

ABSTRACT

“Unusual Forces”:

A Conceptual Model of the Realm between Naturalistic and Supernatural Healing

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In contemporary research on spiritual healing, the traditional way to view healing is as occurring either because of naturalistic means (i.e., explainable by the popular scientific method and by reference to existing scientific theories) or by supernatural means (i.e., explainable as miraculous or due to God or a divine power acting “ex nihilo”). In addition, there exists a third category of explanations for healing posited by some investigators, invoking a variety of unusual forces, whereby healing cannot be described as attributable solely to either supernatural or naturalistic categories. This thesis explores explanations for healing attributed to this third category, and presents a conceptual model-taxonomy categorizing the various ways that healing due to such forces has been described. After first explaining the need for a conceptual model, this thesis next presents an overview of current explanations proposed from those working within numerous scholarly disciplines, including the philosophy and history of medicine, consciousness research, prayer research, Christian religion and theology, and transpersonal psychology. By presenting a conceptual model that differentiates these explanations on the basis of the concept of nonlocality, this thesis provides a way to make sense of cases of healing attributed to such forces. This model will thereby aid in providing a foundation for further theoretical discussion, research, and practice in regard to different types of spiritual healing.

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“UNUSUAL FORCES”:
A CONCEPTUAL MODEL OF THE REALM BETWEEN NATURALISTIC AND
SUPERNATURAL HEALING

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TABLE OF CONTENTS

List of Figures	iii
Acknowledgments	iv
Chapter 1: Introduction	1
Chapter 2: Research Review	11
Chapter 3: A Proposed Model of Healing Due to “Unusual Forces”	29
Chapter 4: Discussion and Conclusion	44
Bibliography	50

LIST OF FIGURES

Figure 1: Dossey's Model of Local and Nonlocal Events 17

Figure 2: A Conceptual Model of Healing..... 30

ACKNOWLEDGMENTS

As an undergraduate student studying religion and medicine, I wanted to write about something related to both topics. Specifically, the division that many construct in America today between science and religion bothered me. God created both of these scholarly inquiries into the nature of life, so what caused this division? After receiving much kind direction from several professors, I chose the topic of healing attributed to unusual forces. This subject interests me because I have seen healing in naturalistic and supernatural ways. One of the questions that I have wrestled with throughout this process is God's presence in these healings, especially healings that do not proclaim Him. I have come to rest on God's sovereignty, the perfection and goodness of His character, and also the knowledge that He battles against other lesser forces in this world that we sometimes foolishly join hands with. I do not know the ultimate answer, but I can trust in the character and name of Jesus.

Thank you to the many people who have supported me through researching and writing this thesis: Mom and Dad, J, Sam, and Sloane; Lacey, Alyssa, Haley, and Alaina; Dr. Jeff Levin; and the countless others who offered help. This topic, as you all know, is a very challenging one, and I would not have made it through without your advice, support, and sympathetic listening. Thank you God, for protecting and guiding me through this process!

CHAPTER ONE

Introduction

Chapter Overview

In contemporary research on spiritual healing, the traditional way to view healing is that it occurs either by naturalistic reasons or due to “supernatural” means. But, in addition to these two categories, some investigators posit a third category of explanations for healing, whereby healing cannot be described as attributable solely to either naturalistic (explainable by the popular scientific method and reference to known physical or biological forces) or supernatural (what most would term as miraculous or “ex nihilo”) categories of explanation. This realm, of “unusual” or “unnatural” forces, is often viewed by science as being simply fictional and by religion as being evil. By laying out a conceptual model for these types of explanations for healing, this thesis will provide a means to categorize and understand some of the most provocative occurrences of healing that invoke seemingly unusual forces. The model will thereby aid in providing a foundation for further theoretical discussion, research, and practice on the topic of spiritual healing.

Since these forces are largely defined by how they seem to differ from the supernatural and the natural realms, these differences need to be expounded upon. Through this thesis that explores healing attributable to unusual forces, the author hopes to bring understanding to how scholars currently conceptualize healing. As healing by definition benefits the one experiencing it by bringing them towards a less painful condition or to a naturally healthy state, healing attributable to any forces—good or bad, natural or supernatural, unusual or otherwise—merits our attention and should not be dismissed. In this thesis, healing most clearly refers to a return to physical wholeness, and spiritual healing refers to healing that occurs with a professed component of spirituality. Most hold these types of healings in suspicion;

more study should thus be conducted to better understand all of those forces invoked for healing, in order to benefit people across cultures and across continents.

In order to set this in motion, the author will synthesize a conceptual model for viewing this realm of what she has termed, simply, “unusual forces.” This refers to the kinds of healings that do not seem to be attributable to only the naturalistic explanations (according to current scientific consensus) or to a supernatural category. These include phenomena described with literature in areas like complementary and alternative medicine, energy healing, traditional healing, and the like. This thesis’ main product will be a taxonomy for such healing. The first chapter establishes the existence of and need for the study of unusual forces in healing, defining the terrain, while the second chapter discusses existing conceptual models for spiritual healing based on respective naturalistic and supernatural explanations as well as presents a research overview of literature on unusual forces. The third chapter presents the conceptual model-taxonomy, and the fourth chapter concludes with a discussion on the applicability of the model and implications for further research.

This thesis will initiate one way to analyze the occurrences in the category of unusual forces, in hopes that more research and thought will ensue. It is hoped that this exploration of healing will serve to increase our understanding, improve the quality of human life, and advance healthcare.

“Unusual Forces”

History of the Study of Healing

In seeking to form this model, several conspicuous disciplines offer pertinent information: medicine, philosophy, history (including the history of medicine and of the “theosomatic” relationship), as well as more unexpected sources: physics, consciousness research, psi research, anthropology, and transpersonal psychology. To begin, a review of the history of healing research is necessary. As the study of healing encompasses theories and ideas taken from many disciplines, this requires an understanding of how these concepts were initially proposed. The separation of

healing from other disciplines can be traced throughout history. For example, in 1910, William Osler published an article in *The British Medical Journal* titled, “The Faith that Heals,” about the importance of faith in the healing arts. This article is one that helped usher in the period of heightened interest and research in the growing field of religion-health studies. This field, of which the study of unusual forces in healing is a substantial subset, has grown considerably since the 1980s. The more data-based findings that have been published and the more knowledge that has accumulated about healing and advanced the study of health, the greater the demonstration of a need for a more systematic and thorough approach.

Pre-Enlightenment, the view of humanity in the West involved a dualistic approach, making a division between the body and the soul; health was conversely treated in a holistic manner. The connection between the body and the soul was one of dependence, and one could not be affected without manifestation or impact on the other. Disease was a punishment sent from the divine, and mental and physical health were influenced by spiritual powers (Kelsey, 1995). Plato spoke of healing as divine energy, saying that one cures the soul in order to heal the body (Kelsey, 1995).

After the Enlightenment, health was regarded in a more Newtonian manner, as purely the result of observable physical forces. However, the movement toward an integrative approach started by observing and recording antiquity’s appreciation for holistic medicine as well as for naturalistic explanations of the day. Osler’s aforementioned 1910 article cites several historical figures who regarded faith as important to their life’s work; these figures include Florence Nightingale, St. Francis, and Paracelsus. “Faith is indeed one of the miracles of human nature which science is as ready to accept as it is to study its marvellous effects,” Osler writes. “When we realize what a vast asset it has been in history, the part which it has played in the healing arts seems insignificant, yet there is no department of knowledge more favourable to an impartial study of its effects . . .” (Osler, 1910, p. 1471). Religious or spiritual healing occupies an important place in the history of humanity, as seen in civilizations and ancient worldviews (like the Hellenistic) that then went on to

become influential in medicine (Kelsey, 1995). Many ancient healing traditions viewed the human body as intricately connected with the mind and the spirit, and this is evident in the more traditional healing methods seen today, such as methods that employ the shaman or the curandero (Kinsley, 1996). The tie between the Christian Church and Western modern medicine, at least until the late middle ages, was extremely strong. Historically, healthcare was linked to churches, and the Church held the responsibility of awarding doctors' certifications (Koenig, 2008).

Most often today, sickness is seen as an imbalance or disruption in the normal functioning of daily life. (This also must be taken in a cultural context.) Thus, healing is the restoration of one's ability to function and fulfill one's daily life and purpose. It is a re-establishment of the person's natural state – a reordering and rebalancing of the body, mind, and soul to a relationship of wholeness and harmony. For healers themselves, "Healing is a natural concomitant of a personal relationship with spirit or one's higher self" (Gardner & Gardner, 1982, p. xiii). This points to the relationship between what we have termed the supernatural and naturalistic healing categories, in that the divine partners with the material in substantiating one's health. Contemporary practitioners whose healing work invokes unusual forces practice healing through a wide range of traditions or exercises: meditation (transcendental, mindfulness concentration), prayer, visualization, laying on of hands, and many other practices. Most healers in this vein today see themselves as "channels" for healing and not the originators of it, but they differ in what or whom they view as the source of the channeled power (Gardner & Gardner, 1982).

After the central event of the Enlightenment and the divorce of religion from science, such works as Osler's were some of the first to bring to the forefront of academia the influence of religion and spiritual components on health and in medicine. Several other important works helped lay the foundation for the current field of religion-health studies, such as Alice Paulsen's 1926 *JAMA* article about a need for a more methodologically sophisticated approach to healing as well as for more explicitly interdisciplinary work on the topic. Paulsen catalogues different

explanations for healing, invoking unusual forces in various different categories, and classifying such healings according to absolute versus relative systems, different modern movements, and pertinent psycho-spiritual factors.

Until the late 1980s, the few people who were interested in this field were mostly unaware of this earlier writing because applicable research that had been conducted (and there had been some) had not yet been synthesized nor compiled. The rediscovered supporting articles, such as those by Osler and Paulsen, argued primarily for the importance of addressing religion in understanding healing. This writing offered theological and rational arguments for the interaction of the body and the soul in healing. One of the most formative papers for this field, "Is there a religious factor in health?," by Levin and Schiller, published in the *Journal of Religion and Health* in 1987, was the first to summarize empirical data on a religion-health linkage. The legitimacy and need for further study in the religion-health field is demonstrated through the authors' arguments but even more so through compilation of over 200 peer-reviewed articles that contain data-based findings pertaining to a religion-health relationship. These articles show "statistically significant (as well as *significant* statistically insignificant) findings of differences between categories of religion variables for various health-related outcomes" (Levin & Schiller, 1987, p. 15).

Once the importance of these studies was established, the need for a good model that evaluated the religion-health field emerged. One important emerging way of accounting for a religion-health relationship in this field is through Psychoneuroimmunology, or PNI. The autonomic nervous system could be referred to as the bridge between the mind and body, and PNI studies investigate how "social and psychological factors affect neuroendocrine and immune functioning" (Koenig & Cohen, 2002, p. 11). Since one of the primary ways that religion and spirituality affect the human body is through their impact on health-related psychological factors and influences, PNI can effectively account for these effects. Besides through PNI research, healing could also be studied through more qualitative means, like by interviewing healers from different traditions and cultures, as in Gardner and

Gardner's (1982) provocative *Five Great Healers Speak Here*. An especially important source is Benor's compilation of hundreds of experimental studies of healing (Benor, 2007).

Barriers to Research

The history of the study of healing demonstrates how the dichotomous Western view of healing has permeated science and medicine today. Studies of religion and of science, and by connection the study of healing, are currently disconnected. Historically, religious institutions like the church were connected with the establishment and sponsorship of healthcare. The first hospital was established in 372 CE in Caesarea; it was sponsored in part by the Bishop Basil (Koenig, 2008). Koenig explains:

Even the certification of doctors to practice medicine was a responsibility of the Church until the late middle ages, and as a result, many physicians were also monks and priests. Until the middle of the twentieth century, most nursing care was done by religious orders in both Europe and the United States. . . . The bottom line is that our notion of modern health care has its roots in religious organizations (Koenig, 2008, p. 33-4).

Nonetheless, distinct barriers present themselves in regard to studying healing. Emerging from the (relatively) recent dichotomy between religion and science are assumptions that more "modernized" systems of religious healing are perhaps more valid than those based on traditional or "primitive" systems. Intolerance between and among religions is one foreseeable extension of this pattern of thought. In other words, a common misperception is that research on this topic is trying to "prove" one religion as right and another as wrong, potentially leaving certain religions undermined. In the West, especially, since religion is often regarded as more individualized, this research could be construed as a potential attack on one's personal beliefs, ideas, and conception of self. This could be more problematic for Westerners because of the greater individualization and the less integral system of social support embedded in the culture. While studying the differences in healing efficacy, for example, among religious healing across different religions may be of scholarly benefit, such findings might provide insights that are more contentious and divisive to the field. Still, care should be taken to recognize

and account for differences between religions and between traditions of spiritual healing. Another barrier is that promoting a strongly utilitarian account of religion – i.e., as primarily a means to healing – robs religion of much of its meaning (Shuman & Meador, 2003). Recognizing the differences and values in different healing systems helps to guard against reducing them to one simplistic meaning, especially when looking to categorize different complex experiences.

One way to guard against these barriers and to promote the study of healing is by utilizing information from across disciplines, requiring collaboration from a diverse population of professionals and scholars. The religious community would recognize that the scientific community has valuable input and methodology, and the scientific community would recognize the legitimacy and value in religious professionals' interpretations of experiences (Levin, 2008). As Koenig states, "Because religion and science both search for the truth, neither should fear the other" (Koenig & Cohen, 2002, p. 296). Today, however, most usually do stand in fear or misunderstanding, viewing the relationship between religion and science as either one of conflict, separation, interaction, or harmony (Koenig, 2008). In order to accomplish anything on this topic through collaboration, researchers must work to shift society's opinion of religion and of science to one of interaction or harmony.

A challenge to the proposal of providing a conceptual model-taxonomy for this field is the fear, intolerance, and imposed hierarchy spawned by the division between religion and science. The interdisciplinary nature of this topic nevertheless requires the participation and cooperation of numerous healthcare, religious, and social science professionals. Proposing a model drawing on the best of scientific methodology, religious thinking, and considerations from many scholarly disciplines requires synthesis of a lot of information from fields such as complementary and alternative medicine, medical anthropology, philosophy, history, physics, consciousness research, psi research, and transpersonal psychology. Qualitative and quantitative data would form the model that aspires to help scholars compare and contrast such experiences across traditions.

Defining “Unusual Forces”

This discussion begs the question: what are the “unusual forces” spoken of here? What would a field of study focused on such forces look like? As aforementioned, this concept refers to cases of spiritual healing, and explanations for such healings, that cannot be categorized as belonging solely to either the natural or supernatural realms.

In studying spiritual healing, certain questions arise, such as regarding what makes for the best results as a patient or a provider, the different conceptualizations and invocations of the spiritual or religious in the healing practice, and any common concepts across spiritual practices. For instance, Tillich identifies the concepts of salvation and sin in his 1946 article, “The Relation of Religion and Health: Historical Considerations and Theoretical Questions,” as common health-impacting ideas that exist across religions, although under various names. He furthermore identifies three means of healing recognized cross-culturally, which he terms religious or spiritual healing, magic or psychic healing, and bodily or natural healing (Tillich, 1946). Kinsley (1996) also cites several important common characteristics of religious healing in traditional cultures: confession, a group component and solidarity in the healing process, transference and objectification of illness, pilgrimages or healing spaces, a search for meaning in the illness, and a central role for the healer.

What are here termed unusual forces are those that do not fall neatly into either the category of supernatural healing (i.e., God did it *ex nihilo*, such as in response to prayer), or the category of naturalistic healing (e.g., due to PNI or psychological effects). Rather, they form another conceptual category in the “in between” space—that is, between the natural and supernatural, often borrowing terminology and other concepts from both. Among these are words like religion and spirituality. Among researchers into this topic, religion is typically defined as “a system of beliefs and practices observed by a community, supported by rituals that acknowledge, worship, communicate with, or approach the Sacred, the Divine, God (in Western cultures), or Ultimate Truth, Reality, or nirvana (in Eastern cultures)”

(Koenig, 2008, p.11). In contrast, spirituality is typically used to refer to “an individual’s search for ultimate meaning through participation in religion and/or belief in God, family, naturalism, rationalism, humanism, and the arts” (Koenig, 2008, p. 13).

As one sees religion and spirituality possibly in competition with medicine, so would one see the conceptual labels of the three “realms” of healing (due to naturalistic processes, due to “unusual forces,” and due to “supernatural” reasons) as competing. Naturalistic processes are explicable most often by scientifically-quantified or biochemical means; supernatural reasons include miracles, or other inexplicable occurrences attributed to a higher power. Unusual forces do not seem to fall expressly under either category, although they seem a bit like both, with explanations often acknowledging a higher power and sometimes biochemical properties or pathways, often invoking theories and concepts outside the mainstream of science. The boundaries of this field are fluidly defined throughout the rest of this thesis.

In his book *Medicine, Religion and Health: Where Science and Spirituality Meet*, Koenig discusses important reasons for studying the intersection of religion and medicine (2008). An important clinical rationale is that most patients are religious and would like for their religion to be considered as relevant to their health care experience, as it thus often “influences patients’ ability to cope with illness” as well as medical outcomes (Koenig, 2008). Accordingly, any kind of renewed focus on the role of religion in healing, for better or worse, may serve to benefit our understanding of how people can heal, providing more proactive approaches to prevention and healing.

This brings to mind one proverbial Chinese classification of physicians, whereby the best physician is the one who prevented disease, the mediocre or adequate physician treats the symptom of the disease before it manifests itself, and the worst physician is the one who treats the actual disease (Coddington, 1990). The ensuing conceptual model-taxonomy of spiritual healing will present a new way to look at this topic and thus, it is hoped, contribute ultimately to the promotion of

well-being and the amelioration of disease. But, first, in Chapter Two, a brief summary is provided of information from numerous disciplines that contribute to such a model.

CHAPTER TWO

Research Review

Chapter Overview

The premise of this chapter is to present an overview of research and scholarly literature bearing on healing that is attributed to unusual forces or concepts. This literature comes from numerous disciplines, including the philosophy and history of medicine, complementary and alternative healing (CAM), consciousness research, prayer research, Christian theology, transpersonal psychology, parapsychology and psi research, and other relevant areas (including the neuroscience of spirituality and medical anthropology).

Among the most “unusual” of the unusual forces described in these fields include phenomena such as qi or qigong, nonlocality, mind-matter interactions (MMI), bioenergy or energy healing (including therapeutic touch), prayer healing, and psi phenomena (such as telepathy and psychokinesis). With ever-evolving research and assessment technologies, more study is available in areas like psi phenomena and psychoneuroimmunology, and thus a diverse range of explanatory theories exists, although these remain controversial and thus “unusual,” by conventional accounting.

What do all of these phenomena mean for healing? They mean that there are many purported modes of healing whose origins and mechanisms humanity is still pondering. The fact that so many different narratives have emerged indicates a wide spectrum of explanation. Some of these explanations are based entirely on scientific or naturalistic theories, while others are based on the existence of God or on a spiritualized supernatural explanation. Some narratives lie across both categorizations, and they are what are being termed here as unusual forces, as they take up the “in-between” realm between the natural and supernatural, conceptually speaking.

Philosophy and History of Medicine

In the second half of the 20th Century, integrative and mind-body approaches came to the fore in medicine. Numerous conceptual models have been formed to account for various nonmedical influences on healing. In tracing this development in his book, *Healing Words*, Dossey (1993) presents a synopsis of what he terms the three “eras” of medicine.

Era I, occurring from the 1860s to about 1950, is the period of materialistic medicine in which classical Newtonian laws of energy and matter guide humanity’s understanding of sickness and medicine. In this era, the mind does not influence much either how the physician or the patient regards their malady.

Era II, starting in the 1950s and continuing today, is the era of mind-body medicine, in which the mind has causal power. This is the era of counseling therapies, psychoneuroimmunology, and other types of healing that employ consciousness as a central element. The power of the mind is not explicable by Newtonian principles, but its effectiveness and power is observed.

Dossey names the most recent Era III as “our era of nonlocal science and medicine, which is just being recognized” (1993, p. 39). This includes many of the practices that characterize unusual forces, including transpersonal and nonlocal events like intercessory prayer, distant healing, nonlocal therapeutic touch, and telesomatic events. These types of healing invoke effects described in terms of the power of positive thinking, the placebo effect, biofeedback, qi, transcendental meditation (TM), and acupuncture.

Most of these terms are loaded with meaning, often that our modern era does not understand, but are still connected with familiar concepts in Western spirituality or medicine. For example, in her book, *The Cure Within: A History of Mind-Body Medicine*, Harrington (2008) follows the concept of the power of positive thinking. She says it has roots in the Christian tradition, in the concepts of faith and belief. Positive thinking here is focused on the believer and the power within oneself of faith. Examples include Mary Baker Eddy, Christian Science, and the New Thought movement. Harrington (2008) mentions ways that humanity has

harnessed and integrated this power for practical purposes, such as through Norman Cousins' famous discovery of the healing power of laughter, when he used Marx Brothers films and funny literature to help delay the effects of his ankylosing spondylitis (a form of arthritis). Positive thinking is a powerful component also of the placebo effect, and it demonstrates the very real power of the mind. Conversely, one can see the implications for negative thought with the same power of the mind, to cause harm, illness, or even death.

Harrington reminds us of the connection between these three eras of healing:

More generally, what we learn from tracking the translation of religious ideas about mind-body healing into the secular idioms of mind-body medicine is this: a belief or practice that is a secularized version of an older religious tradition is not the same as a belief or practice that never had any kind of prior moral or religious meaning (2008, p. 246).

Thus, mind-body medicine arises often from spiritual traditions, and many of the most unusual forces do so likewise.

Another important development was the effect of the West meeting the East in medicine, mutually exchanging knowledge, such as regarding TM and qigong. Harrington explains qigong as "a medicalized and secular extraction of a range of diverse practices that had originally been associated more with martial arts, advanced Buddhist meditative practices, and Taoist longevity rituals" (2008, p. 228). Other teachings from Buddhism and Taoism gained entry into the West, such as those relying on the existence of a common life force (*qi*).

One of most important concepts to emerge was the power of suggestion. In practice, this may involve an authority figure, often with skills/charisma/knowledge, exchanging with another needier person who admits their troubles in order to receive healing/power/experiences (Harrington, 2008). Some famous historical examples include Father Johann Joseph Gassner, the famous exorcist from the 1770s, and Anton Mesmer, who was connected with animal magnetism. Their practices looked very similar to earlier religious practices, including laying on of hands and other activities of spiritual leaders.

As other, more institutionalized forms of positive thinking and the power of suggestion emerged, the shift from the healing hands of the priest or religious figure to that of the physicians was made (Harrington, 2008). Convulsions were not regarded as demonic possession, but rather signs of a disease. Hypnosis and the placebo effect emerged, today supported even by randomized control trials. All in all, “Today’s visions of minds in the thrall of suggestion emerged out of older visions of bodies possessed by demons, and this distinctive religious origin gives those visions a different, and more dangerous, kind of resonance than they might otherwise have” (Harrington, 2008, p. 246).

America started turning toward CAM in mass in the 1980s and 1990s, which led to the greater invocation of unusual forces, in practice and for explanation. This happened for several reasons, including dissatisfaction with the current medical profession (Ayers & Kronenfeld, 2010). Alternatives were offered, like acupuncture, meditation, jogging, herbal treatments, biofeedback, etc. Patients took things more into their own hands, seeking more control over their own bodies. Healing through such forces thus became more widespread and accepted. In America, as well, this development has been viewed generally through an individualistic lens; healing becomes less a collective or interpersonal process and more a relative, personal experience or event.

Complementary and Alternative Medicine

The new field of complementary and alternative medicine (CAM) is one of the major sources of healing practices and theories that invoke unusual forces. Many alternative therapies are actually quite ancient: they involve practices and principles that have been used for centuries, perhaps in a different context, and that are growing in popularity today. CAM is often used as a complement with currently mainstream medicine (thus the label “complementary”). The National Center for Complementary and Alternative Medicine (NCCAM) categorizes CAM therapies into several broad and overlapping categories: natural/herbal products, mind-body medicine, manipulative and body-based practices, whole medical systems (like

Ayurvedic medicine or traditional Chinese medicine), movement therapies (Pilates), traditional healing, and practices that manipulate energy (National Center for Complementary and Alternative Medicine, 2012). This is thus one take on a taxonomy of spiritual healing, since all of the categories, except perhaps the use of natural/herbal products, attribute healing to unusual spiritual-like forces.

Another categorization of CAM therapies, by Ayers and Kronenfeld (2010), puts practices under four categories: mind-body medicine (meditation, guided imagery, relaxation, deep breathing), alternative medical systems (Ayurvedic, folk medicine, naturopathy, homeopathy, herbs, vitamins, biofeedback), prayer (prayer for self or for others, prayer groups, healing rituals), and manipulative treatment (acupuncture, chiropractic, massage). This taxonomy, too, involves categorization of spiritual forces.

For some types of CAM practices, like homeopathy, acupuncture, and spiritual, distant, and ritual healing, Walach (2005) has proposed “weak quantum theory (WQT)” as an explanation for the sort of nonlocal connections, or entanglements, that seem to underlie their effects. These are caused if “two variables or observables are complementary: one describing a global and one the local aspects of the system” (Walach, 2005, p. 549).

In a review of energy healers, Levin (2011) proposes one such taxonomy dividing systems of energy healing in four traditions: an East Asian tradition, a bioenergy tradition, a Western professional tradition, and a contemporary metaphysical tradition. The East Asian tradition includes practices like qigong, reiki, *jin shin do*, and more, most of which are founded in principles of Traditional Chinese Medicine like *qi*; the Western profession energy healing tradition includes practices like Therapeutic Touch or Healing Touch, based on a return to wholeness. The bioenergy tradition and contemporary metaphysical healing tradition are centered more around charismatic individuals, although the idea of connection between the biochemical, biophysical, and spiritual components of humans is common across bioenergy healers.

The pathways or mechanisms of healing across these traditions are explained in a variety of ways. The sources of healing mentioned vary from God to an unknown energy field to oneself (Levin, 2011). What is being transmitted and how? Some healers name an energy field as the transmission and pathway, others say human feelings like sympathy are transmitted (Levin, 2011).

In an earlier taxonomy of healing in general, Levin (2003) proposes that possible mechanisms to account for successful spiritual healing could be differentiated according to biological pathways, psychosocial pathways, bioenergy-based pathways, nonlocal pathways, and supernatural pathways (Levin, 2003).

Consciousness Research

In *Healing Words*, Dossey (1993) outlines consciousness as the part of our mind that is “aware.” There is a connection between the conscious and subconscious that affects what is perceived, and the “sending” process is important as well. The unconscious, Dossey says, strives to ensure our survival during moments of crisis, including challenges that require healing.

Dossey introduces two terms that are important in current consciousness research: nonlocality and locality. Dossey borrows nonlocality from the field of physics, where it refers to information that is not “sent” but instead exists everywhere at once. This idea comes from Bell’s 1964 theorem, that “if distant objects have once been in contact, a change thereafter in one causes an immediate change in the other—no matter how far apart they are, even if they are separated to the opposite ends of the universe” (Dossey, 1993, p. 84). According to Dossey, our consciousness is nonlocal, which then means that the mind is not limited to specific points of time or space.

Dossey presents consciousness or mind-body interactions in healing as local or nonlocal. Local effects are those that are sensory-mediated. Local effects can further be described as intrapersonal (conscious or unconscious thoughts, attitudes, feelings, beliefs, suggestions, visualizations in a person) or interpersonal (conscious or unconscious thoughts, suggestions, behaviors verbal and nonverbal between

people) (Dossey, 1993). Local events can be positive or negative; they can help or harm the individual. Dossey described nonlocal events as nonsensory mediated and transpersonal. Positive nonlocal events include anecdotal evidence (distant/psychic healing, intercessory prayer, and telesomatic events) and laboratory evidence (transpersonal imagery and controlled experiments) (Dossey, 1993). Negative nonlocal effects include anthropological evidence of “distance hexing” such as the Hawaiian “death prayer” as well as laboratory evidence (on nonhuman species) (Dossey, 1993). A summary of this model can be seen in Figure 1 below, adapted from Dossey’s book (1993, p. 249).

LOCAL EFFECTS (sensory mediated)				NONLOCAL EFFECTS (nonsensory mediated)	
INTRAPERSONAL		INTERPERSONAL		TRANSPERSONAL	
POSITIVE	NEGATIVE	POSITIVE	NEGATIVE	POSITIVE	NEGATIVE
Conscious and unconscious thoughts, attitudes, emotions, feelings, beliefs, perceived meanings, self-suggestions, images, and visualizations taking place <i>within</i> an individual.		Conscious and unconscious suggestions, statements, behaviors, both verbal and nonverbal, taking place <i>between</i> individuals.		<i>Anecdotal evidence:</i> Distant/psychic/spiritual healing Intercessory prayer Telesomatic events <i>Laboratory evidence:</i> Transpersonal imagery Controlled experiments in humans as well as many nonhuman species involving actual prayer or a prayer-like state (“prayerfulness”)	<i>Anthropological evidence:</i> Observations of “distant hexing” such as the Polynesian/Hawaiian “death prayer” <i>Laboratory evidence:</i> Many nonhuman species harmed or retarded in controlled experiments

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Figure 1. Dossey’s Model of Local and Nonlocal Events

Both fortunately and unfortunately, the unconscious does not seem to be controllable. Dossey sums this up:

The spontaneous, unplanned nature of telesomatic reactions suggests a Law of Reversed Effort, as Aldous Huxley once put it. The more we try to push and control these events the more they seem to elude us. The secret seems to consist in *not* trying and *not* doing, allowing the world to manifest telesomatically *its* wisdom, not ours (1993, p. 86).

While we cannot make the results of nonlocal effects, for example in prayer, occur, willful intent does play an important role. In addition, often our knowledge of nonlocal occurrences does not dawn until after the experience. Aggressive activity in trying to control or produce results through nonlocal events simply does not seem to be conducive to their occurrences.

Consciousness also arises in proposed quantum theories for healing phenomena. Eugene Wigner proposes consciousness as the force that causes the “state vector” to collapse (Barušs, 2006). The state vector describes all possible physical realities, since there is no one state in which physical reality exists (Barušs, 2006). Consciousness as a non-physical agent would therefore be connecting all of physical reality, and the connections between humans that bring about healing would flow through this consciousness. Of the theorists mentioned by Barušs in this article, Barušs states that, “The notion of a deep consciousness as a pre-physical substrate from which physical reality is precipitated” integrates many of their ideas (Barušs, 2006, p. 39).

Some further examples of healing practices studied by consciousness researchers include the placebo effect, the effect of suggestion, dreams, relaxation training, prayer, and even denial, as well as even more unusual phenomena such as nonlocal therapeutic touch, transpersonal imagery, remote sensing, and the telesomatic. As Dossey has noted, “Both prayer and belief are nonlocal manifestations of consciousness, because both can operate at a distance, sometimes outside the patient’s awareness” (1993, p. 141). His model of consciousness attributes spiritual healing to either nonlocal or local categories, which then can be further divided as positive or negative events.

Prayer Research

Prayer can be categorized in Dossey’s model as nonlocal, and in other models is described as a type of mind-matter interaction (MMI). Some specific types of prayers include prayers of petition, intercession, confession, lamentation, adoration, invocation, and thanksgiving.

When approaching the study of prayer, modernity often has cast off its Newtonian thinking, by necessity. The mindset that every cause precedes its effect does not apply very well, to say the least, to something as ephemeral as healing prayer or to many of the other unusual forces spoken of here.

There are more ways to categorize prayer, such as whether directed or nondirected prayer (Dossey, 1993). Directed prayer would mean praying with a specific outcome in mind, whereas in nondirected prayer there is no specific outcome or goal that one is praying for. Dossey also lists categories that describe how we pray: relaxation/quietude, attention training, imagery/visualization, intentionality, and strong positive emotions. Other ways to categorize prayer include prayer as outward (petitionary or intercessory), inward (directed about self), or upward (praise or thanksgiving).

Francis MacNutt (1974), former Roman Catholic priest, also lists four kinds of healing and the specific prayers for each: sickness of spirit caused by personal sin, calling for a prayer of repentance; sickness of emotions caused by original sin or hurt by others, calling for a prayer of inner healing; sickness of body caused by disease/accident/stress, calling for a prayer of faith; and sickness caused by the demonic, calling for a prayer of deliverance/exorcism (MacNutt, 1974). MacNutt says, in relation to Christianity, “The clear implication [of the apostles’ and Jesus’ ministry] is that healing and liberation are the mission of the church” (1974, p. 45).

Negative or “black” prayer should also be discussed. Many of the healing phenomena described have the potential for benefit as well as for harm. Negative types of prayer involve invoking harm or evil. Many controlled lab experiments demonstrate that prayer can inhibit or promote microorganism growth (Dossey, 1993). Benor’s (2007) *Healing Research* catalogues nearly 200 such experiments.

Black magic or black prayers rests on the same principles as loving prayer, according to MacNutt. He names these principles or beliefs: the principle that there is a telepathic link of all people, that the universe is a living unity that people can open themselves to, and the principle of empathic attunement (MacNutt, 1974). An example of black magic includes the “death prayer” of kahunas in Hawaii. This

prayer rests on the power of suggestion that the kahunas use towards their victims, and the ensuing guilt that the victims feel (MacNutt, 1974).

MacNutt comments, "It is only when God calls us to be his instruments of healing that our prayer will be successful. Jesus is the one who heals and he uses different people at different times" (1974, p. 201). This is in alignment with what was further mentioned, that humans cannot control conscious or unconscious effects of events, although they can influence them. Unusual forces are not to be taken lightly: they can be beneficial, but they cannot be entirely controlled. But, in the same way, we cannot fully master or always know the outcome of any naturalistic or supernatural force.

Gillum and Griffith (2010) propose prayer as being inward, outward, or upward, and also crossing five dimensions (2010). These are social context, the content, interpersonal aspects, beliefs about how prayer operates, and length (Gillum & Griffith, 2010). This is similar to Dossey's model in which prayer is categorized by intention.

Levin (1996) proposes a theoretical model for healing through prayer according to four possible mechanisms: local-naturalistic, local-supernatural, nonlocal-naturalistic, and nonlocal-supernatural. Local-naturalistic phenomena include health related behavior, such as having social support, or stress-buffering practices (Levin, 1996). Nonlocal-naturalistic healing extends to the natural phenomena that rest on Bell's Theorem of nonlocality (Levin, 1996). Supernatural mechanisms would include divine forces of healing or even demonic powers invoked for such purposes. What are being termed unusual forces, in this thesis, do not have their own category in this model, but are subsumed under the other categories. As in Dossey's model, Levin's model also proposes the concept of nonlocality as relevant to healing, through its influence on people and not just on particles, as Bell originally specified in his theorem.

Christian Theology

As Christian theologies seek to explain the world, its systems, and its guidance by any entities or forces, it also defines right from wrong, moral from amoral, and thereby sickness and health – in that sickness associates with something wrong, and health associates with something right or natural. One way to categorize Christian theologies would be by three major schools of thought about the nature of reality: theism, atheism, and agnosticism (Miovic, 2004).

MacNutt (1974) speaks from a Roman Catholic perspective about the general importance of integrating Christianity in healing. He says, “Healing is essential to the gospel message and carries us all the way back to our very idea of God. *What kind of a being is God?*” (MacNutt, 1974, p. 80). He also describes the importance of faith, charity or love, and forgiveness in Christianity as well as in healing in general. This conception of a higher power influences the questions of why or how one should be healed.

In the United States, specifically, the question of healing has taken on a role of entitlement. As Brown (2010) states, Americans live in a culture in which “pain has been emptied of positive religious meanings” (p. 146). Brown (2010) uses chiropractic as an example of a therapy that has transversed its origins from spiritualized medicine to the more accepted medical mainstream. American culture is more accepting of practices with therapeutic benefits in a search to avoid pain. Chiropractic explains pain as “something [that] is simply out of adjustment, and balance can be restored without making either the hurting person or God morally culpable” (Brown, 2010, p. 178). The “religion” or explanation of healing in the United States denies pain any positive significance. This should be taken into account when forming a model for a spectrum of health or healing; while pain is almost universally seen as a disruption to health, some models would include it as having some beneficial properties.

Another Christian model of healing through unusual forces is described by Klassen (2007) in her article, “Radio Mind: Protestant Experimentalists on the Frontiers of Healing.” Klassen recounts the beliefs of a group of Protestants in the

early 20th Century, known as “Protestant experimentalists,” including Frederick Du Vernet (an Anglican Archbishop), Percy Dearmer, and James Ward. They shared interests in phenomena described as telepathy, healing, and psychic research, terming the resulting healing according to “radio theology.” As radio waves pass through us without our consciously detecting them, radio theology’s analogy is that spiritual forces flow unseen through us (Klassen, 2007). In their conceptual view, they saw “Christians optimistically (if naively) harnessing the powers of technology and divinity in a postwar and almost postcolonial world” (Klassen, 2007, p. 674).

In summary, Christian views of the unusual forces involved in healing swing from acceptance to denial to integration. In the West, at least, where religion is increasingly more individualized, people are more open to alternative therapies that might invoke unusual forces. Indeed, most alternative medicine users practice “not so much as a result of being dissatisfied with conventional medicine but largely because they find these health care alternatives to be more congruent with their own values, beliefs, and philosophical orientations toward health and life” (Astin, 1998, p. 1548). The importance and role of these aspects in any religious, spiritual, or healing practice ought to be accounted for when forming a conceptual model for healing, as in this thesis.

Transpersonal Psychology

The importance of scholarly writing from transpersonal psychology for understanding unusual healing forces cannot be overstated. “Transpersonal” refers to those states that transcend the functions of our normal ego, or when one’s self-awareness goes beyond the personal; it is a “beyond-ego” psychology, as well as integrative and holistic, potentially transforming the individual. Transpersonal psychology, then,

Validates the meaningful nature of human experience, affirming that this is not merely an impediment to objective knowledge but a way of knowing oneself, the world, and the mystery of existence from the standpoint of an embodied participant rather than as a disinterested observer (Hartelius, Caplan, & Rardin, 2007, p. 142).

It deals with the content beyond, the pervading context, and the changing catalyst (Hartelius, Caplan, & Rardin, 2007). Transpersonal psychology, as a field, focuses quite a bit on consciousness research, as both subject matters involve beyond-ego states.

The field of transpersonal psychology derives from what has been termed the law of participation, in which during “ecstatic states the subject is fused to the object,” and also endorses the idea of participatory knowing (Lahood, 2007, p. 38). Prominent figures include Abraham Maslow (founder of humanistic psychology), Roberto Assagioli (founder of psychosynthesis), C.G. Jung, Ken Wilber, Michael Murphy, and Clare Graves. The emphasis today in this field is towards a more holistic and transformative approach to individuals.

Some examples of concepts often referenced in transpersonal psychology include studying the aura, chakras, consciousness, dream interpretation, karma, life after death, meditation, morphogenetic fields, spiritual healing, spiritual parenting, psychic development, reincarnation, and a meaningful relation between spirituality and science. Some of these concepts evoke “new age” imagery, but, outside of that context, they may be part of the language of transpersonal therapy. For instance, in one study, spiritual hypnosis was used to evoke past life, prenatal, and perinatal experiences by producing an altered state of consciousness (Zahi, 2009). These concepts have been closely associated with healing in transpersonal writing, and need to be taken into account here.

One way of categorizing content matter in transpersonal psychotherapy, proposed by Zahi (2009), is by four major categories: “near-death and out-of-body experiences; past life experiences; and spiritual interpretations in accordance with the patient’s beliefs . . . [and] a fourth category, spiritual interpretations *not* in accordance with the patient’s beliefs” (Zahi, 2009, p. 263). Except for past life experiences, these other phenomena would seem to invoke potentially unusual forces that would have an impact on the body, for purposes of healing or of harm. But even regarding past-life experiences, as in the research of Krippner and Villoldo (1986), traditional healers from different areas of the world reported that they plied

their trade by channeling spirits of others who were dead (Krippner & Villoldo, 1986).

Yet another transpersonal model of unusual healing forces uses three categories proposed by Hartelius, Caplan, and Rardin (2007): beyond-ego psychology, holistic or integrative psychology, and transformative psychology. They further categorize beyond-ego psychology into five types: states beyond ego (an out of ordinary inner state of consciousness or awareness), stages beyond ego (the potential for personal development beyond the ego), paths beyond ego (meditation, mysticism, myths), aspirations beyond ego (human potential or development in any area or value, meaning, or purpose), and beyond ego phenomena not otherwise specified (non-ordinary perceptual capacities). The states and stages beyond ego categories would seem to correspond to what has elsewhere been termed nonlocality.

Parapsychology and Psi Research

Psi phenomena refer to “kinds of information transfer or communication that exceed common understanding of how such communication takes place” (Rosenbaum, 2011). Example of psi phenomena include telepathy (mind-to-mind communication), clairvoyance (environment-to-mind communication), pre- and retro- cognition (mind getting information that transcends the present), clairsentience (mind getting information about matter outside of itself), and psychokinesis (the ability to influence a physical system or move an object without any known physical ways of doing) (Rosenbaum, 2011; Benor, 2003). Psi shares common ground with conscious and unconscious processes, where communication through such means is normative. Prominent researchers and contributors to this field include Radin, Krippner, and Benor.

The history of psi phenomena connects with that of various scientific pursuits, including the study of healing. For instance, the most frequently cited example of the beginnings of psi phenomena would be Anton Mesmer’s coining of animal magnetism in the 18th Century, which snowballed into subsequent research

such as Armand Marie Jacques de Chastenet's magnetic somnambulism, or trance hypnosis (Radin, 2010). In this state of awareness, other psychic abilities sometimes manifest themselves; thus, it would be a useful state to study in research on psychic healers. Psi phenomena were at one time taken seriously: the French Royal Society of Medicine showed favor to mesmerism and somnambulist psi phenomena, and the Society for Psychical Research was established in London in the 19th Century (Radin, 2010). In the 20th Century, major psi research programs were established at Duke University and the Institut Metaphysique International in Paris. These used new technologies such as the random number generator to explore psi phenomena (Radin, 2010).

Many categorizations of psi phenomena exist, and some of these bear on a discussion of healing. For instance, categorization of telepathy could include feeling telepathy (sensing others' feelings), thought telepathy (reading others' minds), and action telepathy (seeing others' activities) (Brownstein, 2011). For Brownstein (2011), the fundamental underpinning of ESP (extra-sensory perception phenomena) is the "Flow of Existence," comparable to the ideas of locality and non-locality. This flow is the moment-to-moment movement and transformation of existence, and ESP is just one aspect of knowing the "Essence" of the current flow of existence (Brownstein, 2011). Thus, such knowledge is not spacial but rather temporal. Brownstein (2011) categorizes five subgroups of clairvoyance, or remote viewing: clairsentience (psychic knowledge through feelings), clair-cognizance (psychic knowledge without knowing how obtained it), clairaudience (psychic knowledge through paranormal auditory means), clairalience (psychic knowledge through paranormal smelling), and clairgustance (gaining information through paranormal tasting). His typology is not so much a model of healing through unusual forces, but rather a useful conjecture as to the mechanism(s) of unusual healing forces. Clairvoyance could be used, for example, in diagnosing and responding to past problems that have manifested themselves in current health issues, almost akin to MacNutt's four types of healing prayer.

In Radin's research on psi phenomena, he has identified numerous theories to account for entanglement, or locality. This includes signal transfer theories, in which something like electromagnetic waves or antimatter carry the signals in healing, and theories like James' cosmic consciousness or Jung's collective unconscious (Radin, 2006). Other theories are based off a multidimensional view, like Carrington's four-dimensional theory which uses neurons for forming models for nonlinear optimization, or Rauscher and Targ's eight-dimensional theory (Radin, 2006). Rauscher and Targ (2006) propose a model based on their research into remote viewing (akin to the phenomenon of remote or distant healing), which reinterprets modern physics' independent time-space relationship. It cites Heisenberg's uncertainty principle, leading to the concept of nonlocal connections in quantum physics (Rauscher & Targ, 2006).

Radin mentions quantum theories, as well. These include observational theory, a model of pragmatic information, weak-quantum theory, Bohm's implicate/explicate order, and Von Neumann's model (Radin, 2006). All of these invoke nonlocality in some way and are thus, potentially, or relevance to understanding distant healing.

Other Relevant Areas

The neuroscience of spirituality is a topic of recent interest in the scientific community, and is relevant to the present topic. Many of the explanations of psi phenomena invoke brain-mind connections—local or nonlocal—that correspond with theories and research findings within neuroscience. The models discussed below, for example, each attempt to explain occurrences that invoke unusual forces: distant healing, telepathy, and quantum theories of consciousness that are reminiscent of nonlocality. Most of the models mention consciousness and entanglement. Entanglement or “spooky action at a distance,” as named by Schrödinger and Einstein, respectively, describes through quantum physics how at the quantum particle level “all separateness disappears and everything is connected”

(Erickson, 2011, p. 145). This is a concept that would resonate with many spiritual healers.

Leder (2005) summarizes four basic models from contemporary physics in order to explain the compatibility of psi phenomena and occurrences like distant healing with “the scientific world view,” by which the author means the Newtonian worldview (2005, p. 923). In the energetic transmission model, our conscious intentions, such as distant healing intentions, transfer through a currently unidentified energy signal (Leder, 2005). The second model, path facilitation, also relates to consciousness. Leder (2005) explains that like gravity shifts the space-time fabric, so consciousness shifts it, too. Thus, consciousness would be identified as another energy field, alongside fields like the electromagnetic and nuclear fields. The third model, nonlocal entanglement, draws on quantum mechanics to postulate that “people, like particles, can become entangled so they behave as one system with instantaneous and unmediated correlations across a distance” (Leder, 2005, p. 623). The fourth model, named the actualization of potentials, postulates that the interconnection of particles or people who are entangled, on a wave function in probability, collapses that function into one outcome (Leder, 2005).

Medical anthropology is another important field that may contribute to an understanding of unusual healing forces, in that:

Cultures offer different solutions to living and therefore different pathways to healthy living. They need to be understood at a systems level and not simply by extracting a few cultural practices on which to focus. Health promotion efforts that do not acknowledge established cultural pathways risk derailing these important conduits of health (MacLachlan, 2006, p. 34).

Often, practices that are categorized as “CAM” (like ritual healing) are unique to certain cultures, so medical anthropologists would look at them closely.

Accordingly, each person’s self-perception can be linked to his or her culture, including to cultural norms related to faith. MacLachlan (2006) states, using the Western societies as an example,

Within most western societies the biomedical model predominates, which attributes health and illness to changes in our biochemical and physiological substrate, changes that often occur at such a microscopic level that belief in them is, for most

people, an act of faith. On a worldwide scale, faith in other causal mechanisms, such as the intervention of displeased spirits or the use of witchcraft, is probably more widespread. It would seem vital therefore to understand not only the nature of a person's presenting complaint but also their explanation of it, because the two are almost certainly interwoven to some extent (2006, p. 30).

This re-iterates the importance of this study in regard to healthcare and understanding the patient-role. Some anthropologists have sought to find commonalities between ritual healers, like Carlson and Shield (1989) in their book, *Healers on Healing*. They identify common themes in all types of healing: the role of love, healing as returning to wholeness, the necessity of listening to our innate wisdom, the importance of the healing relationship, the proper healing attitude, and the realization that healing is our natural state (Carlson & Shield, 1989).

As there is a field of transpersonal psychology, so, too, is there an emerging field of transpersonal anthropology. Such perspectives can be seen in the growing number of anthropological studies of experiences related to prayer and altered states of consciousness. These include studies of negative prayer, such as in local voodoo hexing, where often the victim is made aware of the hexing (Dossey, 1993), and in study of cultural metaphors for understanding the human body, as in Rogers' (1991) book, *Explaining Health and Illness: An Exploration of Diversity*. In these metaphors, the workings of the human body are described in terms of imbalance and balance, where the systems of the body are seen as working together in harmony. As MacLachlan states, "Health is on a continuum, it is not a dichotomy" (2006, p. 37).

Conclusion

In conclusion, the interconnectedness of not only mind and body but also mind, body, and spirit can be seen in the practices, concepts, and typologies explained above. The next task is to integrate this disparate material into a proposed taxonomy. The following chapter presents a conceptual model of unusual healing forces that draws on concepts and models reviewed in this chapter.

CHAPTER THREE

A Proposed Model of Healing Due to “Unusual Forces”

Model Overview

The model presented in this chapter offers a taxonomy of explanations proffered for healing that invoke the kinds of “unusual forces” that appear to occupy a conceptual space in between the natural and the supernatural. Many of the models from the previous chapter are used to explain in part or in whole the different proposed categories.

This conceptual model-taxonomy has three distinct levels. The first level answers a question of *energy* or *power*: how does the force manifested in spiritual healing practices, and even the malignant practices that are the antitheses of healing, flow? The answer: it flows, or occurs, locally or nonlocally. Thus, the first level in this taxonomy categorizes healing phenomena as either local or nonlocal events.

The second level of the taxonomy answers a question of *direction*: to whom or to what is healing directed towards? That is, did the healer or practitioner have a specific outcome in mind? Was he or she manipulating the power or energy to attain a specific result? In non-directed healing, the person participating in the practice does so without an expected specific outcome, other than for the participation to be beneficial or not. In directed healing, the participant appears to assert more control, while in the non-directed mode of healing, the participant must place more trust in the practice itself.

The final and third level of this taxonomy classifies healing by whether the practice is positive or negative—that is, for good or for harm. Thus, the *intention* of efforts to “heal,” as well as the source and direction of these efforts, distinguishes types of spiritual healing in this taxonomy. Healing can occur through positive practices—intentions to do good—while negative practices (hexes, curses, etc.) are ostensibly destructive, not bringing healing but rather harm.

In this model, then, there are eight distinct categories, divided first by locality, then by direction, and finally by its beneficial or malevolent effect on the subject. These eight categories are simply one way to categorize healing; they aid one in making sense of this type of healing, although there are most likely other phenomena, not considered here, that do not precisely fit into the taxonomy. Figure 1 outlining the model and its divisions can be seen below. Some healing-related phenomena span a couple of categories, as they can occur with intentionality or as non-directed; this will be illustrated in the following sections.

Nonlocal				Local			
Directed		Non-Directed		Directed		Non-Directed	
Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative

Figure 2. A Conceptual Model of Healing

Healing Distinctions

Nonlocal vs. Local Healing

The importance of distinguishing between nonlocal and local events relates back to the major distinguishing characteristics of existing explanations for healing phenomena throughout the literature on healing: supernatural healing, naturalistic healing, and, “in between” these, healing due to unusual forces. Naturalistic healing falls mainly under the category local phenomena, as far as its physics, while supernatural healing would fall mostly under the nonlocal category: God (the source of supernatural healing, presumably) having some or all transcendent characteristics and thus existing “outside” of space and time. Unusual healing forces can also be distinguished as nonlocal or local, depending upon the types of forces posited, as described in the previous chapter. This taxonomy is useful because it unites these three classes of healing under one model. Any type of

spiritual healing practice or phenomenon can thus be compared in common terms and in terms of common “mechanisms.”

The idea of locality and nonlocality stems from the idea of entanglement, as derived from quantum physics. Briefly stated, entanglement or nonlocality occurs among particles that come into physical contact with each other. This contact causes them to have a permanent bond or effect; even later when they are physically separated, what happens to one affects the other. For instance, a change in spin direction of one particle would affect the spin of another particle, although the second particle is physically removed from being near or in the same environment as the first particle. Einstein helped initiate research into this concept along with Podolsky and Rosen in their 1935 paper, and John Bell’s experiments in 1964 into nonlocality helped confirm this concept (Leder, 2005).

As related to healing, this concept would apply to humans as whole beings rather than only abstract particles. Experiences categorized here as nonlocal, like distant healing, would occur partly due to the influence of the power that connects all humans, regardless of physical distance or even time. Previous interaction, or meeting with the healer face to face, would strengthen this connection, but this is not necessary for healing to occur.

Thus, some categorizations of healing which recognize numerous routes to healing are condensed. There are different pathways that the “power” travels, along local or nonlocal pathways, through different media like people or pharmaceuticals, but there is a connection of all people at a quantum level and at an interpersonal level. For example, Tillich’s (1946) model recognizes three ways of healing: religious or spiritual healing, magic or psychic healing, and bodily or natural healing. Each of these types of healing could also be described as occurring through different “media,” though all are related through the quantum and interpersonal conception of nonlocality. This applied also to Levin’s (2003) five proposed pathways of healing: biological, psychosocial, bioenergy-based, nonlocal, and supernatural.

This is also in accord with Dossey’s (1993) previously mentioned three eras of medicine. Traveling from Newtonian physicalistic medicine to mind-body medicine,

current medicine is now arriving at an Era III of nonlocal medicine. The question of where the healing power comes from no longer lies in purely reductionist or Newtonian terms or solely within the individual, as in Eras I and II respectively. It is not described solely in terms of classical concepts of space and time or matter and energy (Dossey, 1993). Practices like telesomatic events or distant healing can thus be categorized as nonlocal events. To be clear, however, entanglement occurs among local *and* nonlocal phenomena.

On a minor note, the model presented and discussed in this chapter does show similarities to Dossey's (1993), described in the previous chapter. Dossey's taxonomy, however, differs from the one presented here in that his taxonomy rests also on the question of whether the healing occurred between persons, in one person, or between distant persons. In contrast, this model poses the question of direction. Because of nonlocality, others can be affected slightly or even greatly by a strong connection to someone involved in healing, although whether or not this was meant to happen is answered through the category of direction. Thus, this presented model's question of direction precedes Dossey's question of who is involved in healing, since through nonlocality many people are affected, to a small or large extent.

Nonlocal events are termed as such because their occurrence arises when the people initiating and receiving do not communicate via senses, or when they are not physically present or close to one another. The mind is no longer seen as it was previously, bound by time and space, but rather is spread throughout all time and space, akin to Jung's collective unconscious. By this thinking, there is a fundamental unity among humans, or at least among human minds. Dossey (1993) states, "One particular implication of this view is that human consciousness is unbounded—and if unbounded, then some aspect of the human psyche must ultimately be unified" (p. 43).

Experiments and descriptions of nonlocal healing events abound, many of which are catalogued. For example, Benor's (2007) *Healing Research* lists results of a couple hundred experiments involving prayer and its effect on living organisms,

humans included. Telesomatic events have been catalogued throughout history, like a twin feeling chest pain when the other twin is experiencing a heart attack hundreds of miles away. As Dossey (1993) points out, telesomatic phenomena are surprisingly commonplace.

On the other hand, as described by Dossey (1993), “Local events are mediated by the senses—speech, hearing, touch, smell, sight, and so on—and are describable by the known laws of physics and human physiology” (p. 250). This includes healing through acupuncture, yoga, and many modern Western medical practices. Most local healing is not as highly debated or controversial as healing under the nonlocal category, since local healing is more easily quantifiable and described by methods used since the scientific revolution.

In the models mentioned from the previous chapter, Leder’s presented models most closely correlate with this model’s presentation of nonlocality. The model of nonlocal entanglement is the most obviously pertinent model, but the energetic transmission model also corresponds here (Leder, 2005). The nonlocal entanglement model states that people have correlations across a distance, like particles do. The difference in the presented model, though, is that nonlocal entanglement rests on the question of energy, or where it derives from. The energetic transmission model in coupling with the entanglement model shows that particles and people are all connected and affect each other to an extent, and the way the interactions (locally and nonlocally) occur resides in the energy transmitted. The energetic model supplies the energy for nonlocal and local healings to occur, similar to the signal transfer theories mentioned by Radin (2006).

Directed vs. Non-Directed Healing

This distinction, as aforementioned, addresses the question of direction. After determining the question of power or force, the question of who this force is directed towards is the next integral following question: what does the healer do with the healing force or power? Direction here means whether or not the healing had a specific intended outcome from the commencement of healing. For instance,

having a stronger body as a whole would not be a specific outcome, but improving the strength of one part of the body through working with a specific chakra would be directed. Non-directed phenomena tend to treat many areas at once, like yoga or tai chi. They are also phenomena in which most often a specific outcome is not seen from the start, although one may develop along the way, as in positive thinking. Dossey (1993) uses this concept to describe prayer. As mentioned before, in directed prayer there is a specific outcome in mind, whereas in non-directed prayer there is not a specific outcome or goal.

In discussing non-directed healing involving unusual forces, the power of suggestion or the placebo effect should be mentioned. This occurs when an idea or suggestion is placed in the mind of the person undergoing healing (the healee) by another, or when the healee admits his or her troubles to another so that healing can occur. It often occurs through connection to a skilled authority figure, as in Gassner's exorcism and Mesmer's animal magnetism healings (Harrington, 2008). According to the placebo effect, treatment that should be ineffective but not detrimental is given, yet healing results nevertheless. Such occurrence calls for a certain level of faith or belief in the supposed treatment. Directed healing relates to the placebo effect in that a certain outcome is given, whether or not it is substantiated by experience or data or other supporting evidence. Non-directed healing relates to these phenomena in that the aspect of faith in the practice or practitioner is more evident. Thus, the placebo effect and the effect of suggestion both have connections with directed or non-directed healing.

Positive vs. Negative Healing

After the distinction between directed and non-directed healing, one can further distinguish between positive and negative experiences. Positive experiences would be termed by most as "healing," but negative directed and non-directed experiences are possible. Voodoo and cursing are examples of negatively directed nonlocal events that may impact a person's body or physiology, or at least intend to.

The questions of power and direction can also be applied to harmful events, which must be recognized, no matter how distasteful the subject.

This last distinction, between the positive and negative in directed or non-directed healing experiences, summons another central concept to most healers: the idea of balance and imbalance. For many energy healers or traditional healers, health is on a continuum or rather a balance. One can have too much of a good thing or too little of a good thing, and this excess or deficiency is negative. The healers who speak of this balance also often speak of harmony or balance in the body, of holistic healing, even dating back to Hippocrates and Galen (Coddington, 1990). In 1680, the physician Ferenc spoke of the necessity of the body and its humors being in harmony (Koenig & Cohen, 2002). Kelsey (1995) speaks of this among Christians, saying how health of the mind and of the body in Christianity cannot be separated. Tillich (1946), too, speaks of healing as purity and harmony. The spirit mediums interviewed in Young's (1988) book spoke of healing in regard to the wholeness not just of oneself but of one to the rest of humanity. The two medical doctors, the Native American healing woman, and the native Earthkeeper healer who were interviewed in Carlson and Shield's (1989) book, *Healers on Healing*, all spoke of healing as a return to wholeness. Psychic healers and medical doctors alike speak of needing balance to be healthful and to promote healing.

This paradox of healthful aspects requiring balance in healing can especially be seen in non-directed phenomena. Since non-directed phenomena are not as structured towards a specific end, more room for an unexpected or unintended excess or deficiency of the healing phenomena exists. In directed phenomena, the manipulation of the power to come to a certain result lessens the probability that imbalance and thereby harm would unexpectedly occur. The following descriptions of healing-related phenomena in the proposed taxonomy do not fully address the negative and harmful phenomena, but instead focus on the positive healing. Each category of the taxonomy is covered and, although the author knows that myriad other practices not mentioned here also exist, the principles and characteristics

explained within each category should enable the categorization of any other healing phenomena.

Categories of Healing within the Conceptual Model

Local Directed Healing

The phenomena in this category include the theories and mechanisms familiar to Western and Eastern medical practices. These include acupuncture, Ayurvedic medicine, chiropractic, therapeutic touch, and healing through natural or herbal products—as well as Western medicine itself. Each of these therapies proposes theories and concepts that explain healing to the consensus satisfaction of some (but not all—e.g., therapeutic touch) scientists and physicians. But the theories and concepts are decidedly local and naturalistic, for the most part.

Acupuncture comes from traditional Chinese medicine, and it involves stimulation of specific points on the body, most commonly by inserting needles into the skin, to promote healing (National Center for Complementary and Alternative Medicine, 2012). Since this practice obviously involves the senses, it can safely be categorized as a local event. Acupuncture relies on the principle that *qi*, or one's vital energy, runs throughout the body on a number of meridians (National Center for Complementary and Alternative Medicine, 2012). Blocking these meridians causes disruption to health, but through acupuncture the meridians can be unblocked. Acupuncture is categorized as direct since acupuncture practitioners usually have specific conditions to treat. Professor Wang Juyi, a famous acupuncturist, says “we must move ‘from the particular to the general and then from the general back to the particular’” (Liu, 2010, p. 42). He describes a system of feedback, refinement, and learning similar to the scientific method.

Ayurvedic medicine, by contrast, comes from India, and includes a variety of herbo-mineral formulas in conjunction with mental, physical, and spiritual exercises to restore the body to the proper balance and harmony (Mishra, Singh, & Dagenais, 2001). Most of the products are sensory-mediated, and thus are local, but the

foundations of Ayurvedic medicine state that all living things in the universe are joined, which evokes entanglement (National Center for Complementary and Alternative Medicine, 2012). Ayurvedic medicine is directed, towards a specific medicine, and can be studied as such (Hankey, 2005).

Chiropractic uses spinal manipulation, along with treatments like heat and cold, relaxation techniques, and electrical stimulation, to reduce pain and restore the body's natural healing ability (National Center for Complementary and Alternative Medicine, 2012). Chiropractic treats mainly spine-related musculoskeletal injuries. It is local and direct because it is sensory mediated, as the practitioner lays their hands on the healee, and it is direct because it treats specific musculoskeletal problems.

Therapeutic touch is similar to chiropractic in that healing occurs through the contact of the practitioner's hands with or near the body of the patient, assessing and manipulating the energy field surrounding the patient to bring about healing (Levin, 2011). This healing technique can be described as direct, since the patient arrives with a specific problem. Therapeutic touch has been described as a modern version of healing through laying on of hands. Through touching the patient, this phenomena can be categorized as local, although direct contact does not always occur. Healing touch is similar to therapeutic touch, although it does offer "a more traditionally clinical approach to energy healing" (Levin, 2011, p. 15). It, too, can be categorized as local and direct.

According to the National Center for Complementary and Alternative Medicine, natural and herbal treatments include botanicals (herbal medicines), vitamins, minerals, other products often sold as dietary supplements, and probiotics (National Center for Complementary and Alternative Medicine, 2012). The use of these products often occurs through a medical system, like Ayurvedic medicine or traditional Chinese medicine, but the products are also taken outside of that. Specific examples include echinacea, used to stimulate the immune system; fish oil or omega 3s, to reduce the risk of cardiovascular disease; riboflavin or vitamin B12, used to reduce headaches; and hoodia, used as an appetite suppressant (National

Center for Complementary and Alternative Medicine, 2012). Herbal and natural products fall under the local categorization because they are sensory-mediated. Popular scientific method can observe the direct effects of these treatments on individuals, as the specific effects are direct and specifically known. For instance, research is underway about how riboflavin treats headaches, but there are experiments using the popular scientific method, proposing mechanisms and pathways (Sun-Edelstein & Mauskop, 2011). While the biochemical pathways are not always fully known, research and healing about natural and herbal products occurs through local and directed means.

Importantly, and often overlooked, these systems of healing can also be thought of as systems of spiritual healing: all have overt or subtle spiritual components or are derived sources. For instance, traditional Chinese medicine evolved from traditional Chinese religions (Taoism, Confucianism, Buddhism) and Ayurvedic medicine from Indian religion (Hinduism). Many chiropractors are Christians, and many others view their practice as enabling restoration of an unimpeded flow of spiritual energy. Therapeutic touch is modeled after the religious laying on of hands, and herbal healing is often justified on the basis of spiritual or mystical properties of such substances. All of these systems are sources of theories and concepts that can be used to “explain” instances of spiritual healing. All of these aforementioned local phenomena are practiced or occur with specific expected outcomes. By contrast, the following section addresses healing that is local, as it is sensory mediated, but is instead non-directed.

Local Non-Directed Healing

Local non-directed healing includes healing that results from practices like qi or qi gong, tai chi, yoga, and deep breathing. These experiences are local in that they are sensory-mediated, but they are non-directed because they do not always occur with a specific healing outcome or end in mind. More often, they are practiced in order to improve the health of the entire person, rather than to target one specific

aspect. Thus, these practices bring about healing by addressing the general needs of a person, and also by healing the specific needs along the way.

Qi gong originates from traditional Chinese medicine. As such, it relies on similar principles to acupuncture: *qi* is the life force that runs through the body; yin and yang are two equal and opposing forces that balance and shape the world and life (National Center for Complementary and Alternative Medicine, 2012).

Categorized as a mind-body therapy in modern medicine, “Qi gong is a combination of meditation, postures, breathing techniques, and movements designed to improve holistic health, prevent and treat specific illnesses, and facilitate mind-body integration” (Posadzki, 2010, p. 84). The practice of qi gong is meant to cultivate life energy and develop one’s potential, giving balance to the whole person. Qi gong works locally, since it stimulates the senses through breathing and slow movements. It is also non-directed, since it is practiced to improve one’s overall health, not to target and improve one specific problem, although these specific problems can be addressed and healed in practicing the general qi gong principles and practice.

Tai chi, or t’ai chi ch’uan, refers to another traditional Chinese medicine practice, but it originated as a martial art. Another mind-body practice, it also involves slow body movements, deep breathing, and a centered awareness (National Center for Complementary and Alternative Medicine, 2012). Health benefits of tai chi include muscle strength, balance, attentiveness, sleep, decreased heart rate and blood pressure, decreased cholesterol, and overall health benefits (Field, 2011; National Center for Complementary and Alternative Medicine, 2012). These health benefits, like those of qi gong, do affect specific areas, but the practice of tai chi looks to improve one’s overall health. Tai chi is, then, a local and non-directed healing phenomenon.

Yoga is also a non-directed healing phenomenon. Like qi gong and tai chi, it uses physical movements and breathing techniques to strengthen and promote overall health. Yoga also utilizes meditation and relaxation. Originating in India, yoga has recently become popularized in the West for its physical exercise component, hatha, comprising âsanas (postures), but it is a mental and spiritual

discipline as well (Desikachar, Bragdon, & Bossart, 2005; National Center for Complementary and Alternative Medicine, 2012). One source describes yoga as linking the mind and body, or even mind, body, and energy (Chaoul & Cohen, 2010).

The last practice mentioned in this categorization of local non-directed healing is the practice of deep breathing. Deep breathing is one of several relaxation techniques that are used across different medical systems, such as yoga and tai chi. It involves taking regular and slower breaths, consciously slowing one's breathing rate; thus, it is categorized here as local (National Center for Complementary and Alternative Medicine, 2012). It is used in controlling or treating anxiety, depression, and other musculoskeletal syndromes (Bertisch, Wee, Phillips, & McCarthy, 2009). The healthful benefits of deep breathing are diverse, not necessarily targeting one specific problem. Since deep breathing is a general principle, used across numerous specific practices, it is categorized as non-directed.

Nonlocal Directed Healing

Nonlocal practices are not mediated through the five senses, and they therefore are more clearly categorized through nonlocal entanglement. At some level, it is believed, all of humanity is connected, and this connection can mediate healing. Many of the specific healing practices illustrated here commonly involve healing across spatial distances, whether that is in feet or in hundreds of miles. They are often labeled as mind-matter interactions or bioenergy healing. The practices discussed here that are categorized as nonlocal directed healing include psychokinesis and hypnotherapy.

These interactions and other nonlocal phenomena are often categorized as mind-matter interactions (MMI) or bioenergy or energy healing. Other categorizations of energy healing traditions, like Levin's (2011) four categories previously discussed, are generally encompassed in the nonlocal category. The East Asian and Western professional traditions mentioned in Levin's model, however, would fall under the classification of local healing, but the bioenergy tradition and contemporary metaphysical tradition could be categorized as nonlocal healing.

Psychokinesis is defined as when movement on a physical system occurs without any physical contact; the movement is caused by a person's mind (Morse, 2011). It is also known as telekinesis (Morse, 2011). This could be effective in healing, especially in moving things unseen in the body. For instance, could a tumor psychokinetically be removed? Such a hypothetical phenomenon is categorized as nonlocal because there is no sensory mediation, and it falls under the category of directed healing because the person causing psychokinesis has an idea of what is going to be moved and where it will be moved.

Hypnotherapy is another mind-controlled phenomenon and is therefore also considered nonlocal. Hypnotherapy occurs when a patient undergoes hypnosis. The patient's state then supposedly reflects a baser self, or a more foundational level of consciousness. Through examining the then-revealed unconscious mind of the patient, a practitioner can help diagnose and treat areas that need healing (Hartman & Zimberoff, 2011). This phenomenon is considered directed since a specific state must be reached by the patient in order for the practitioner to effectively aid.

Nonlocal Non-Directed Healing

Nonlocal healing that is non-directed includes many MMIs that are performed for general health benefits. Many such phenomena involve distant sensing, including positive thinking, relaxation, clairvoyance, clairsentience, transcendental meditation (TM) and other types of meditation, and pre- and retro-cognition.

Positive thinking and relaxation are both general practices that are not sensory-mediated. Positive thinking often is non-directed, since its practice does not have a specific mechanism each time; there are general principles but no manipulation to come to a determined result.

Clairvoyance and clairsentience are both nonlocal. Clairvoyance is seeing things that are not a part of the person's physical surroundings; clairsentience is the broader term for feeling things that are not a part of the person's physical surroundings. These phenomena involve the senses, but the senses are engaged at

a distance. For instance, a traditional healer could experience something through clairsentience about someone close to the patient who is affecting that patient. Often, experiences involving these phenomena do not occur, because the person experiencing them has a specific end in mind. The healer is generally attempting to make an experience happen, while not necessarily knowing beforehand what the experience will bring about. Too much intentionality, then, may actually hinder successful healing; for some healers, it may be best to just “let go and let God,” as noted earlier, or let go and let the Universe, as the case may be. For instance, the phenomena mentioned by Zahi (2009) in the discussion of transpersonal psychology, in the previous chapter, fall under this category, as do some past life experiences. Brownstein’s (2011) categories of clairvoyance also are placed here: clairsentience, claircognizance, cliraudience, clairalience, clairgustance (2011). Many psychic healers simply “get” things without knowing what they will be beforehand. These phenomena are therefore non-directed.

Healing through meditation does not necessarily involve the senses (although sometimes it might; e.g., meditation as a focused means to send “energy”) and is thus nonlocal. While mantra meditation, for example, involves focusing on something specific—a sound or an image—it is classified here as non-directed in that the physiological result of this focus is not seen beforehand. Thus, the end is not necessarily manipulated. What happens happens, after attainment of a certain state of consciousness.

Nonlocal Connected Healing

Several practices, especially the practices of prayer and telepathy, could fall under either non-directed or directed healing in the nonlocal division. These practices can be engaged for specific ends (directed) or simply to engage in them, with more of a general than specific goal in mind (non-directed). They are referred to here as simply “connected.”

There are many different types of prayer, such as intercession, petition, thanksgiving, praise, adoration, invocation, confession or repentance, exorcism, and

lamentation. Prayer, as intentional communication with a higher power, has as many forms as interpersonal communication. Gillum (2010) categorizes prayers as inward (about the self), outward (about other humans), or upward (solely towards God). This is a helpful division, although non-directed versus directed prayer could also bring about a further level of distinction in this taxonomy. When intercessory prayer or confession, for instance, are practiced, specific outcomes are also in mind. Prayers of praise or adoration, on the other hand, are usually more “general”—that is, not as ends-focused. Non-directed prayer, for instance, could be engaged in simply to connect with God.

Telepathy, on the other hand, is more focused on connecting with another person than with a higher being. Telepathy occurs when information is transmitted from one person to another without any sensory connection, and thereby not in accordance with popular scientific method. This also includes, for the healer, receiving information from the patient via such methods.

Summary

In conclusion, in the taxonomy proposed in this chapter, the “unusual forces” often used to characterize spiritual healing are categorized according to three distinctions. First, are they local or nonlocal? Are they mediated by the senses or mediated at a distance? Second, are the “mechanisms” of healing controlled or controllable by the healer or, instead, not completely directed? Third, is the practice used intended to elicit a physical or psychological healing, or rather to do harm? The applicability and implications of this taxonomy-model are discussed in the following chapter.

CHAPTER FOUR

Discussion and Conclusion

Chapter Synopsis

This final chapter discusses the general applicability of the taxonomy of unusual healing forces, as well as implications for further research on this topic. To summarize, this “in-between” area of seemingly unusual forces proposed to explain spiritual healing includes concepts and practices not neatly categorized as either naturalistic or supernatural in origin. The model presented differentiates between what have been termed local and nonlocal phenomena, directed and non-directed phenomena, and positive and negative intentions.

Throughout this thesis, the necessity of interdisciplinary research to engage this topic has been made evident. In order to continue research on healing in unusual forces, interdisciplinary conversations must occur. The author’s own thoughts about the taxonomy-model and about directions for interdisciplinary dialogues are presented in the following section. Several disciplines are canvassed in order to demonstrate how the presented taxonomy would help organize thought in each respective field.

After discussing each respective field that could valuably be brought into conversation on this topic, implications of this model for the medical field as a whole are briefly discussed. Lastly, much more research on unusual forces healing can be and should be conducted, by scientists across disciplines and by health professionals. This chapter ends with some concluding thoughts and a discussion of implications.

Interdisciplinary Conversations

As explained throughout this thesis, this realm of unusual healing forces mediates and overlaps both traditionally scientific and religious explanations for healing—what have been termed naturalistic and supernatural, respectively. This

model does not deny the existence of supernatural and natural healing, of course. It merely offers a categorization for healing phenomena that do not appear to fall explicitly under either category of healing, according to current understandings and definitions. This being said, healing in unusual forces bridges these two classes of explanations, mediating a place for supernatural and natural healing explanations to meet, giving them the ability to discuss in common terms some types of healing. The presented taxonomy is an attempt to start a conversation.

The idea of nonlocality, as described in the presented model, is integral to facilitating a conversation. Nonlocality provides a mechanism for discussing healing phenomena in somewhat quantifiable and yet still mysterious terms. While current scientific methods can facilitate observation of entanglement at a quantum level, observation of entanglement at a macro level (e.g., in people) is not systemized, and admittedly is not extremely reliable. How does one systematically study entanglement at a macro level? Researchers in numerous disciplines have individually studied entanglement, such as in consciousness studies, parapsychology, and neuroscience. Other scholars, including philosophers, theologians, and historians, do not necessarily label what they are studying as “entanglement,” using the language of quantum physics, but the phenomena studied nonetheless share similar principles: some power or energy that causes healing flows at a quantum and macro level in humanity and precipitates healing. That there is another component to this power or energy, not closely examined in this thesis, namely the capability to cause harm, is a complicating factor that tends to be avoided by scholars in general.

In studying these phenomena, the author did not explicitly pose the question: what exactly is this power or energy? This, in other words, is the question of how this power or energy arises, what its origins are, how it is controlled. Although nonlocality provides a way to quantify unusual forces, quantification does not always encompass explanation. The author encountered this when thinking about the different disciplines and their different efforts to explain spiritual healing.

One of the most frustrating ideas that the author encountered in research and even in conversations with others was the dualistic delegation of healing to either supernatural and natural categories *with nothing connecting the two areas*. For the author, who follows Jesus Christ as Lord and Savior, this does not make sense. God is always present when true healing occurs, since every good and perfect gift comes from Him. *Simply because humanity can explain and quantify something does not exclude the supernatural, and simply because humanity cannot explain something does not exclude physical and quantifiable media*. Nonlocality is one way to conceptualize healing phenomena in a way that enables scholars to further research and understand, and the “power” that precipitates nonlocality can also be examined. The author has seen the healing work of God through both nonlocal and local means, as the Holy Spirit gives and causes miraculous healing and also right teaching and instruction in medicine practiced through natural methods. By the grace of God, healing comes even when humans do not know that God is in control, as in directed and non-directed healing.

The power or energy that brings about healing through naturalistic and supernatural means, whether locally or nonlocally and whether through “unusual” forces or otherwise, the author believes ultimately comes from God, from Jesus. As mentioned earlier, this can cause healing, or the falsification and perversion of it can bring harm. Thus, while we are given the choice for good and healing, evil and distortions exist, working against our good. These posited explanations for healing—supernatural, natural, “unusual forces”—are similar in that one power works behind them all. For what have been termed unusual forces, the concept of nonlocality helps quantify a unifying mechanism by which healing phenomena occur, in terms that physics can understand, but ultimately the author sees God as, in some part, behind it.

The author’s reflections in this area are meant to stimulate further discussion. An especially pertinent and pressing point is the applicability of the presented model. While beliefs and truths about the source of power behind

nonlocality can be pondered and discussed, many scholarly disciplines also have something to bring to a discussion on this larger topic.

Applicability of the Presented Model

Throughout the different disciplines reviewed in Chapter Two, models and postulates offering explanations for healing exist. The presented taxonomy has something to offer ongoing discussions in each discipline, by creating a common vocabulary or rather starting place to facilitate conversation. This is the greatest strength of utility for the model. It is hoped that the taxonomy will promote interdisciplinary discussion as well.

In the philosophy of medicine, the history of medicine, and medical anthropology, investigation of unusual healing forces reinforces consideration of Dossey's (1993) "Era III" of medicine. Era III is characterized by acknowledgment of nonlocal healing, which the presented model-taxonomy includes. As naturalistic healing is mainly local and directed, and supernatural healing is mainly nonlocal, the taxonomy provides a common framework that encompasses all of these possibilities. The philosophical implications of nonlocality and its historical integration into medicine would be two areas that need further exploration. Anthropologists could start with many of the indigenous healing practices that are difficult to explain and categorize and that seem to involve unusual forces that science cannot currently explain, that are generally grouped into the complementary and alternative medicine category.

For CAM, this model basically rearranges previously proposed categories. Most of the healing phenomena considered in this thesis are typically classified as "CAM," without further distinctions. But, as shown, this covers a lot of ground. The presented taxonomy gives CAM practitioners and researchers a better way to differentiate among differing forms of healing and thus better communicate with the public and with their clients. The more precise categorization of healing practices as in the taxonomy also could help clients in more precisely choosing how they would like to be treated.

In consciousness research, parapsychology research, transpersonal psychology, and neuroscience, many investigators are already fluent in speaking about nonlocality. Folding in consideration of the directedness or non-directedness of healing and the intentionality of healing (for good or for harm) can enhance the research agendas in these fields by enabling investigators to speak in common terms and elicit additional questions to be addressed in research, including interdisciplinary research.

The taxonomy accommodates practices that the Christian church accepts, such as the laying on of hands and healing through prayer. The difficult part to swallow about this model is that these practices are grouped with others that Christians may not recognize as spiritual healing. Yet even if the Church does not recognize these practices as healing practices, they are used with healing intent by many people, so further discussion about these types of healing phenomena can be useful and can stimulate research, including interdisciplinary research.

Implications and Research Agenda

In the health professions and in science, interdisciplinary discussions require that researchers and practitioners dialogue from different perspectives. Even if the participants do not agree on the “reality” of certain healing phenomena or their proposed explanations, a taxonomy like the model presented in this thesis at least offers common ground to begin discussion.

While the presented model categorizes explanations for healing phenomena, it does not address the question of the effectiveness of healing—in other words, are these phenomena “real” and do people actually get healed? Will the general population accept and use these unusual forces as healing phenomena after learning about these explanations? Those questions are beyond the scope of this thesis, but the taxonomy provides a way to classify types of healing phenomena and identify useful questions to ask, such as about the effectiveness and success rate of these phenomena.

Other research questions can be envisioned for this topic, such as how to integrate nonlocality into the theoretical and clinical perspectives of medicine. Philosophers and historians of medicine could contribute here. This is an important issue, although complex and controversial, but, better clarified, could provide health professionals with practical ways of integrating spiritual healing and related therapies into widespread practice. Experimental research on nonlocality in the context of prayer research could be helpful here, and could be contributed by experts in consciousness studies, transpersonal psychology, and neuroscience. Many healing studies have been conducted on the topic of prayer, but they are not constructed on the premise of nonlocality; prayer is treated as a “local” phenomenon. Likewise, there have been physics experiments involving nonlocal phenomena, but these do not address spiritual phenomena or healing. These two domains of research could be brought together, resulting in more prayer research acknowledging the premise of nonlocality, ideally involving interdisciplinary collaboration.

Finally, there is a need for theological reflections and study, from a Christian or any other religious perspective, as to the spiritual implications of nonlocal healing. In short, what these data mean should be discussed; currently, they tend just to be ignored. All kinds of questions are possible. For example, where is God in spiritual healing? How does God interact or not interact with all of these sorts of phenomena? What does the possibility of a higher power or spiritual energy imply for the worldview of given religions? By considering such questions in the context of the presented model-taxonomy, we will hopefully gain greater insight into the “mechanisms” of healing—i.e., how healing happens and why.

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