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Religious Healing: Psycho-Spiritual, Laying on of Hands, and Intercessory Prayer

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## Religious Healing: Psycho-Spiritual, Laying on of Hands, and Intercessory Prayer

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### Introduction: The Changing Face of Disease and Wellness

No one wants to fall critically ill. Yet no one can predict a life-threatening illness. Before World War II, bacteria carried by insects, vermin, or dirty water caused most fatal illnesses. To prevent fatal diseases, it was only necessary to eliminate their carriers and boil the water. People who had contracted diseases would either recover or die in a few weeks. Today, most fatal diseases in advanced countries are not bacterial but diseases of lifestyle. They come not from mosquito bites nor from dirty food, but from many years of stress, of breathing smoke, drinking chemicals, eating food coloring, preservatives, too much sugar, fat, and salt. Just as they are not caused quickly, such diseases cannot be cured quickly. They often involve years of slow degeneration of body and brain. This poses dilemmas both for society and for doctors.

Ironically, Asian as well as western doctors still tend to use the same remedies which worked against infectious diseases: rest, nutrition, drugs, and quarantine. However effective these approaches may be against hostile bacteria, they have little effect on diseases like cancer which are caused not by invasive bugs, but by decades of diet, lifestyle, and character traits. A few weeks of drugs and rest cannot resuscitate elderly people from the effects of these new killers. All too often, such elderly patients are hospitalized, not for weeks, but for years, while the nurses try to rehabilitate them.

Society's dilemma arises from the tremendous costs of money, facilities, and manpower required for long-term terminal care. Health insurance was designed to cover the costs of treating simple diseases, accidents, childbirth—short-term problems which people commonly face. Neither governments nor private insurance can provide total long-term care and high-tech medicine for everyone. It is unfair to tax people who take good care of their health, in order to pay for the medical expenses of those who smoke and drink and risk their health. New approaches must include private insurance fitted to the desires and lifestyles of the insured; and health education to reduce the risk of unexpected health problems in later life.

Recognizing the inadequacy of modern medicine to overcome today's killer diseases, recent years have witnessed a burgeoning interest in alternative, complementary, holistic and preventive medicine. The tremendous economic implications of this move have attracted the interests of insurance companies, pharmaceutical industries, state and local governments. In America and Europe, vitamin, mineral, and herbal dietary supplements have become billion dollar businesses -- and so have psychiatry, counseling, massage and acupuncture. Non-medical healing is predicted to account for nearly half of the new jobs in the next generation. Massage therapists in the United

States have already quadrupled in the past 10 years; and more than 100,000 new jobs are expected in the field of religious counseling and therapy in America alone! [Occupational Outlook Handbook @ [www.bls.gov/oco/home.htm](http://www.bls.gov/oco/home.htm)] Newspapers and magazines are filled with stories of how alternative therapies saved lives, marriages, and careers. American insurance companies have found that they save money by reimbursing patients who seek religious therapy and counseling rather than by reimbursing bills for medicine and hospitals.

Studies in medical sociology and medical ethics have repeatedly demonstrated that it is more cost-effective to devote monies to improving the sanitation and health education of the lower classes than to genetic and medical research or advanced high-tech medical technologies. Preventive payment for basic mental and physical health for the lower classes raises the health of the upper class on the average even more than paying the same amounts directly for the upper class' high-end medical treatments without aiding the whole population! [ ]

American research has shown that grief work counseling can economically improve the health of the surviving bereaved. Grief work counseling gathers the family and loved ones at monthly intervals, beginning several months prior to the patient's death, and continuing for several months thereafter. The counselor provides a place and atmosphere where people can discuss their fears and concerns, feelings of guilt and loss, grief and hope. Comparing the health and mortality of bereaved families who have experienced grief work counseling with those who have not, a surprising difference emerges. While uncounseled bereaved tend to inordinate rates of disease, accident, suicide and death, the rate of the counseled bereaved is no greater than that of the average population. This is not only interesting from a psychological point of view; it is also highly significant for the future of national health as well as economy. To heal diseases, accidents, and suicide attempts after they have occurred requires tremendous time and expense. Well-scheduled hours of counseling can prevent such tragedies, protecting the health of the bereaved families, and saving funds for insurance companies and government ministries of health and welfare.

These rapidly evolving social and economic phenomena prompt a reconsideration of the nature and value of traditional views of health, wellness, and illness. In this study, we shall consider (1) the personal and social implications of disease from traditional religious perspectives; (2) the psychological factors influencing the effectiveness of spiritual healing; (3) therapeutic touch; and (4) prayer and absent healing by religious means.

(1) Personal and social implications of disease from traditional religious perspectives

Throughout most of history, people have recognized diseases not merely as occasions of physical pain or inconvenience, but as indications of a need to rethink and reform their mental attitudes, spiritual problems, or social lifestyles. Sickness poses an invaluable opportunity to

reevaluate one's thoughts and actions. Whether the result of stress, anxiety, overwork, cold, unbalanced diet, overindulgence, lack of exercise, or whatever, a period of enforced inactivity and recuperation becomes a time of self-reflection in which to re-balance lifestyles, values, and interpersonal relationships as well.

From the perspective of traditional religions, illness constructively educates us like a rite of passage to further spiritual growth; it is not simply a physical inconvenience, a hindrance to the work of accumulating and consuming material things, in which no meaning nor learning is to be found. Indeed, it is when we get sick that we most begin to question why we are here, what life and death are all about, and how our present lifestyles might be mistaken. If we correct our physical discomforts with pain-killers and laxatives, we may fail to learn the lessons that we are not eating, sleeping, or exercising properly—and even possibly the lessons that our lives need more spiritual foundations. What a waste it would be if illness were simply considered an annoyance, "lost time" to be overcome with a pill or an injection, if no personal or existential insights were gained about lifestyle in the process!

So it is with aging. The body ages and declines in an irreversible and ineluctable process that should be a cause for reflection on our mortality. The Buddha told the parable of the man fallen into Hell. Yama, the King of Hell, asks the man if he never met three heavenly messengers. When the sinner denies having met heavenly messengers, Yama asks more directly, "Have you never met elderly, sick, or dying people?" When the man acknowledges that he has often met elderly, sick, and dying people, Yama admonishes, "You have come to Hell because you ignored their warning of your own aging, sickness, and mortality." (1 Anguttara Nikaya 3-62).

Attempts to deny the aging process, through surgery or liposuction, breast implants or hair transplants, are not only pathetically vain but fundamentally deluded and self-deluding. Loss of mental or physical strength and resiliency with age is certainly saddening, but how utterly depressing it would be if we learned nothing from this process, if deluded elders were to crave continually for eternal youth!

Western science and medicine, paradigmatically analytic, tend to underestimate the variety of factors which give rise to diseases and immunity impairment. Conversely, Buddhist, Taoist, and Eastern philosophies tend to see causes, not as singular, unique, or operating in vacua, but rather as multifold, interlinked, and dependent on a wide range or causal conditions. (While science understands this theoretically, it tends to simplification for methodological purposes.) A reduced human hubris and a more holistic understanding of human health as well as environmental integrity is encouraged by a re-reading of Eastern medical models. If medicine is a war on aging and disease, it is doomed to failure, because aging and disease can never be overcome. [This is a fundamental insight of Buddhism.] Western-trained doctors typically provide no spiritual care for their patients because they have been taught to rescue the body but not to counsel the soul when the body is

intractable. A more humble understanding of the limitations of medicine and technology might lead to a more humane treatment of patients.

Disease is not only an occasion for personal self-reflection; in many societies, it becomes an occasion for social integration or re-socialization. In this view, just as Western medicine focuses too narrowly on particular organs or microorganisms to treat the whole person, so Western medicine focuses too narrowly on particular patients to treat the whole problem, which inevitably reflects aspects of the social environment and interpersonal interactions. There is a fundamental difference between the individual patient seeking out a doctor and the community rallying to treat an ailing member.

In African, American Indian, Siberian, and other societies, the sickness of one member is recognized as a physical and spiritual danger to the whole community. So the whole community gathers in response to the call. Witch doctors, wise women, or shamans interrogate both the sick person and all those connected to her. Then they depersonalize, and the voice of a higher being, nature spirit, or ancestor speaks through them to prescribe the apologies, purificatory ceremonies, or cooperative social rites requisite to heal not only the individual but the entire community. Traditional healing is a holistic and all-embracing sort of practice, in which native healers see spirits, communicate with nature, sense the feelings of their fellows (not "patients"), and interact telepathically and intuitively as a matter of course.[cf. Malinowski, Eliade, Greenfield, Yamada.]

Westerners may criticize the worldviews of original peoples as second-rate, "primitive" attempts at what Western doctors do professionally. In fact we should recognize that many Western doctors achieve only second-rate, primitive attempts at the integrative psychosocial healing that shamans accomplish. Shamans are not conducting anything like Western medicine, nor are there "doctors and clients" in most societies. The people who come to shamans are not simply asking for cure of physical conditions; they are asking the shaman to help them "find their lives" (Krippner, 49), so that they may live more meaningfully, lovingly, joyously. It is this dimension of healing that is tragically missing from most Western medical practice.

Stan Krippner calls spiritual healing

". . . beneficial to humanity rather than to one person, oriented toward service rather than toward fame and fortune, supportive of love and empowerment rather than fostering fear and negativity, allowing for choice rather than demanding obedience, cognizant of a higher power rather than claiming ultimate authority for itself, presenting knowledge creatively rather than rehashing old platitudes, focussed and intelligent rather than effusive and contradictory, and emphasizing the personal labor needed for personal growth rather than claiming that enlightenment can occur without work and effort. . . . the term 'spiritual' describes awareness of a broader life meaning and/or domain that transcends the immediacy of everyday encounter and expediency."

The majority of world cultures still remain in touch with shamans and spiritual dimensions, so-

called modern people overlook the spiritual dimensions and encounters that permeate, coincide with, and are part and parcel of "encounter and expediency." For example, making a cup of tea, greeting relatives after an absence, or recovering from disease may be considered secular, "everyday" experiences. Yet many cultures imbue making a cup of tea, greeting relatives, or recovering from disease with deep spiritual significance. Sometimes this spiritual meaning is infused by the ceremony and ritual that pervades the behavior, creating a sense of sacred time and space. Sometimes it is found spontaneously, by the intuition of meaning behind a synchronistic coincidence, or by the insights of a third party like a counselor or shaman. The important thing is that such discovery of meaning often presages physical effects as well.

Medical practice has long recognized the "placebo" effect: that a percentage of patients will recover from illnesses when an authoritative doctor they trust prescribes a medicine containing no active ingredients. The placebo effect has long been used in the clinical testing of new drugs: Half of the patients are given the new drug, and half a placebo. If the recovery rate of the new drug is not significantly better than the placebo (which has no side-effects), then the drug is rarely approved. This mentality views the placebo as "worthless," and therefore such new drugs are "little better than worthless." A more recent view asks instead, "if we can heal a certain percentage of patients using an inexpensive placebo with no side effects, how can this healing process be enhanced and utilized more broadly?!" A wide range of psycho-neuro-immunological [PNI] research is beginning to demonstrate that patients' attitudes, particularly their faith in their physician and belief in their inherent wellness, indeed significantly affect their recovery rates.

Anthropologists from Skeat and Malinowski to Krippner have long reported the effects of spiritual connectedness in blocking pain. Firewalkers tread on thousand-degree coals; voodoo dancers eat glass and razor blades; Indians skewer their bodies; Pentecostal snake-handlers get themselves bitten by rattlesnakes; Brazilian Spiritualist surgeons cut open their patients without analgesics or anaesthetics. In all of these cases, religious practitioners claim to feel no pain. Some of this may be explained in terms of hypnosis or the burgeoning research in psycho-neuro-immunology [although the mechanisms of hypnosis are not yet understood]. But the more remarkable fact is that in some such cases, the practitioners bodies retain no evidence of having been burned, punctured, poisoned, or sundered.

The physical mechanisms for these apparent miracles as yet completely unknown, but such phenomena have tremendous implications for the future of medicine and health care. Just as some physicians who used to discount placebos are now eagerly utilizing the placebo effect to enhance their healing practice, so some doctors who used to dismiss psychic healing as charlatany have moved to conceding the inherent value of studying the phenomena of religious healing (Shealy).

In the above survey we have noted that religious views of disease pose opportunities for personal spiritual growth and psycho-social integration, as well as for genuine pain-relief and healing.

Next let us focus on some studies of hypotheses of mechanisms that may account for some of these phenomena.

#### A Characteristics of the Healer

##### 1. Charismatic Suggestion

For several centuries now, doctors have witnessed Mesmer, Janet, Freud, Prince, and Sidis curing bodily ailments through psychological techniques (Bruce, 1910) casting doubt on traditional distinctions between physical and psychological (or somatic and mental) ailments. That a disease has mental rather than purely physical causes does not make it less painful, nor does is a healing less significant if it reduces pain or symptoms by dealing with the mental aspects of the problem rather than by medicine or surgery.

Such examples lead some scholars to propose that the mechanism of religious healing is a kind of hypnotism or mental suggestion from the healer to the patient. The ambience, beliefs, and practices of Brazilian spiritualistic healing groups' combine to induce semi-hypnotic states and subsequent reactions that are acclaimed as cures (Quevedo, 1973a). British Healer Eric Cuddon, whose pain relief through laying on of hands has been widely documented, believes that suggestion is a major factor at work in his own healing, although he agrees that suggestion alone cannot provide the whole explanation (Cuddon, 1968).

In another case, a doctor who had diagnosed three German women as having fatal diseases unsuccessfully collaborated with a faith healer. However, when the doctor told the women that they would be cured by a faith healer, all three patients recovered, although the faith healer had not been informed of the doctor's cooperation. The suggestion of the doctor, recognized as a symbol of authority, here seems to be as important as the suggestion of the healer himself (Belanger & del Vecchio, 1982).

##### 2. Authoritatively conveying an image of the disease and its meaning

Shamanistic and psychotherapeutic healers maintain "metaphysical" views of the nature and origin of the diseases which they plan to heal, and communicating these views to their patients is important to the success of their healing (Beck, 1967). In Quebec, for example, Brunel found that Quebecois faith healers effectively use powerful battle imagery which appeals to their struggling patient (Belanger & Vecchio, 1982). Another common feature is the identifying of metaphoric significance to the body and its health. In religions as diverse as Tenrikyo, Christian Science, and Catholic Pentecostal healing, for example, difficulty in seeing, hearing, or swallowing might be diagnosed as an unwillingness to be receptive; headaches, as the improper use of the mind, and so on (McGuire, 1982).

### 3. Close human relationship between patient and healer

In order for the healer to convince the patient of a new view of the problem, patient and healer must share a close psychological rapport too often lacking in modern clinical medicine. Doctor Guarino, for example, holds that patients with weak constitutions are particularly susceptible to the beneficial effects suggested by healers with strong personalities. The healer awakens their "mechanisms of correlation," producing organic and systemic changes based on consolation, comprehension, and hope, of which medical physicians provide very limited amounts (Guarino, 1967). Compared to "the Western exorcism we call psychoanalysis," Halverson (1971) holds that (1) the patient-therapist relationship, (2) the social confidence in the efficacy of the rite, and (3) the interpretation that the patient is not personally responsible for his malady, are important factors in the more highly effective Sinhalese exorcism.

## B. Characteristics of the patient conducive to healing

### 1. Subjective evaluations and personality types

In the 1950's, the Freiburg Institute studied 650 patients of Dr. Kurt Trampler, a mental healer in Germany (Strauch, 1963). Patients were given both psychological and physical tests to determine the changes in both their minds and bodies. The majority of patients were suffering from chronic illnesses that traditional medical care had failed to cure. Over a 14 month period of observation, 11% of the patients showed objective and permanent improvements, and an additional 50% reported that they "felt better" (subjectively), although objective measurements showed no difference in their medical conditions. In no case was the treatment found harmful.

Psychological testing of these 650 patients found those who were favorably predisposed to mental healing had subjectively better experiences than those who were not. This "positive" group tended to be less critical, but *less* imaginative, and *less* impressionable than the "skeptical" group. The group who felt that they had had positive improvements tended to be rural or working-class middle-aged women, whereas the "skeptical" group tended to be younger educated urban males (Strauch, 1963). This Freiburg study is significant in showing the role of expectation in the "effectiveness" of healing, but it also raises doubts about "hypnotic" theories.

Psychic healers are often enshrouded by sensationalistic rumors of miraculous healings promulgated by a word-of-mouth grapevine network. One study of Brazilian healer Ze Arigo (Jose Pedro de Freitas) attempted to contact 836 of his clients. Of those, 25% could not be analyzed, 50% felt no significant change, and only 15.5% felt improved. The investigator concluded that propaganda, hypnosis, and hysteria were responsible for the successes of Arigo (Quevedo, 1973b). However, the fact that many of these healings were "subjective" need not detract from their value.



After all, most patients desire to feel better, rather than to feel untreated but to be told that their conditions are measurably improved.

## 2. The role of intense faith and hope

Bender's research on intense emotional tensions in healers, stemming from feelings of sympathy, desire to help, and related factors, led him to hypothesize that these tensions build up "a charged field," that causes patients to accept the healer's suggestions and be cured. He cites several examples of people cured by Jung and Rehder which fit this model (Bender, 1964). However, these examples focus more and more on the patient or victim himself, rather than on the healer or healer-patient relationship.

For healers who do not practice physical contact, the faith of the patients themselves is surely a very important variable. Consider the situation in which a patient goes either to a sacred location (such as Lourdes, Ste. Anne de Baupré, or Tenri), or to a charismatic religious healer (such as Justa Smith) seeking healing (Chesanow, 1979). Such healing situations are more difficult to place in "control groups," but a number of studies have been conducted which give us some insight into the nature of this healing process. This principle is most clearly at work in cases like those of the healings at Lourdes and similar shrines, which have been carefully verified over a long period of time, but which do not depend on the touch, suggestion, or relation of any single personal healer (Leuret & Meng, 1957).

## 3. Immunity and pain desensitization through ecstatic states

Recent studies in the neurosciences show that intense emotional states create biochemicals which dull pain and can evoke ecstatic states. In Latin America, vidente healing uses such ecstatic and intense emotions to facilitate healing (DeRios, 1984). Similarly, members of the Free Pentecostal Holiness Church have handled very hot flames, been bitten by serpents, and ingested poisonous doses of strychnine, without any harmful effects. Study of these paranormal abilities of people in ecstatic trance may harbor great practical value to the medical community (Schwartz, 1960).

Here we have noted a number of elements which lead to the successes of faith healers, traditional healers, or paranormal healers: factors including their hypnotic, suggestive, or persuasive views and personalities, the close relationships between the healers and the patients, the faith of the patients in their practitioners, and the strong emotional elements of expectation and even ecstasy as factors. Next let us review some of the evidence for healing through the laying-on-of-hands.

### (2) Therapeutic touch

## A Effects on the recipient of Laying-on of hands

### 1. Effects on Humans: Increase of Hemoglobin

Many studies have shown that laying on of hands has therapeutic effects completely apart from the faith of the practitioner. In 1971 and 1973, it was found that the hemoglobin values of ill patients improved after Oskar Estebany's healing touch, whereas those who had no such touch showed no change in hemoglobin values. In a third experiment in 1974, 32 registered nurses were selected and trained to use "therapeutic touch." Half of them used the therapeutic touch on their patients, while the control group gave ordinary nursing care to their patients without therapeutic touch. Pre-test and post-test blood samples drawn from the patients in both groups were examined by technicians on a "blind" basis, and analyzed by the same apparatus. In the pretest comparisons, no statistical difference was found in the mean hemoglobin values of the two groups. After the therapeutic touch, post-test results showed a significant improvement of hemoglobin values for the "touched" group ( $p=.001$ ), but no significant difference for the untouched group (Krieger, 1975). Therapeutic touch has since been established as a standard part of routine healing practice in many American clinics and hospitals.

### 2. Effects on mice: Healing of wounds; discouraging tumor growth

Further experiments have shown that therapeutic touch is neither a matter of massage, nor of one person's muscles specifically manipulating the affected part of another's body. Holding an entire animal has also produced dramatic healings. In one experiment, three groups of 100 mice each were wounded in the same way and to the same extent. The first (control) group was given no treatment at all. Ordinary people with no healing experience held another control group in the same ways that the healer did. The third hundred mice were held by professional healer Oskar Estebany.

The treatment consisted of holding the mice cages between the hands twice daily, for fifteen minutes per treatment, at five hour intervals. In each group, the mouse cages were enclosed in paper bags, with half of the bags opened so that the healer could directly feel (but not see) the mice and cages, and with the other half closed, so that the healer held the cages from outside their paper bags. The effect of Oskar Estebany's treatment was clearly evident in the open bag group during the 15th and 16th days after treatment, when measurements indicated a significant decrease in the mean wound area of Estebany's mice compared to the other control groups. Estebany's closed bag group showed similar trends that did not reach statistical significance (Cadoret & Paul, 1961).

In a similar experiment with mice conducted for a Master's degree at the University of Chile, it was hypothesized that PK ability might inhibit the growth of tumors in mice. 90 mice were subcutaneously inoculated with a tumoral suspension and were randomly divided into three groups of 30 mice each. A control group was given no treatment at all; a second group was given "positive PK" to encourage the growth of the tumors; and a third group was given "negative PK" to reduce the

growth of their tumors. The area, weight, and volume of the tumor growth in those mice treated with "negative PK" showed significantly less growth ( $p < .01$ ) than that of the other groups (Elgium, 1964).

It is not clear why the tumor-inhibitory, health-producing "negative" PK should have worked more successfully than the tumor-producing "positive PK," but these experiments tend to demonstrate (1) that the object of healing need not be a person, but can be another animate object, (2) that there are significant differences between the effects of experienced professional healers and ordinary people imitating the same gestures, and (3) that the "faith" of the patient or animal is not requisite to healing.

### 3. Effects on water, measured by plants and spectroscopy

In another now famous experiment, Oskar Estebany treated a 1% aqueous sodium chloride solution by holding it between his hands for 15 minutes in a 350 ml beaker. When this "treated" water was used to water barley seeds in soil (later also watered with "untreated" water) the seeds produced measurably greater yields of plants than did control seeds receiving the same amount of untreated 1% sodium chloride or untreated water (Grad, 1963).

These experiments were subsequently repeated using stoppered bottles in 30-minute sessions, instead of open flasks for 15 minutes. Again, the effect of the "treated" saline was measurable both in the height and number of seedlings, and in the mass yield of plant material. Spectro-photometric analysis of the saline solutions suggested that there had been chemical changes in the saline solution as well (Grad, 1964). Since these early experiments, other researchers have replicated Grad's research, with similar findings (Bartlett, 1978).

These findings led Douglas Dean to conduct his PhD research at the Saybrook Institute on the nature of changes in water treated by healers Olga Worrall and Rose Gladden. Triply distilled water was placed in vials and held for 5, 15, and 30 minute sessions by the healers; other vials were also held on their solar plexus and thyroid glands; in a third set, healers were asked to think "higher consciousness" into the water or to "magnetize" the water by thought alone (cf. Worrall, 1968: 140ff.). Edward Brame devised a special spectrometer to analyze the IR ratios of the water. Untouched control group water and "magnetized" water showed IR ratios of  $< 0.035$ , whereas water treated by healers showed IR ratios of up to 0.080. Thyroid-attached bottles gave greater results than solar-plexus-attached bottles; "higher consciousness" and hand-held water gave large values. Boiling the treated water into steam and re-condensing it did not change the healer effect (Dean, 1983)! Dean's doctoral research tends to demonstrate that (1) healers' holding the water effected a physical change in the water itself, and (2) this change was clearly connected not only to physical contact but more to the thoughts of the healers.

#### A Measurement and Characteristics of Layers-on of hands

### 1. Hand temperature increase and measurement by Kirlian photography

Granted that healers' hands can produce measurable physical effects, the question then becomes: what kind of physical energy is flowing from the healer's hands? This research involves examining the hands of healers, and trying to determine if there are measurable changes associated with the flow of a healing energy. A Spanish study used Kirlian photography to study a healer's fingers both before and after his laying his fingers on the throat of a patient recovering from a difficult tonsil operation. It found that energy had emanated from the healer and been assimilated by the patient (Marinho, 1976).

Studies of PK expert Nina Kulagina demonstrated that she was capable of moving small objects without touching them, but that her hands become hot and she tired rapidly during such sessions (Fahler & Keil, 1976). There may also be a connection between the laying on of hands effects and those associated with spoon-bending in the so-called "Geller" effect. Further studies on the nature of this energy are being conducted by research teams reporting to ISLIS [the International Society for Life Information Science].

### 2. Muscular-neural interactions between healer and patient

Experienced healers like Enrico Tomasetti occasionally find that their hands respond to the sick patient's condition, independent of the healer's volition or intention. In other words, if the healer is sensitive to the patient's conditions, "The performer does not intervene rationally, but must be capable of reacting with his own muscular system to the least variations in the field of forces connected with the environment and particularly with the patient." (Borello, 1967: 91). Chinese and Japanese studies of *ki (ch'i)* indicate that one or more inadequately understood para-physical energies connect the nerves and meridian system, not only in acupuncture and acupressure, but at a distance through mental activity (cf. Motoyama, 1986: 60 ff.).

### 3. Characteristics of the brains of mental healers

The above studies have recognized that not only the physical placement of a healer's hands or body, but the attitude and mental state of the healer is critical to the success of mental healing. Some "bioengineers" from the Soviet Union have directed what they call "bioradiant" energy from the brains of the healers to treated subjects (Mirahorian, 1967). Many religions which practice mental healing have also acknowledged this factor. ESP tests carried out with French healer Aldo Moreau de la Mense seemed to demonstrate a high level of general ESP ability, but no precognitive abilities (Onetto, 1976). Other scholars have identified psychological and physiological similarities between meditation and the therapeutic touch; a state of mind in the healer similar to a state of meditation seems to be necessary for healing to occur (Borelli, 1981). However, the findings to date demonstrate that there is empirical evidence for the medical validity of the therapeutic touch; it seems

specifically indicated in a range of acute and chronic illnesses, and is "an extremely safe adjunctive (medical) modality."(Proudfoot, 1981).

### (3) Prayer and absent religious healing

#### A Long Distance "Absent" Healing

In addition to healings which may be explained by models of "psychosomatic" faith healing or of "laying on of hands," there remains a third area of healing deserving study: viz., cases where the work of the healer is unknown to the patient. One classical example is that of Jesus and the centurion, wherein the patient neither saw nor knew the healer (Matthew 8). In this case, the centurion [a third party] asked the healer [Jesus] to heal his servant a long distance away, and the servant was discovered to have recovered at the same time that the healing was requested. To be sure, in this instance, Jesus praised the faith of the centurion, but neither the centurion nor Jesus were present with the sick servant, nor did the sick servant have any way of knowing the hour at which Jesus agreed to heal him. Only the temporal coincidence of the healing seems to indicate a connection between their dialogue and the patient's improvement. In such cases, neither physical contact nor the faith of the patient seems sufficient to explain the "miracle" involved.

Like pre-modern physics, medical science rejects influence at a distance [the claim that healing can be effected from afar, as in intercessory prayer]. Physicians prefer to regard such events as coincidence, in spite of the fact that communication without known physical means of transmission has been proven possible according to exacting scientific standards (Booth, 1957). Often classified as "absent healing," examples of sudden recovery where no material nor psychological mechanisms other than the prayer of a distant person can apparently account for the healing have been catalogued through the ages (Hebda, 1975). Recently, several ground-breaking studies of intercessory prayer and distant healing have won wide recognition in the West (Dossey; the SF project).

#### B Healing of Unconscious Patients

Instances where the patient is an infant or delirious (and therefore has no consciousness of the activity of the healer), and the healer does not physically touch the patient, also provide strong evidence that neither the touch nor the faith of the patient alone are sufficient to explain religious healing (Puxley, 1966). Examples of this sort can be found in many healing religions today, but not until more examples are gathered and analyzed can their common elements and distinctive features be adequately understood (e.g. Peel, 1987). In the meantime, we might recognize the possibility that behind these phenomena are forces at work which are not yet adequately studied or researched by the medical and psychological sciences.

There is yet much room for fruitful gathering and interpretation of data in this area by social

scientists and scholars of religions, as well as by medical and psychiatric professionals. Doctors have long relied on drugs whose probable effects were well known, without knowing the precise mechanisms of those drugs within the brain or body. Similarly, hypnotists have long deadened pain and cured bad habits and personality disorders, without knowing the "mechanisms" by which hypnotism works. The above literature and experiments document that a more holistic view of the healing process—including the patients' physical environment, psychological state, and belief system—might indeed be conducive to improvement of physical and/or mental health of medical patients. Whatever the mechanisms involved, if it is possible to improve health through such means, we should work in that direction. Taking all due precaution against fraud and quackery, we may also gain a fuller understanding of the human potential and the workings of the human mind and body.

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