience, understandings and meanings that are important.

"What does it mean for you to experience the spiritual dimension in healing?"

Questions asked will require "yes" (Y), "no" (N), "unsure" (U) answers and may be expanded upon with your comments.

During the healing interaction did you have any altered sense of:

- | | | | |
|---|-----|-----|-----|
| 1. Self | (Y) | (N) | (U) |
| - detachment from ones normal self | (Y) | (N) | (U) |
| - decreased awareness of self | (Y) | (N) | (U) |
| - identification with a spirit person | (Y) | (N) | (U) |
| - identification with an energy | (Y) | (N) | (U) |
| - identification with the healee | (Y) | (N) | (U) |
| - identification with a 'higher' self | (Y) | (N) | (U) |
| - any other | (Y) | (N) | (U) |
| 2. Self-awareness (personal identity) | (Y) | (N) | (U) |
| - increased | (Y) | (N) | (U) |
| - decreased | (Y) | (N) | (U) |
| - altered | (Y) | (N) | (U) |
| - of extraordinary ability or energy | (Y) | (N) | (U) |
| - source of healing from within the self | (Y) | (N) | (U) |
| - source of healing from beyond the self | (Y) | (N) | (U) |
| - interaction of the self and a source beyond the self | (Y) | (N) | (U) |
| - a channel, facilitating source of healing beyond the self, to the healee. | (Y) | (N) | (U) |
| - other | (Y) | (N) | (U) |
| 3. Body image (physical) | (Y) | (N) | (U) |
| - decreased awareness | (Y) | (N) | (U) |
| - distortion of body boundaries | (Y) | (N) | (U) |
| - outside body boundaries | (Y) | (N) | (U) |
| - heavier or lighter | (Y) | (N) | (U) |
| - flow of force, energy, power | (Y) | (N) | (U) |
| - change in hands (skin colour etc) | (Y) | (N) | (U) |
| - other | (Y) | (N) | (U) |
| 4. Would you say your focus was of: | | | |
| - concentration | (Y) | (N) | (U) |
| - absorption | (Y) | (N) | (U) |
| - attention | (Y) | (N) | (U) |
| - centering | (Y) | (N) | (U) |
| - openness | (Y) | (N) | (U) |
| - other | (Y) | (N) | (U) |

5. Did you experience any of the following during the healing process:

- | | | | |
|-----------------|-----|-----|-----|
| - eyes open | (Y) | (N) | (U) |
| - inner silence | (Y) | (N) | (U) |
| - intuition | (Y) | (N) | (U) |
| - clairaudience | (Y) | (N) | (U) |
| - clairvoyance | (Y) | (N) | (U) |
| - detachment | (Y) | (N) | (U) |
| - affirmation | (Y) | (N) | (U) |
| - visualisation | (Y) | (N) | (U) |
| - prayer | (Y) | (N) | (U) |
| - meditation | (Y) | (N) | (U) |
| - imagination | (Y) | (N) | (U) |
| - other | (Y) | (N) | (U) |

6. Did you experience perceptions of:

- | | | | |
|---------------|-----|-----|-----|
| - rhythm | (Y) | (N) | (U) |
| - vibration | (Y) | (N) | (U) |
| - heat | (Y) | (N) | (U) |
| - cold | (Y) | (N) | (U) |
| - light | (Y) | (N) | (U) |
| - energy | (Y) | (N) | (U) |
| - electricity | (Y) | (N) | (U) |
| - tingling | (Y) | (N) | (U) |
| - other | (Y) | (N) | (U) |

7. Did you experience any emotions:

- | | | | |
|------------|-----|-----|-----|
| - positive | (Y) | (N) | (U) |
| - negative | (Y) | (N) | (U) |
| - love | (Y) | (N) | (U) |
| - other | (Y) | (N) | (U) |

CODE:

PHYSIOLOGICAL INDICES

The following information will be obtained before and after the healing intervention.

Pre-intervention

1. Do you have a major reason for coming to the healer today? Explain.

2. Cranial Rhythmic Impulse
3. Pulse rate
4. Blood pressure
- right arm
- left arm

Post-intervention

1. Tape recorder switched on for comments.

2. Cranial rhythmic impulse.....
3. Pulse rate
4. Blood pressure
- right arm
- left arm

Date:.....

Comments:

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