Towards better Holistic Medical Education: What can we learn from spiritual healers?

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Introduction

My colleagues and I are interested in improving medical education from the vantage point of holistic healing that involves what one might term a spiritual component. The basic approach to date in Canadian medical schools has largely been to engage in lip-service to the notion of holistic healing, though where it is actually mentioned in the medical curriculum it at most emphasizes placing the patient in their family or social setting, listening to the patient’s description of their symptoms, carrying out obvious physiological tests or blood, urine or other fluid studies, and sometimes discussing with the patient their concerns with family members present and occasionally involving the family in such discussions. This, of course, is a great advance from merely getting a quick history from the patient and doing some blood or urine tests and prescribing a pill or an operation, however effective these may prove to be.

Our interest has been anticipated by a number of authors, among who are D. Aldridge of the Faculty of Medicine in Witten Herdecke University, Germany in his article “Spirituality, Healing and Medicine” published in the British Journal of General Practice (Aldridge, 1991). Graham and Al-Krenawi, Graham and Moaz, (1996) have also explored with colleagues the healing practices among the Bedouin that involve a spiritual component from the vantage point of Social Work. Both of these studies are very supportive of our present research activities.

Aldridge puts our common interest succinctly as follows:

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

(Aldridge, 1991, p.224)

In fact there has been considerable interest in recent years in England and Scotland, as well as in Australia, in encouraging physicians to follow the lead of the World Health Organization which, roughly a decade ago, began to consider the possibility of adding “spirituality” to its definition of “health”. (See for example Cheungsatiansup’s (2003) article that proposes the inclusion of spirituality in assessing health.)

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

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

In another recent article published in the Medical Journal of Australia, Williams and Sternthal (2007) argue that “there is mounting scientific evidence of a positive association between religious involvement and multiple indicators of health” (p. 248). Their main source for this claims is the reference in Koenig, McCullough and Larson’s *Handbook of Religion and Health* (2001) that identifies 1200 studies that had examined the relationship between some aspects of religious belief or activity and some indicator of health that concluded there was a positive association between religion and physical and mental health. They conclude, as do we, that while it is not helpful at this stage to try to distinguish “spirituality” clearly from “religion”, “spirituality” appears to mean different things to different people and often refers to an individual’s attempts to find meaning in life which can sometimes include a sense of involvement in the transcendent outside institutional boundaries. Religion tends to refer to aspects of human belief and action, including spirituality, which are related to the sacred or supernatural and are grounded in a religious community or tradition. As with them we think that most of the research in this area has tended to have been based on measures of religiosity rather than spirituality.

We conclude that there is considerable support in the medical research community for further work in the area of the relationship between spirituality, religion and health and in what follows we wish to report, in a general way, what our research group has been doing to add to the
work done so far. So far as we can see, except for the work of al-Krenawi, John Graham and Moaz, along with a few others looking at spiritual practices in diverse cultures, there is very little work on the wide range of spiritual healers who ply their trade in the North American context. To fill this gap we have engaged in the work we wish to relate here.

**What is Our Research About?**

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

Each of the 30 healers studied was asked to offer narratives of their healing experiences. There was no definite set of questions chosen in advance and they proceeded to tell their stories to the interviewer. New interviews were added as themes arose and required more data for further explanation. Whenever new questions arose, they were repeated in subsequent interviews. Audio tapes were made of each and every interview and transcribed in totality. Our approach was reviewed and approved by the Ethics Committee of the Faculty of Medicine at the
University of Calgary. Whenever a transcribed interview was available our team met to discuss
the interview in detail and to summarize it in terms of a collection of definite propositions
representing the content of the interview for further discussion and comparison. Our approach is
centrally in the qualitative research tradition and follows, in large measure, the approach
suggested by Bernard Lonergan in his book *Insight*. But it is probably also true to say that we
were guided in large measure also by everyday commonsense in our trying to understand what
our informants told us.

**Who are We?**

Our team of researchers consisted of Russell Sawa, a physician and Associate Professor in the
medical school at the University of Calgary, Nancy Doetzel an educator and sociologist who
teaches at both Mount Royal University and the University of Calgary, Hugo Maynell a retired
professor of philosophy of religion, Debbi Zembal a practicing nurse and energy healer in the
Reiki tradition, Robbi Motta, an intuitive healer herself and also a Reiki practitioner who works
both with people and animals and myself, Ian Winchester, a physicist, former student of
medicine, philosopher of science and sometime Dean of Education at the University of Calgary.
As this paper depends on the work of us all, the entire team are included as authors, but as the
writing and the viewpoint is entirely that of myself, Ian Winchester, I do not wish to claim that
every one of the research group would agree with everything that I say below.

What we discovered early on was that on the one hand there were some striking
similarities in the practices and claims of all of our healers interviewed. But equally important,
there were striking differences among them. We will not go into much detail concerning these
findings healer by healer but will try to summarize the most important similarities and
differences. While each healer had interesting cases to bring to the interview, and while all such
cases were plausibly characterized by what struck us as very honest and believable interviewees, we were disappointed on one point with practically all of the alternative healers interviewed. Not one of them kept good records of the physical or mental state of the patient before or after intervention by the healer in question. As our future work will proceed with our actually observing such healers in the context of their practice we are determined to make sure that such records are always kept in the future and are clear and unquestionable.

Interventions in all cases involved the healers listening carefully to the patients coming to them with a complaint and subsequently making suggestions as to what the patient might do next or what treatment to follow. Often the narrative of the healer involved the patient coming to the healer with a prior diagnosis made in the course of ordinary, western medical practice. These diagnoses might involve such things as broken bones, tumours or cancers, infections that would not heal or go away or, in one interesting case; the patient’s suffering from being unable to enter the kitchen in his apartment due to a headless man blocking the way. In practically every case relayed to us the healer claimed to have affected a form of healing for the disorder.

**Healing vs. Curing**

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

Because of this sort of distinction forcing itself upon us frequently in our earliest study of these interviews, we began to make a practical distinction between “healing” and “curing”. This is a distinction that in some sense is clear from our own every day experience with small children who may have bumped or bruised a limb and who come to us to “kiss it better”, thereby effecting a “healing” of the child’s distress and enabling her or him to endure the residual pain while their bruise or bump remains, waiting to be “cured” or disappear. Something like “kissing it better “appeared to be systematically going on in the actions and results of practically all of our alternative healers using what they frequently considered as spiritual means of intervention.

Ordinary vs. Paranormal Intervention

Another distinction that forced itself upon us early on in our study of the interviews is that between what one might call claims of ordinary spiritual intervention and claims of para-normal intervention.

The Ordinary Spiritual Intervention

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

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

The reverse possibility also exists. For example, suppose someone comes to a healer after having a breast removed for breast cancer but the patient cannot get through a day for the rest of her life without worrying about the recurrence of the cancer either in the remaining breast or somewhere else on her body. Even thought this patient might live until her nineties and suffer no recurrence of the cancer, she is medically cured of her cancer but certainly not healed. What
our non-traditional healers often do is to help such a person towards healing given a prior medical intervention of a curative kind so that they can get on with their lives in a normal fashion.

Paranormal Claims

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

Here are a couple of examples.

The case of Headless Max. One of our cases we refer to as the case of Headless Max. The case in question involved a patient coming to a spiritual healer because the patient could not enter into his own kitchen in his flat because he invariably encountered an apparition behind the kitchen counter, an apparition with no head. This headless being blocked the way into the kitchen for the patient in question. The story continued as follows. The patient worked in northern Alberta with an oil exploration firm. His daily work involved flying into remote regions of the lake and forest country of northern Alberta in search of geological information, usually with a colleague. In order to fly in and out of the remote location the patient and his colleague would arrive by helicopter and depart by helicopter. Sometimes the helicopter could not actually land, so the two colleagues would have to be picked up by their climbing up a rope hanging from the helicopter. On one fateful occasion the patient climbed up the rope first and
the colleague second. But at some point while flying away to find a more secure landing point before being able to get in to the helicopter the colleague simply fell off the rope and disappeared, never to be found. On return to his flat the patient always saw Headless Max in his kitchen. The healer was a Roman Catholic priest who told the patient that he was suffering from possession by a demon, something that the patient, himself a Roman Catholic, believed possible, and that the healer would do an exorcism of that demon which he did following the standard Roman Catholic procedures. Headless Max disappeared, never to return. In this case a higher power was invoked, namely God acting through the Holy Spirit as referred to in the Apostles creed as a member of the Holy Trinity.

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

*The case of an aboriginal patient and healer: common reality and extraordinary reality.*

In another case an aboriginal patient was suffering from personal difficulties relating in part to family relations and in part to physical symptoms. The healer, himself aboriginal, suggested to the patient that he would dream tonight and that he, the healer, would join him in his dream and together they would visit and approach some of the patient’s wise ancestors to find out what to do. The patient believed in this course of action and engaged in the dream exercise with his healer, listened to his ancestors in his dream with the guidance of the spirit guide that the healer had met and invoked for the journey in the dream land and the patient engaged in the suggested course of action and was no longer bothered by his personal difficulties or physical symptoms. This again raises for us questions relating to the “worlds” inhabited by healer and patient seeking healing intervention. It suggests, perhaps, that we have to distinguish between the common world of everyday waking life for most of us, the common world of common sense and natural science, and the personal worlds that are so real for the patients who approach alternative healers of the kinds interviewed. Again some of our research team think that if something is part of the personal world of an individual seeking healing intervention then that personal world is in fact part of the “real” world, though perhaps an unusual extension of it. For others on our team a distinction has to be maintained between the common world of common sense and natural
science, a world that all of us experience and where we can engage in common and repetitive activities on the one hand, and the private or in any event non-common world of individuals in which they experience extraordinary things not found in the common world. For those of us with this latter view, both the experiences of the common world of common sense and natural science are real experiences for us all, but in the case of the extraordinary experiences of some of the patients and healers, that part of their world is real for them but not real in the common world.

*Other cases.* Generally for most cases related to us, the healer not only would find out how the patient’s suffering, disorder, disease or distress was related to their personal beliefs but might invoke a hypnotic state, or a state of meditation, or prayer with the patient. Sometimes this might involve the healer describing to the patient how he, the healer, had entered the patient’s mind and met a spirit guide to the patient’s mental and physical states, perhaps by moving to the “Buddha plane” and directly experiencing the patient’s troubles and once knowing what the difficulty was returning to the everyday world to suggest a course of action to the patient. One healer, a western trained physician but of Chinese origin, accepting western diagnoses of the patient’s disorder, claimed that he would simply suggest that he and the patient pray together and often the disorder was ameliorated or disappeared. Or if it wasn’t, the patient was nonetheless able to continue with his or her everyday life. Thus for this healer sometimes cure and sometimes healing were invoked through paranormal means, namely, apparent answer to a joint prayer.

While a number of our healers were drawn from Shamanistic, Aboriginal, Wiccan, Buddhist, Hindu or Energy healing traditions, many of our healers were drawn from the Roman Catholic faith, many being priests, bishops or lapsed priests now actively engaged in healing full
time. It was perhaps not surprising that the healers from the Roman Catholic faith believed that such healing as they could bring about was due to the healing power of God’s spirit, a spirit who they (the healers) felt as at best a conduit for. But the healers from most of the other traditions, Shamanistic, Aboriginal, Energy and Hindu for example, also saw themselves as a conduit of healing power or energy or spirit not their own. Indeed, only the Wiccan healer claimed to have healing power herself and to possess special abilities not related to a higher power as such.

On the other hand healers from non-Christian traditions did not speak of the intervention of the “Holy Spirit” or of God directly, but often referred more generally to the intervention of a “higher power”.

Energy healers often invoked a notion of “energy” which they sometimes claimed simply to be identical with the ordinary notion of energy as we find it referred to in contemporary physics. This energy might be involved both in the process of diagnosis and in treatment, the patient’s energy conveying to the healer what was wrong and the healer’s energy passing to the patient and effecting healing and perhaps cure of the disorder claimed by the patient.

We retain an open mind to these very diverse claims to special powers related either to long years of training or to their being in possession of special and unusual paranormal powers. Indeed, as mentioned above, only the Wiccan healer claimed to have healing power herself and to possess special abilities not related to a higher power as such. While the Buddhist healer did not invoke a higher power, neither did he claim to be healing himself, but rather something more like leading the patient into a better path.

Discussion

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

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

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

There was a meditative component in many of the interventions of our healers which paralleled in some respects the approach of the Aboriginal healers who had their patients enter
into a dream world with them. The invocation of prayer, of meditation, of breathing exercises, of relaxation and perhaps of hypnosis, seemed to us to be of this nature in the claims of many of our healers.

We intend to study these claimed unusual, perhaps paranormal, powers more fully in future studies that will involve healers similar to those whose narratives we have just studied and are planning joint work with scholars in Indian and Israel as well as in Canada. In these studies, however, we will not simply ask the healers to tell their stories but will work with both healers and patients to follow their course of diagnosis and treatment by such healers, making sure that the lack of adequate prior diagnostic materials and medical follow up is not ignored.

**Implications for Medical Education**

Although our intentions are ultimately to have important suggestions for the holistic healing ambitions and the better understanding of traditional healing practices by students and staff of Canadian medical schools, our sense of the implications for medical education at the moment are very limited. As mentioned in the introduction, the Scottish Health Department has a number of suggestions in the form of practical steps that physicians might take to involve a spiritual or religious dimension in the life of their patient that may aid in their healing. Among the steps suggested by them are these:

ready availability of Bibles and other useful spiritual books; chaplains and their assistants be recognized as specialists in spiritual care and that the two should meet on terms of equality; spiritual provision for those who do not belong to the Christian faith be made without downgrading the historic provisions for Christians; medical students should be taught to include the spiritual/religious dimension in history-taking and Chaplains should be more directly involved in student teaching(for example in ethics seminars and
in planning 'spirituality' teaching modules; doctors should engage more meaningfully with their nursing and therapy colleagues to discuss ways in which spiritual needs may be met; doctors who themselves have little or no interest in spiritual or religious elements in their patients' care could, nevertheless be encouraged to countenance increased provision for these needs in their wards and units; and finally, further research should be undertaken to determine precisely which elements of spiritual care are effective. (Chisholm, 2002, p. 25).

How does our study of these 30 spiritual healers support or detract from these suggestions? Our discovery that what each of our healers was doing was to enter into the cultural world of their patients with great care and compassion before offering any advice seems to us to support all of these recommendations. Certainly from the point of view of medical education it suggests the importance of medical students being taught how to take as part of the medical history of a patient the cultural and spiritual dimensions of their lives, dimensions which to us appear to be very much one and the same.

The distinction between healing and curing which was forced upon us also relates centrally to the World Health Organization's definition of health namely that health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. For if, as appears to be the case with those patients who work with the diversity of holistic healers we have interviewed, patients whose sense of well being, physically, mentally and socially, is improved by the intervention of our spiritual healers, then they are making a very important contribution to their health by listening to their patients, by taking their "cultural" or spiritual concerns seriously and by intervening from the vantage point of their cultural or spiritual beliefs, not just from the vantage point of their physical or mental complaints.
Perhaps the most important result of our studies is that all of our holistic healers, from whatever tradition, listened carefully to their patients, attempted to understand and enter into their cultural heritage and world view, and offered suggestions and treatments with love and compassion that arose from that understanding. If this approach could be encouraged in all of the next generation of physicians, surgeons and family practitioners coming out of Canadian medical schools, an improvement in patient health would most likely be made.

Finally, the suggestion of the Scottish Health Department (Chisholm, 2002) that further research should be undertaken to determine precisely which elements of spiritual care are effective will be at the centre of our future research undertakings in which we plan to work with colleagues in India and Israel to engage in direct spiritual intervention in a variety of health related conditions.

References


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