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### **Perceived outcomes of spiritual healing and explanations – a qualitative study on the perspectives of German healers and their clients**

*BMC Complement Altern Med. 2014 Jul 12;14:240. doi: 10.1186/1472-6882-14-240.*

**Background:** Limited research has been conducted on contemporary spiritual healing in European countries. The aim of this article is to report how German healers and their clients experienced and perceived the outcomes of spiritual healing and which explanations they use to describe the perceived effects.

**Methods:** Semistructured interviews and participatory observation was used to collect data from spiritual healers and their clients. Analyses were based on the methodological concept of directed qualitative content analysis. Data was analyzed using MAXQDA software, discussed and reviewed by a multidisciplinary research team consisting of medical anthropologists, medical doctors and a religious studies scholar.

**Results:** In total 15 healers and 16 clients participated in this study, 24 interviews with healers, 20 interviews with clients and 8 participatory observations were analyzed. Healers and clients reported outcomes as positively perceived body sensations, increased well-being, positive emotions and symptomatic relief of medical complaints. Clients often described changes in their self-concepts and adapted life values. Explanations for perceived effects included connecting with transcendent sources, construction of meaning, as a result of the client-healer relationship, and as empowerment to make changes. Because the interviewed clients were recruited by the healers, a selection bias towards positive healing experiences is possible.

**Conclusion:** We hypothesize that concepts of meaning construction, resource activation and the utilization of the clients' expectations help to explain the data. Grounded in the emic perspective, we propose to use the following outcomes for further prospective studies: positive body sensations, changes of self-concepts and values, changes of medical symptoms and complaints. From the etic perspective, physical, emotional, social and spiritual wellbeing, sense of coherence, meaningfulness of life, empowerment, resource activation, change and symptom control should be further explored as potential outcomes.

#### **Commentary – Anita Salamonsen, Tromsø**

Spiritual healers practice worldwide, more or less openly and more or less in conjunction with science-based health care professionals. Spiritual healing techniques are derived from various spiritual and religious practices [1]. In most CAM studies, the concept of "spiritual healing" includes both "modern" healers educated by e.g. Reiki masters, and culturally defined, "lay" healers whose practices often are based on "silent" traditions of spiritual guidance and support during times of illness [1-2]. Despite these diversities, spiritual healing and spiritual healers differ from most other CAM modalities and CAM practitioners because the healer relates to a transcendental source in his/her healing practice. Since mechanisms of healing so far are underexplored and not easily transferrable to RCT study designs [3], studies exploring spiritual healers' and patients' experiences that include the transcendental dimension of spiritual healing are of great value.

Michael Teut and colleagues analyze in this study [3] how German spiritual healers and their clients experience, perceive, describe and explain the outcomes of spiritual healing. Semi structured interviews and participatory observation were used to study 16 healers and 15 clients. The authors underscore that the basic assumptions of the aims of treatment between bio-medically oriented CAM researchers and healers differ significantly. Applying qualitative and mixed methods methodologies in “whole systems” research have been emphasized as crucially important to capture the full picture of benefits and risks associated with complex CAM interventions (typically spiritual healing) based on “alternative” approaches to health and illness. Teut and colleagues argue that while many CAM researchers focus on the established diagnosis and its specific treatment, spiritual healers focus on the “whole person” and thus spiritual and personal development more than specific reduction in symptoms.

Based on this approach to understanding spiritual healing, reported outcomes in the study were: 1) Changes in sensations and feelings, 2) Changes of self-concepts and values, and 3) Changes of medical symptoms and complains. Explanations for the perceived effects of the healing were categorized in four categories based on empirical patterns and anthropological and sociological theories: 1) Connecting with transcendent sources, 2) Empowering clients to change, 3) Making use of client-healer relationship, and 4) Construction of meaning.

The explanation for the perceived effects of healing connected to transcendent sources was not surprising. The fact that “empowering clients to change” is described as part of the effect, however, adds a new dimension to understanding possible long-time outcomes from spiritual healing as well as clients’ satisfaction with this healing practice revealed in other studies. Change in medical symptoms and complains is not considered as the main outcome, but as a natural course following improvement of well-being and vitality. Healing treatments may have supported “resource activation”, i.e., activation of spiritual or transcendent resources: “The healer sees himself as a channel through which a transcendent force can act and strengthen the belief in the healing potential for both healer and client” [3, p.8].

Also “construction of meaning” as an important explanation for perceived effects of spiritual healing adds new knowledge to the healing literature. Construction of meaning is in studies of health and illness closely connected to the salutogenic model of health, illness and health promotion, focusing on factors that support human health and well-being, and the relationship between health, stress and coping [4]. The importance of meaning, self-efforts and changes in bodily sensations and values has increasingly been revealed in studies on CAM users’ reasons for, and experiences from, the use of different CAM modalities in general. It is interesting that Teut and colleagues in their study specifically link salutogenic explanations to spiritual healing and include transcendental sources of healing. It is also interesting that they find that spiritual healing may not fit any client or problem. The utilization of clients’ expectations was described as an important instrument for healing by the healers. Researchers who plan for inclusion of participants for a clinical trial should thus keep in mind that advertising participants might attract completely different clients than those usually seeing a spiritual healer. The study contribute new insights on healers’ and clients’ perspectives on spiritual healing practices as well as valuable input on outcome parameters to measure in future prospective quantitative healing studies.

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