

Spiritual/Psychic/Shamanic Healing

Background/Definition

Spiritual and psychic healing can be defined as purposeful intervention by one or more people to help another living being/organism/system improve their condition in a direct way (Jonas & Crawford, 2003). Spiritual healing can also be understood as the personal experience of transcending suffering (Egnew, 2005; Yawar, 2001).

Shamanic healing is a group of techniques utilised by practitioners who access the help of spirits to heal members of their group (Krippner, 2000) and is less 'direct' than spiritual or psychic healing, despite homogenous aims or outcomes.

Theory

Characteristics of spiritual and psychic healing interactions involve empathy, compassion, person-centred care and love (Dossey, 1994; Jonas & Crawford, 2003), terms that describe the way in which healers relate to a person in need (Dossey, 1994). Intentionality is essential for healing (Benor, 2000) because intention derives from a primitive reality-based drive for relief (Zahourek, 2005). Intention therefore is usually accompanied by a commitment to perform an intended action (Schlitz, et al., 2003) and is considered the 'crown jewel' of healing (Zahourek, 2005). Some researchers have conceived of a transcendent dimension of reality, where the boundaries of locality, distance and time do not apply, inferring a 'space' whereby human beings can project their will or intention on to other systems (Collinge, 2000). It has also been suggested that spiritual and psychic healing enhances body defences through accelerated enzymatic activity (Smith, 1972, as cited in Benor, 1992) the outcomes of which are experienced subjectively as wholeness (Egnew, 2005).

Shamans believe that all living beings have a soul, which is the spiritual essence required for life (Vuckovic, Gullion, Williams, Ramirez, & Schneider, 2007). Shamans view illness as the result of loss of spiritual energy or the presence of an energetic force that is detrimental to the person's well being (Vuckovic et al., 2007). A Shamanic healer is anyone who uses their connection with spirits to retrieve lost soul essences (Vuckovic et al., 2007). Shamanic rituals are presented to the individual as a journey of meaningful images, arising from a hypothesized archetypal consciousness (Whitely, 1998, as cited in Krippner, 2000) as perceptual building blocks of human experience (Krippner, 2000).

Given that the subjective experience of healing involves connectedness and a sense of wholeness (Egnew, 2005; Jacobs, 1989) there are an increasing number of intervention studies that include compassionate intention (Radin, Levine, Eskandarnejad, Schlitz, Kozak, Mandel, & Hayssen, 2008), Loving-Kindness meditation (Hoffman, Grossman & Hinton, 2011) and forgiveness (Blocher & Wade, 2010). The concept of self-healing forces triggered by the intent of another person appears throughout the literature (Benor, 1992). Spiritual healing and compassion share similar meanings, given that compassion is the desire to alleviate another person from suffering (Schwartz & Bardi, 2001). In a paper written by Watson (2002), the transpersonal dimensions of nursing are defined by values of deep connectedness and shared humanity. Sharing suffering creates interpersonal meaning (Egnew, 2005).

In much of the literature, healing intentions are direct mental interactions that could also be defined as psychokinesis (PK) (Braud, 2000; Radin, Nelson, Dobyns, & Houtkooper, 2006). PK may take place through a process of entrainment with natural biomagnetic fields that human beings emit (Hendricks, Bengston & Gunkelman, 2010; Joines, Baumann, Kim, Zile, Simmons, 2004), imprint on their environment (Benor, 1992) and which become amenable to entanglement with other biomagnetic fields (Wiesendanger, Werthmuller, Reuter & Walach, 2001). Interactions with biological and nonbiological systems can take place locally (e.g. participant and target in the same room) or remotely (e.g. participant and target separated) unaffected by distance or time (Benor, 2000). Interactions can travel backwards in time (Retro PK), possibly via a carrier mechanism that has been equated to a standing wave (Dunne & Jahn, 1995; Hendricks et al., 2010). In other words, there may be a single point of time that becomes crystallised, whereby every action becomes an imprint that becomes a place of locality that can be revisited retroactively by future intent (Braud, 2000).

The spiritual healing process may also involve a form of energy transfer (Radin, 2004). However it is not clear whether energy is actually received in a biological sense or whether 'sent' energy triggers a self-healing mechanism innate within the recipient. Biological cell walls have been conceived of as active transport systems that move fluid, chemicals and molecules in to and out of the cell, acting as an antenna for receiving energetic information from the environment (see Benor, 2000). Liquid crystals are an intrinsic part of cell membranes that may detect and amplify electromagnetic patterns in the environment (Beal, 1996, as cited in Sidorov, 2001).

Healers may be working with a self generating force, conceived of as an omnipresent field which can be utilised for healing through intention (Kokubo, Takah & Koyama, 2010). This forcefield can also be utilised by biophoton machines to effect healing on living systems (Kokubo et al., 2010). The conscious state of being 'at one' with a healing intention is thought to evoke a self-healing process latent within the healee (Le Shan, 1974, as cited in Braud, 1994).

Procedure

Shamanic healers use rituals to evoke animal spirits and other energies in the spirit world, through altered states of consciousness that are sometimes induced by psychotropic drugs (Krippner, 2000). These rituals are thought to evoke biological healing energies that reside within the healer (Benor, 2000; Krippner, 2000).

Given the wide and varied range of psychic/spiritual healing practices and techniques it is difficult to provide a single procedural process. What can be noted is that the simple desire to alleviate another person from suffering is often catalyzed by utilizing compassionate techniques/mental imagery involving forgiveness and reciprocity (Schwartz & Bardi, 2001). In this context, spiritual/psychic healing can be facilitated by a subjective unitive experience (Goetz, 2010; Jacobs, 1989; Le Shan, 1974 as cited in Braud, 1994; Watson, 2002; Yawar, 2001; Zaharek, 1996). Forgiveness, specifically, is viewed as an internal process (Wade & Meyer, 2009), the mechanics of which involve cognitive-affective changes such as empathy and the commitment/decision to forgive (Baskin & Enright, 2004; Blocher & Wade, 2010).

Review

Numerous studies have produced evidence indicating that the intention of one or more persons can interact with the physiological, psychological and /or behavioural status of one or more distant living systems (Benor, 1986; Braud, 2000; Dossey, 2002; Radin, Machado & Zangari, 2000; Radin 2004; Radin et al., 2008; Radin & Nelson, 2003; Schlitz et al., 2003). While there is little doubt over the ability for human intention to influence living organisms as well as machines, it is not clear whether the methods used, or the effects being observed in laboratory settings can translate into healing.

Healing analogy experiments have extracted healing factors such as intention and attention and successfully studied them in laboratory settings using yeast, cell cultures and bacteria producing highly significant results (Benor, 1986, as cited in Braud 1994; Schlitz & Braud, 1997), replicated by other studies (see Dossey, 2002).

In traditional intentional healing experiments, there is consistent physiological data that demonstrates correlations in EEG patterns between the healer and healee (see Hendricks et al., 2010). Radin (2000) measured the electrodermal activity (EDA) in distant intention vs. non-intention experiments, reporting an effect size of 0.49. Other reviews report similar or greater magnitudes of effect on EDA by intentional healing, although the quality of research did not meet the high standards deployed by Radin's studies (Jonas & Crawford, 2003).

A small number of studies have reported electrical field surges in close proximity to a healer's body (Moga, 2014). Some researchers have made distinctions between psi (psi is a term that refers to psychic phenomenon) energies and electromagnetic energies. The difference between psi and electromagnetic energies may depend on whether there is a shared conscious state between the participants involved (Benor, 2004). While psi requires a clearer definition (Alcock, 2003) some researchers have conceived of healing as a psi effect (Braud, Shafer, McNeill, & Guerra, 1995) while others have not (Yawar, 2001).

In a discussion of the wellness implications of retroactive healing effects, Braud (2000) reports on a study conducted by Gruber, who found that participants could influence the past movements of gerbils by influencing a pattern of sound-clicks originally recorded from their movements days before. The effect sizes of these studies compare favourably to mainstream behavioural research (Braud, 2000) and cannot be due to known confounds in previous spiritual healing studies such as expectation effects or participant's beliefs.

A critical review carried out by Jonas and Crawford (2003) provides an overview of some interesting studies, however they have combined various modalities making it difficult to delineate the factors and differentiations between different healing methods, not all of which are reported. This is also true of Roe, Sonnex & Roxborough (2012) who otherwise provide a realistic overview of the problems regarding controlling for confounds such as healing intentions and expectation biases.

Studies have also reported cognitive and attention factors that are involved in the efficacy of intention-based experiments (Braud et al., 1995; Braud, 2000; Schmidt, 2012; Wade & Meyer, 2009) that may be relevant to spiritual healing interventions. A recent meta-analysis conducted by Schmidt (2012) found a small but significant effect size of attention focussing experiments. In these studies, participants were asked to push a button when they felt their mind wander from the focus on a candle flame. During 'helper' epochs, a remote participant also focussed on a candle flame during which time participants pressed buttons significantly less.

Radin et al., (2008) carried out a double blind, randomized controlled study on the effects of one participant's intention on the autonomic nervous system of a distant receiving participant. In this study, romantic couples were trained to direct compassionate intention towards their partner and showed highly significant results in the receiver's skin conductance during intention epochs. Results cannot be due to sensory leakages given that the receiving participant was located in an electromagnetically shielded room during each ten-second epoch. However these results cannot be inferred as absolute healing, rather, one person can have an effect on the physiology of another human being at distance.

A high quality study conducted by Pace et al (2008) found no main effect of compassion-centered meditation on measures of cortisol stress response or mood states when participants were exposed to a stress test at baseline and post-experimental conditions. Most participants in this study practiced less than the recommended time of one session per day. The duration of meditation practice was significantly correlated with improved outcome measures, however this was a post-hoc analysis making it more vulnerable to type I error. Furthermore the control condition in this study was a health discussion group. Given that affective experiences of unity and connectedness may be involved in the mechanics of the healing process, group scenarios are poor controls in spiritual healing research.

A review conducted by Hoffman et al., (2011) reports that loving-kindness meditation (LKM) led to shifts in people's positive emotions in daily life, who experienced joy, love, contentment and gratitude. The LKM intervention helped to increase personal resources such as self-acceptance, positive relations with others and good physical health. However, few studies have explored the effects of LKM as a clinical intervention method. Although compassionate elements appear in some intervention studies, such as mindfulness and Cognitive Behavioural Therapy, few of these are linked to traditional Buddhist practices which future research should address. The benefits reported by Hoffman et al., (2011) are more aligned with the person-centred definition of healing as opposed to a purely clinical definition. Loving-kindness meditation and other studies researching the efficacy of Buddhist practices should ensure they are practicing the actual methods, as opposed to extracting specific factors for laboratory use that may alter the outcomes (Hoffman et al., 2011).

Forgiveness is conceptualised as a process that also involves cognitive and emotional changes within the forgiver, who gives up resentment and responds positively towards the offender (Blocher & Wade, 2010). One meta-analysis on forgiveness studies carried out by Baskin and Enright (2004) attempted to delineate the factors involved in successful forgiveness intervention studies. Large effect sizes support a process model of forgiveness ($d=0.82$) whereby the average person did as well as or better than 75% of the control group. Process models of forgiveness differ from decision-oriented models of forgiveness. Decision-oriented models focus purely on cognitive elements such as committing to the decision to forgive even if the person has not experienced certain affective stages. Alternatively, process models of forgiveness include decision based components, but with more emphasis on expressing painful emotions; exploring the offender's perspective and motivations and committing to working at maintaining forgiveness over time (Baskin & Enright, 2004). This meta-analysis found that the duration of the intervention was consistently longer in successful intervention studies.

Based on reviews of forgiveness outcomes research, Wade and colleagues (2009) reported mixed results. Many forgiveness intervention studies have not used an established

psychotherapeutic comparison group to determine the differences between different approaches. However, considering that empathy, commitment to therapy and cognitive-affective factors have reportedly influenced the outcome of results (see Wade & Meyer, 2009) when parsing out the components of alternative psychotherapeutic treatments we may encounter the same common denominators of empathy, forgiveness and commitment/intention to the therapeutic method involved in all self-healing.

Some forgiveness intervention studies have used undergraduate participants (e.g. Wade & Meyer, 2009). However, given the temporal nature of cognitive-affective development of the brain (Paus, 2005), younger participants may have a limited or under-developed capacity for forgiveness rendering this an inadequate population sample. Furthermore, in this study postgraduate students who received only a few hours training delivered interventions.

Few empirical studies were found on Shamanic healing. In a single case study, Jolly (1999) reported on a Gurkha Shaman residing in the UK who became ill and travelled to Nepal to be successfully treated by various Shamans. These Shamans specialised in different ailments using guided imagery (Jolly, 1999; Krippner, 2000). However the study does not report more detailed methods or analyses. Although there is a diversity of Shamanic traditions, rituals are designed to evoke imagery that researchers consider to be a neuroalgorithmic organisation of the phylogenetic (morphogenetic) brain (Vandervert, 1996, as cited in Krippner, 2000). Image schemas are thought to emerge as the structure of perception, learning-memory, cognition, and emotion-motivation (Krippner, 2000). Vandervert suggests that image schemas are representations in a collective space-time that precedes conscious imagery, facilitating a navigational system for human survival. Although Krippner (2000) explores the Shamanic origins of therapeutic imagery it is mainly a theoretical account.

Although there is a lack of explicit research on Shamanic healing, psychoneuro-immunology is a growing field supporting the use of immune imagery (Gruzelier, 2002). Imagery has therapeutic value associated with meaning-making and story telling (Gruzelier, 2002). Meaning has also been closely linked with transcendence of suffering (Krippner & Combs, 2002; Winkleman, 1992, as cited in Krippner, 2000) and story telling has been beneficially linked with compassion (Lindsay & Creswell, 2014).

There is a lack of consistent measures of spiritual healing in the empirical literature, perhaps due to the vague or absent description of the precise healing techniques used. There is also a lack of qualitative designs that explore the intentions/expectations on the part of the healer as well as the healee. There is also little understanding of the healing presence, or the energies involved in healing (Moga, 2014) which is likely to have contributed to replication failures.

In one study, Pleass and Dey (1990, as cited in Benor, 2000) found extremely high significant affects on distant healing with algae ($p < 0.000000005$) but their replication found no significant effects. Given the initially very highly significant result, some studies have considered lesser known potentially confounding variables, such as diurnal cycles, which may be influencing temporal peaks and troughs of amenability to intentional influence (Benor, 2004). Future studies therefore could focus on differences in perceptual mechanisms between human and more primitive organisms in order to further understand issues such as replication and confounds such as expectancy effects and temporal factors.

In a study of 409 patients Walach et al., (2008) found that improvements in mental health measures in participants who knew they were receiving spiritual healing had an effect size of

$d = 0.95$, yet this dropped significantly to $d = -0.2$ for participants who believed they had *not* been treated but were. Overall however, it didn't matter whether participants were blind to treatment or not, there was still a consistent effect reported by this study.

If all mental intentions are a form of causal and psychokinetic influence (Braud, 2000) it becomes difficult to control for this, explaining failures to replicate (Roe et al., 2012; Schlitz & Braud). The very act of taking part in an experiment, for example, would put participants in a state of engagedness with the study and thus inextricably linked with it (Braud, 1994), unless they are completely blind to the experiment taking place; a design which carries ethical issues.

Another potential confound that should be considered by future studies is the environment within which the healing experiment takes place. Optimal healing environments are proposed to be those which include the conscious development of healing intention, expectation and belief in improvement of well being, and fostering compassion and awareness of interconnection (Jonas & Crawford, 2003).

Definitions of what constitutes spiritual healing also need to be clarified according to their procedures and mechanisms in order to create effective designs. Indeed, different terms may apply to different abstractions of analysis that arrive at different points of the perceptual process depending on what is being measured and how. Electromagnetism for example may equate with the scientific technological method of observing 'chi' but whether this 'chi' is healing energy in and of itself remains to be understood. This potential must be accounted for by studies in order to properly define the mechanisms and functions of different techniques. Timescales of treatment vary between studies and many have combined different modalities. Future studies should also screen healers for their abilities and control for the techniques used to ensure adequate replication studies could take place.

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