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## Holistic Medicine in Late Modernity Some Theses on the Efficacy of Spiritual Healing

—Anne Koch and Karin Meissner

### **Introduction**

Research during the last years has come up with some exciting insights into spiritual healing and what might affect its positive influence on the subjective well-being of many of the participants. This is also the aim of our interdisciplinary approach from cultural studies and placebo research. We aim at better understanding the underlying biopsychosocial mechanisms, rules and dynamics of spiritual healing. We therefore have to bring together our very different and at the same time highly specialized categories and methods of describing and analyzing the healing intervention. Interdisciplinary work in this field means that the relevant contexts of healing performance are multiplied: semantic, interpersonal, chemical, neural, behavioral contexts have to be considered and, as a greater challenge, they have to be related and at best combined. This article therefore will localize the phenomenon of modern spiritual healing in the context of contemporary spirituality and introduce into our findings and assumptions of our work-in-progress on the efficacy of spiritual healing.

One of our goals is to determine *specific* factors for improved well-being as an outcome of participating in healing rituals. This goal is challenging because an interpersonal intervention in healing involves such a huge number of features that range from touching, talking, sharing or teaching wisdom to moving and performing. Further, through regular performance a new bodily and emotional experience may turn into a more permanent attitude. We must not overlook the factors belonging to a ritual community and the highly sensorial environment created by a specific brightness of light, the tactile quality of materials, symbols and the “genius loci.” In the meantime it is a well-proven fact of ritual studies that even non-human “participants” of

the ritual, like powers, spirits and devotional objects, may take over agency within the happening according to the experience of the participants. We will have to ask how this way of experiencing healing energies also triggers psychophysiological responses on the side of the participants. And this again enlarges the bundle of possibly relevant factors contributing to the benefit of partaking in healing ceremonies. Placebo research<sup>1</sup> along with medical psychology and ritual studies are the reference sciences vital to taking a step towards understanding the crucial factors for the efficacy of spiritual healing. It needs to be stated clearly that with a background in cultural study of religion *and* medicine we are not at all aiming at a physico-reductionist or naturalizing view of spiritual healing.

## Effect—Efficacy—Benefit

Let us start with some important clarifications of the concept of efficacy and keep them in mind for the evaluation of the manifold forms of alternative treatments. A common distinction in pharmaceutical research is that between a) effect, b) efficacy, and c) benefit.<sup>2</sup> First of all, a substance or treatment has to prompt some biochemical response in the human organism: the effect. The underlying mechanisms of the effect may differ widely: blocking neural transmission to alleviate pain, activating enzymes to accelerate metabolic processes etc. Many alternative pharmaceutical substances already fail at this stage since the amount or type of substance is powerless (e.g., homeopathic and anthroposophical remedies, tissue salt (“Schüssler Salz”), Bach flower extracts). Then, the amount of the dose plays a crucial role: increasing the dose increases the effect to a certain degree, after which it can harm; below a certain dose it has no effect. The effect is a precondition for the efficacy that is the sum of all desirable effects. Here some severe problems occur when medication intrudes in a metabolism that is unimaginably skilled by nature. A small input may have unforeseeable and intertwined consequences. Next, what is desirable for one person may harm another person with a differing pre-existing health condition. The dose of a substance or intensity of treatment also interferes with other biochemical processes and may have side effects that are desirable or not. At this stage clinical studies have to prove the specific efficacy of the dose or treatment. Only then the benefit of a product for patients can be evaluated by its ability to lengthen life expectancy and to mitigate pain. Knee surgeries, for example, in comparison with placebo knee surgeries turned out not to be beneficial<sup>3</sup> like many other interventions, e.g., some cancer screenings.<sup>4</sup>

These distinctions can help us to better conceive of the causality of intervention in types of spiritual healing. In the context of spiritual healing we will have to think of tissue salt, for example, as biochemically non-effective and therefore not efficacious. In this terminology a placebo effect is an effect insofar there is an underlying biochemical process even if this is not triggered by use of a prescribed substance. Nevertheless, a benefit may arise from the general psychic improvement of having a good feeling about taking precautions and being active in dealing with one's illness. The same goes for energy work with *qi* or *prana* that as long as it depresses blood pressure it contributes to better well-being even if this does not heal a severe illness. Psychophysiological processes can be involved even if many of the spiritual healing practices do not prescribe remedies or substances but involve, for example, touching the client and embedding him into specific environments or making him move in a specific way. We want to understand which mechanisms on an autonomic, hormonal, and muscular level are involved in realizing improved well-being.

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<sup>1</sup> Benedetti, *Placebo effects*.

<sup>2</sup> For further discussion see: Witt, “Efficacy, Effectiveness, Pragmatic Trials,” 292–294.

<sup>3</sup> Moseley et al., “A Controlled Trial of Arthroscopic Surgery”

<sup>4</sup> Bleyer and Welch, “Effect of Three Decades of Screening Mammography.”

## Holistic Medicine

Spiritual healing may be subsumed under holistic medicine. Therefore our understanding of holistic medicine needs some conceptual explanation, as it denotes a vast field of diverging practices and is not used always in the same sense but often overlaps with complementary and alternative medicine (CAM). Holistic medicine or mind-body-medicine<sup>5</sup> is not only a trend in the CAM sector but also in the fields of alternative spirituality and religion as for example in Christian revivalism where spiritual healing is very common. Some scholars observe the emergence of a service industry of healing originating from the many movements and organizations within alternative spirituality. The new profession of a spiritual entrepreneur offers angel healing, aura cleansing, therapeutic touch, touch healing, movement therapies, bioresonance, shamanic and indigenous healings, bioenergetic meditation and many other forms. Holistic medicine encompasses on the one hand complex complementary medical systems like homeopathy, Ayurveda, traditional Western medicines, anthroposophical medicine, and on the other hand secularist treatments. They are called secularist because they stem from various sciences:<sup>6</sup> from psychologies (Neo-Reichian, humanist psychology, human potential movement, self-regulation, self-realization), biology and physiotherapy (cell memory: osteopathy, craniosacral therapy, Rolfing), medicine (immune system: self-healing powers, bio feedback, psychosomatics, placebo research), physics (quantum physics: entanglement, non locality), cybernetics, information theory and so on. Some secularist spiritualities stem from a blending of arts, spirituality and (body) therapies like modern dance (contact dance, 5 rhythms of Gabriel Roth, Biodanza, Qi Dance, Yoga Dance).

The impressive rise of holistic medicine correlates with deep changes in our societies during the last decades. Holistic medicine and spiritual healing in their many facets are part of a self-therapy culture and self-care,<sup>7</sup> the third pillar of health-care besides pharmacological and other medical interventions. Therefore, we will first embed holistic medicine and spiritual healing from the mid-1990's onwards in the context of late modernity.

## Future Potential of Integrating Holistic Medicine in Health Service

Our general aim is to recognize the resources for public healthcare that lie within holistic medicine, especially spiritual healing, - Fisher et al. talk of "effectiveness gaps" in the context of "an area of clinical practice in which available treatments are not fully effective."<sup>8</sup> Their telephone survey of 22 General Practitioners (GP) in London came up with about 80 clinical problems for which effectiveness gaps were reported, the most important being musculoskeletal problems, followed by depression, eczema, chronic pain, and irritable bowel syndrome. Furthermore, a literature survey by the authors showed that CAM may offer effective interventions in all of these clinical areas. One future aim would be a standardized check-up of relevant features of personal beliefs and preferences at the entrance of public health institutions. This idea is that this could predict if some specific type of spiritual healing or holistic medicine may be beneficial for this patient and therefore should complement the mainstream treatment. For patients who are recognized as persons and made to feel part of something bigger or of some plan, the involvement of spiritual healing elements can promise at least a better relationship between

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<sup>5</sup> Harrington, *The Cure Within: A History of Mind-Body Medicine*.

<sup>6</sup> Binder and Koch, "Holistic Medicine between Religion and Science."

<sup>7</sup> Self-care in the context of salutogenesis should be distinguished from the concept of self-care in the archaeology of knowledge and subject theory (Michel Foucault).

<sup>8</sup> Fisher, van Haselen, Hardy, Berkovitz, and McCarney, "Effectiveness Gaps."

patient and healthcare institution. Even if the economizing of cost is not our main concern, it may also emerge from this double supply and make the “spiritual healing type check up” attractive for clinics and health insurance companies. For this far future aim we need to evaluate the efficacy and benefit of spiritual healing. This is not possible in general, but only in view of types of healing and types of person. For this aim we will have to elaborate a taxonomy of spiritual healing and holistic medicine with the criteria of specific factors of efficacy that they include. For such a taxonomy at first we have to know: what are the benefits in spiritual healing?

In this search for a suitable tool for understanding healing, insights from study of religion and medical anthropology concerning local cultural belief systems, sensorial practices, emic narratives, transformation dynamics and ways of exercising power all contribute. Thus, knowledge obtained from the study of religion is indispensable for the shaping of future health-preserving or health-restoring interventions based on the resource of self-healing. Scholars have studied the relations between body and symbolic meaning, somatic manipulation and social purpose, self-regulation and aesthetic regimes, especially from the aesthetics of religion perspective. They pursue the questions: Are coherent beliefs stronger than isolated beliefs? Are embodied and highly sensory coded worldviews more powerful than intellectual beliefs for the efficacy of healing? How important is the overall social integration of healees, the empathy of the healer and the involving of imaginative healing forces? These are some of the questions we want to understand in our two interdisciplinary pilot studies of therapeutic touch in a spiritual healing context.

## **Holistic Medicine in late Modernity**

Modernity is the relevant environment of contemporary holistic medicine. It has been theorized as late or high modernity (Anthony Giddens), multiple modernities (Shmuel Eisenstadt), second or entangled modernity (Ulrich Beck), liquid modernity (Zygmund Bauman), and alternative modernity (Bruce Knauft), to name just some often discussed theories. Without going into too much detail of these multivariable models, we will summarize some findings and explanations that are relevant for spiritual healing.

Late modern societies underwent a formatting process from production to consumption regimes with economization as the central force. In consumer societies, identity and authenticity widely manifest in specific consumption. Insofar as the consumption of lifestyles is constitutive for identity, this consumption is productive. This phenomenon is named prosumption (from *pro*-duction and *con*-sumption). What a person prosumes is a signaling of what she is and wants to be. A symptom of prosumption is the individual’s involvement in production: self-service, user generated content, online-self administering of finance, voting etc. Self-care shows itself against this background as highly economized. For Andrew Dawson<sup>9</sup> spiritual prosumption is linked to a specific subjectivity: the self is autonomous and self-responsible. The location of performing autonomy is the individual’s own body. The body has to be kept in a fit, healthy, relaxed and balanced condition. The body is the space where cosmic energies are linked to the challenges of the work life. Embodiment is therefore the spiritual mode *par excellence*, and practices of healing and psychophysical manipulation are the decisive knowledge to realize wholeness. Methods of healing are a knowledge of self-regulation and governance. In view of this logic of affect and action of late modern prosumption, it is evident how important they are insofar as they enable the subject to empower itself and express itself vis-à-vis the community: “The fundamental premises [of spiritual healing] are an advocacy of nature, vitalism, ‘science,’ and spirituality. These themes offer patients a participatory experience of empowerment,

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<sup>9</sup> Dawson, “Entangled Modernity and Commodified Religion.”

authenticity, and enlarged self-identity when illness threatens their sense of intactness and connection to the world.”<sup>10</sup>

Holistic medicine is above all characterized by the presumptions of holism and energies (“vitalism”). Holism is expressed in a philosophical anthropology of mind-body-unity often embedded in a continuum of cosmic and subtle energies. Bodies are not seen in a biological manner but as several bodies or mantles alongside the material body (according to school): the astral, subtle, mental, emotional, ethereal bodies also known as aura. Cosmic elements often correspond to character types, food and spiritual tasks. Balance of energies is the clue to harmonious and healthy being. Therapeutic treatments therefore can follow several ways: energetic body work, meditation, and dietetics are some of them. Holism not only concerns the bodily interaction but the world as such that is penetrated by one principle that is a lived energy, a position named vitalism.

According to many of these doctrines, illness is an imbalance of energies or a blockage of energy channels. The reasons for this condition are various. The sociologists Susan Sered and Amy Agigian explored in a field study in the US “holistic sickening.” By this they mean that, for example, CAM-“practitioners” discursive construction of breast cancer transforms it from a discrete physical disease of the breast to a much larger problem potentially involving all areas of a woman’s life (and possibly her past lives). “This re-framing is what we call *holistic sickening*; that is, a discursive process through which a discrete corporeal diagnosis (cancer cells clustered in the breast) is widened into a broad assessment of trauma, misfortune, character defects, stunted spirituality, bad food choices, gender trouble, and a degraded environment.”<sup>11</sup> In the practitioners’ emic etiologies of the illness of their clients *and* of our time are explained by environmental degradation, toxic food, and genetic considerations. In the social dimension typically stress, social alienation, and contemporary lifestyles are said to be responsible for diseases. And as a third group of reasons for a personal illness the CAM-practitioners draw on personal traits like trauma, character defects, negative thoughts, and spiritual stagnation.

Spiritual stagnation is a very common term in the holistic milieu of late modern spirituality. It offers many kinds of self-techniques that help overcome blockages and stagnation. Disease is linked closely together with spiritual transformation. Health and disease are poles of a continuum. The task of staying healthy or recovering from a disease is an open-ended and life-long project. Transformation of the self is an utmost important issue behind holistic medicine besides encountering transcendence.<sup>12</sup> This being said, it is evident that healing will vary widely relative to self-conceptions within western and non-western cultures and within individualist, collective, peer-group or family-oriented social formations.

And this brings us back to our topic of efficacy: for the CAM-practitioners of the breast cancer study the efficacy of their treatment seems not to be a topic: “for the most part the practitioners described efficacy as of marginal relevance to their work. None of our interviewees kept track of success rates or used any sort of systematic means of assessing their own work.”<sup>13</sup> Sered and Agigian determine efficacy as “constructs in which a variety of actors have more or less power to shape narratives in which certain outcomes are labeled as successes, a variety of experts have the power to judge success, and a variety of methods are used in those assessments.”<sup>14</sup> Efficacy in this constructivist and discursive sense is the result of communication and legitimating processes. In our terminology introduced above what they name efficacy is the “benefit” that can be a positive outcome of a treatment without any underlying effect and efficacy. What is evidently

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<sup>10</sup> Kaptchuk and Eisenberg, “The Persuasive Appeal of Alternative Medicine,” 1061.

<sup>11</sup> Sered and Agigian, “Holistic Sickening,” 627.

<sup>12</sup> Koss-Chioino, “Spiritual Transformation, Relation and Radical Empathy: Core Components of the Ritual Healing Process”; and Kaptchuk, “Placebo Studies and Ritual Theory,” 1854.

<sup>13</sup> Sered and Agigian, “Holistic Sickening,” 626.

<sup>14</sup> *Ibid.*, 625.

true for the emic understanding leaves unanswered our concern for the correlation of specific and efficacious interventions with improvement of well-being.

## **Towards an understanding of efficacy in spiritual healing**

A survey of the academic classification of the vast and heterogeneous alternative healing field uncovers that current propositions for taxonomies do not derive criteria for a taxonomy from the dominant efficacy factors in the different types of healing.<sup>15</sup> This neglect has several reasons: First, many scholars are not interested in efficacy but rather in the historical reconstruction of specific religious traditions and their sources or the type of healing energy assumed. Second, if efficacy and symptom alleviation are taken into account, then they are seen as cultural constructions, as they are—no doubt. But the direction of questioning then is to explain them in their constructiveness instead of giving reasons why some *are* efficacious and others are *not*. One could say that exactly this is the difference between medical and cultural research, that natural sciences explain and cultural studies “understand” aims, feelings, and communal life. But this was part of the pioneering work for the beginning of cultural studies at the end of the nineteenth century and is not tenable any more long-since. The professionalization in psychology, medicine, neuroscience *and* cultural studies means overcoming the rationalist binary bias that divides humans into two parts: One part that has to be understood by hermeneutical means and one that has to be understood by physical laws. Beyond this methodology contemporary research on holistic medicine has a huge field of interest in common with both medical and cultural studies. Understanding the efficacy of spiritual healing has to include the effect of normally non-medical entities like touch, worldview, spatial setting, symbols, ritual pageantry etc. We will start with a very short characterization of the setting of our two pilot studies and the kind of data we were gathering and then explicate our own results, drawing on further insights from research in the field and outlining additional hypotheses.

### The Pilot Studies

In two pilot studies on spiritual healing we, a medical doctor working in medical psychology and a scholar in cultural study of religion, elaborated a number of criteria that seem to be relevant for efficacy from the point of view of the performance and meaning-making of the healer and the clients. In our first pilot study 2007–09 we conducted participant fieldwork and took psychophysiological measurements during weekly healing ceremonies of the White Eagle Lodge near Munich/Germany. This small group is located in the hybrid tradition of theosophical-spiritist-Christian chakra-work. In this ritual of therapeutic touch the female healers visualize different-colored light into the chakras of the healee. Other than an opening prayer there is no verbal communication during the healing ceremony. The healee is sitting on a stool, facing altar (Fig. 1). The healer starts from the crown chakra on top of the head of the healee and works her way down the line of the body chakras mostly not touching the healee but stroking along the body outline at a little distance of two inches. She only touches and strokes lightly the shoulders, the back line of the vertebra and lets her hands lie down simultaneously on the belly and the back at the height of the solar plexus. We collected quantitative data with a validated questionnaire on current burden of discomfort and had the participants rate their expectation of bene-

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<sup>15</sup> Koch, “Alternative Healing as Magical Self-Care.”

fit before and after the ceremony.<sup>16</sup> In both pilot studies we measured the benefit as an improved subjective well-being of participants. Psycho-physiological measurements of heart rate, gastric activity, breathing frequency and skin conductance levels were taken before, during, and after the 15–20 minutes-long treatments. In guided interviews the 27 group members and test persons were asked about their body image, what they were feeling during the treatment, what illness means to them, why they think that this ritual heals and with whom this ritual will probably be inefficacious.



**fig. 1:**

The illuminated altar of plastic material in the ceremonial room of the White Eagle Lodge in Germering (near Munich, Germany) with the symbol of a cross in a circle and the goblet of light on top of it, a crystalline bowl with a swimming candle (left side). A wall lamp in the form of a star radiates a pattern over the wall (right side). The aesthetics encodes the significance of light as healing energy and emplaces light-figurations into the setting of healing (photos: A.K.).

In a second pilot study 2009 in Munich we worked with an independent practitioner, a male German healer around 65 years old. This healer applies therapeutic touch and also works energetically with the body sensation of warmth. His self-understanding can be described from a religious-studies-perspective as a combination of chakra-work and modern Western shamanic healing (e.g., the healer feels guided during healing by several inner spirits from the middle ages and antiquity, to some of whom he was related in earlier lives). During the healing ceremony the healer evokes the feeling of warmth in the healee starting at the sacrum bone (he calls the tailbone a chakra) by spinning movements of his hand on the ~~naked~~ skin of the participant. In our study the participant was lying on his stomach on a couch. Once the participant feels the warmth, the healer “waits” for the feeling to deepen from a superficial to an inner-body warmth, still constantly spinning his hand, and then guides the sensation of warmth with his moving hand through the healee’s body.<sup>17</sup> He understands his healing as chakra work, re-energizing the flow and detecting and resolving energetic blockages. We videotaped six study participants during the healing sessions so that we could transcribe the verbal communication between healer and participant and capture the treatment’s timeline. The former is important for correlation with the psychophysiological data that were recorded throughout the treatment. Psychophysiological measurements of heart rate, gastric activity, breath frequency and skin conductance levels were taken before, during, and after the one-hour or even longer treatments.

### Some Efficacy Factors in Spiritual Touch Healing

<sup>16</sup> Short Questionnaire on Current Burden (SQCB) (Müller and Basler, *Kurzfragebogen zur aktuellen Beanspruchung—KAB*. Beltz Test GmbH, Weinheim, 1993).

<sup>17</sup> Meissner / Koch, "Sympathetic Arousal during a Touch-Based Healing Ritual Predicts Increased Well-Being")



Our research focuses on two healing rituals that involve touching the client's body. According to this procedure at least the following dimensions might be relevant for efficacy:

### *Intensifying Embodied Emotions*

The client's amount of sympathetic arousal during the ritual proved to be relevant in both pilot studies. Sympathetic arousal is due to activation of the sympathetic branch of the autonomic nervous system (ANS), which connects the brain with the inner organs of the body. The ANS is made up of two parts: the sympathetic nervous system which responds to stressful situations, and the parasympathetic nervous system, which generally relaxes the body once the danger has passed. Even pleasant situations, such as a wedding, can be perceived as stressful. Thus, both positive and negative emotions can lead to sympathetic activation, which is perceived as increased heart rate and sweating, for example. The finding that increased sympathetic activation during the healing ritual correlated with increased well-being thereafter may indicate that strong emotions, induced by contextual factors of the ritual, could be important for the benefit of the ritual process. This emotional attitude can be amplified by activating bodily emotions in certain body parts. This can be realized through touch along symbolically meaningful body zones, by applying ointments at body parts, by hiding some body parts under a cover etc. Even negative emotions can be decisive for the outcome of the treatment because they are strong emotions, and strong emotionality seems to be a key factor for experiencing subjective benefits during healing and from healing.<sup>18</sup>

### *Selective Body Attention*

An important technique to trigger emotionality is therefore the reshaping and recalibrating of the body scheme. This is realized by directing selective attention towards body parts and thus the organism of the client over a pe-riod of time. Ritual sequencing over time is a vital element here. Frequently, spiritual healing involves a repositioning within the body of sensitive channels, of multiple subtle body envelopes or of energy centers (Fig. 2). For example, the belief of a group may be that the energy centers of a person have to be strengthened. This is carried out by infiltrating energy in the form of light with a specific color into the place where the energy center is said to be localized. In the imagination of the group it is necessary to bring in the light by first opening the energy channel at another specific body part and to close it again at the end of the sequence. The colorful light then is guided through a specific energetic landscape of the body to the energy center in need. On its pathway it may have to overcome blockages, to clean or enervate other spots. The guiding is performed in imagination with a drawing attention along the pathway as well as often with an embodied feeling such as warmth, prickling and tingling. Hence a healing ceremony entails several sequences that contain treatments along particular meaningful body zones and match somatic sensations.

Repositioning is carried out during the ritual and is decisive for the interpretation of what has taken place, usually by both parties, the healer and the client. The sequencing of the treatment makes it possible to build up an autonomic arousal, for instance when there is an interaction based on social cognition between the healer and the client, or, on a more somatic level, when an effective third force is involved, the classic example being the healing energy. Often, a specific or unspecific factor in a given performance is that the healer works with the concepts of risk and security, so that the body is opened (e.g., at the site of a chakra) and made

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<sup>18</sup> The US-American placebo researcher Ted Kaptchuk states this for the feeling of doubt by participants towards the efficacy of the healing, see Kaptchuk, "Placebo Studies and Ritual Theory."

penetrable through the creation of a safe healing space. This intensifies the body awareness and feelings and creates an interactive space for the “third force.”



**fig. 2:**

A test person is sitting on a stool with the healer holding her hands a few centimeters above her head at the beginning of the sequence “opening the crown chakra” (left side) and later during the treating the healer touches belly and back of the test person with both her hands (right side) (photos A.K.). In the right front corner you see the device used for the recording of physiological signals.

## Modes of Performance—Empathy and Congruence

The mode of performance of the ritual also influences the emotional and autonomic effects of the treatment. It has often been noticed that the mode of great empathy by the healer, a very loving touch, or a very careful or slow or long-lasting treatment, creates a positive response and gives rise to certain intensified experiences and better outcomes in clinical trials.<sup>19</sup> The personality of the healer is important because he or she is a partner in the transformation the client goes through. To differing degrees, and depending on the particular relationship, the personality of the healer can significantly raise the level of expectation, supply plausible meanings, or use empathy to increase the client’s level of self-esteem, etc.<sup>20</sup> The importance of this dimension can hardly be underestimated. We need to establish fundamental categories with regard to the mode of interaction between client and healer and the way a particular healer communicates with the client, or assesses the client through one of these channels. The healer’s capacity to establish a congruent experiencing is an ability that is for Galina Lindquist an aspect of a charismatic personality: “charismatic individuals wield their authority by tapping into the symbolic, discursive, and performative resources offered by the culture.”<sup>21</sup> Radical empathy of the healer as introduced by Joan D. Koss-Chioino<sup>22</sup> goes beyond simply a supportive attitude. With radical empathy a wounded healer who has gone through his own psychophysical crisis immerses into the client’s situation. This resonance of the healer to the degree of his depersonalization is

<sup>19</sup> See for example Blasi et al., “Influence of Context Effects on Health Outcomes”; and Kaptchuk et al., “Components of Placebo Effect.”

<sup>20</sup> Lindquist, “Healing Efficacy.”

<sup>21</sup> Lindquist, “Healing Efficacy,” 339.

<sup>22</sup> Koss-Chioino, “Spiritual Transformation, Relation and Radical Empathy.”

said to evoke deep memories and feelings on the side of the healee.

In our pilot studies we also observed on the somatic and communicative level a moment of matching between healer and healee we call congruence. In our second pilot study with congruence we address exactly the moment when agency is ascribed to the healing power by the healee, which means that from then on the deepened subcutaneous warmth can be guided through the client's body by the spinning hand of the healer. This congruence in the treatment process was easier and faster to perform with some clients than with others. Congruence might be induced by the constant and thus tiring somatic stimulus of the spinning hand of the healer on the client's naked skin and the repetitive monotonous communication asking every minute about the feeling of the warmth, its intensity, if the warmth is superficial or deepening, if the warmth follows the moving hand or not, if the degree of warmth changes or not etc. We assume that both stimuli— touch and talk, applied in a repetitive manner—induce a relaxed state of consciousness comparable to trance.<sup>23</sup>

## Instruments

The instruments used in the ritual as carriers of healing power may also intensify the autonomic arousal and corresponding bio-chemical reactions. Interestingly, sham injections and sham acupuncture induce greater pain reduction than oral placebo pills, and sham surgery is one of the most potent healing rituals.<sup>24</sup> That is, the more complex and emotionally arousing a healing ritual is, the greater the placebo effect seems to be. Thus, the Plexiglas rod or second copper rod used sometimes by the healer in our second pilot study to visualize light will be a more powerful instrument for interiorizing an image of the healing energy in the test person than the healer's placing together of thumb, first finger and middle finger to "fill in" the energy.

### *Learning Processes—Training the Body Knowledge*

Living means to constantly adapt to sensorial and social environments. In this context forms of adaptation and learning are relevant to describe dynamics realized through spiritual healing performances. The (regular) performance of healing, body techniques and body practice in healing is essential for learning and training religious experience and inscribing somatic genres of feeling.

Learning occurs in several contexts, one of which is the socialization process for which habitualization is central. The concept of habitualization in cultural studies has to be distinguished from habituation in medical psychology. The latter means the extinction of a response to a stimulus by repetitive demonstration of the stimulus. On the contrary, the concept of habitualization addresses an enforcement of a behavior through regular performance: We get used to social forms of greeting, talking and expressing our wishes and adapt them mostly implicitly. We learn social forms and ways of communication. Tanya M. Luhrmann has explained the training of feelings and embodied experiences with the example of Christian prayer, especially charismatic ecstatic prayer techniques.<sup>25</sup> Social learning can even affect perception. Very much as charismatic Christians come to recognize God's presence in their bodily

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<sup>23</sup> There is a longstanding debate over the specificity of a state of consciousness in hypnosis. It seems that hypnosis need not be seen as so extraordinary as it sometimes appears in its mise-en-scène. Many scholars in hypnotherapy agree that similar states of consciousness and relaxation can be realized with task motivated instructions like the levitation of body parts, liveliness of sensorial imagination.

<sup>24</sup> Meissner et al., "Differential Effectiveness of Placebo Treatments"; Kaptchuk et al., "Sham Device v Inert Pill"; de Craen et al., "Placebo Effect?"

<sup>25</sup> Luhrman, "Building on William James."

behavior in ecstatic prayer, participants in spiritual energy healing can recognize the healing power in their body. For an analysis of efficacy in spiritual healing it is important to take into account how habitualization and habituation are performed on the somatic, behavioral and intellectual level. These different types of adapting to contexts—the stimuli or the social context—do not exclude one another but are complementary.

### *Body Image or Body Scheme*

The body image or scheme represents the physiological condition of the body. It is a neural umbrella representation derived from interoception of organs, moving, balance, hunger, temperature, oxygen supply, skin tension, pain and the like. Let us unfold why the body scheme is so central for the bodily manipulation of spiritual healing. In recent times the regulatory mechanisms of the body image are better understood in terms of their pathway:<sup>26</sup> the sensory afferents from the body's tissues and organs are first put together in autonomic and homeostatic centers of the spinal cord and brainstem and from there are processed to the thalamocortical area where they are represented as pain, itch, hunger, air hunger, temperature etc. These body feelings are an aspect of the ongoing homeostasis of the body based on thermoregulation, breathing, congestion etc. Important for us is that the body image or body scheme is a representation of the body as a whole and essentially emotional. Hunger, pain, warmth are felt as comfortable or uncomfortable. The body image is assumed to be the neural location where we feel well and comfortable or not. Ultimately, this basic or holistic feeling of ourselves is at stake in manipulating the body parts and thus activating autonomic afferents and homeostatic circuits. In working with warmth, as here, it is basically thermoregulation that is involved and triggered. Other spiritual techniques work with steering breathing, heart rate or muscle tone. At the bottom of the described procedures of spiritual healing lies the alteration of basic autonomic and homeostatic circuits that are responsible for the emotional body image—our feeling well in our bodies.

Regular participation presumably leads to a bodily reconfiguration of the body image in the direction of the idiosyncratic or indicated treatment narrative. One could assume that the body scheme stores in a bodily memory the ordering in which the organic systems were activated. As a consequence the experience in each section of the ritual and the emic attribution of meaning to this phase can be somatically recalled and re-enacted more quickly. Here a reinforcing role could be played by a combination of body techniques, for instance if the client has experience with a certain type of meditation, or, depending of course on the healing ritual, a coordination sport, autosuggestion, prayer of the heart, breathing techniques, rhythmical or musical synchronization, etc.

### *The Place of Treatment as a Therapeutic Landscape*

Embodied actors interact in and with space in several different ways. In the sense of a “cognitive download” as used in cognitive theory, the spatial scenery and objects in it, or their arrangement, provide information which the actor can use in any given situation. In terms of the aesthetics of religion, aspects of the material environment, including the amount of light, the type of floor, or audible sounds, are part of a whole. They become players in the healing pro-

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<sup>26</sup> Craig, “Interoception.”

cedure through selective perception, depending on the narrative of meaning and degree of sensory intrusiveness. Therapeutic landscapes<sup>27</sup> may be places of retreat with a deprivation of sensory stimulus like the desert or caves, like Zen-aesthetic places, dark or mono-material places, e.g., with wooden and natural materials. Landscapes and places can be therapeutic through under-regulation or over-regulation. Vision quest with fasting and staying alone during several days as well as Yoga with clearly prescribed moving and breathing within 1,5 square meter over-regulate the practice. Free dancing with unforeseeable contact with co-agents or feasts with alcohol are under-regulated. Therapeutic landscapes are at the interface of real and imagined places and co-constitute the recipient who moves within their framework. Many therapeutic landscapes are not extraordinary but common places that temporarily distinguish themselves as therapeutic. Even then they often are ambivalent as places of breach, violation or injury and of healing. Whether a landscape is seen as therapeutic depends on the recipient. Also which forces are viable within the place is the product of a meaning-making process. Nature can be ascribed a restoring power; disturbing materiality like heat or cold can play a role to steer attention and trigger processes of self-confrontation; the experiencing of a counter world to everyday life can be therapeutic; the experiencing of a diverging setting may have the same effect; through moderation of the healer a perceptive space in relation to the sensorial environment may be opened for somatic- symbolized interaction; the space may offer images for emotions and exteriorize them, thus taking a first step towards psychic distancing etc. There are countless ways in which places might be integrated on a very somatic level into healing. All this may unleash deep and hidden emotions, intensify the feeling and reconfigure the body scheme. Emotional ambivalences may be expressed in the experiencing of stability-instability of a movement or posture. This enables therapeutic landscapes to pass on and access emotions in healing.

### *The Role of Meaning and Reframing of Worldview for Efficacy*

According to psychological motivation theories, goal-attainment is connected with positive emotions. The healing ritual can be seen as an interactional form that enables the participant to attain his goals of self-realization and human growth. In this respect the ritual will motivate the person to participate to attain goals. From a more somatic point of view, the bodily self-experiencing during the ritual can serve to explain the motivation to participate in a ritual healing. The more concordant the ritual experience is to the person's worldview the more the person will be motivated to participate and benefit from the performance.<sup>27</sup> Then it is not only the successful outcome of the ritual—the ritual as an instrument to reach a better condition—but the ritual in itself that motivates to participate.

Cognitive schemes, their change and actualization are also relevant to the spiritual healing rituals we are considering. They are debated in ritual theory under the concept of frames and re-framing. Frames are psychological as well as cognitive concepts that structure subjective reality, frames select information and evaluate it by cultural codes. Frames are action orienting devices; they are therefore, like all perception, contextualized in the sense of situated cognition. They bind together different types of knowledge: semantic knowledge, procedural knowledge, practical knowledge, somatic knowledge. Participants in rituals have several sequential frames for ritual sequences that are hierarchically ordered and embedded in the unifying ritual frame. Frames are learned and to some degree habitual, depending on how regularly people activate them through use. Findings suggest that a spiritual framing of healing is higher in positive outcome for spiritual people than a secularist one, whereas expectancy always corre-

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<sup>27</sup> Williams, *Therapeutic Landscapes*.

lates with a positive outcome.<sup>28</sup> In a study by psychologist Michael P. Hyland et al.<sup>29</sup> high scores in the spirituality variable better predict the positive outcome of a flower essence self-treatment than expectancy. If spirituality is central in the worldview and attitude of a person, religious coping can be a precious resource in overcoming disease and life crisis.

Specific cues within frames give signals when a sequence starts or ends. These cues may be explicit or implicit as in the case of metacommunication with gestures or mimicry. If features are interpreted as the opener of a new sequence of the ritual then the general program or script of the ritual sequence is actualized for the participant and his experiencing of the action. Since frames are the psychological structures of ritual, they bring together the individual experience with the collective structure of repeated action at a time that is very prone to subjective interpretation. Frames are an important device to decide intentionally or spontaneously what is part of the healing ritual and what does not belong to it. Methodologically frames are current with anthropologists and sociologists because they can relate some conceptual binaries, such as for example individual/collective, active/passive, intentional/unconscious, stable/changing.

Re-framing also takes part in Sered and Agigian's holistic sickening: They discover a congruence on the worldview level between healer and healee: this congruence is the re-framing of the illness as holistic sickening. This reframing is a precondition for personal transformation: "this transformation is experienced positively by many patients, particularly in situations in which there is congruence between the worldviews of the practitioner and the client."<sup>30</sup> Frames make a healee recognize a claim of healing power as authentic. Charismatic healers implicitly or explicitly refer to healing energies, depending on the given framework. The psychophysiological sense of these energies is their role of affect intensification and of creating this one field of experience. The healing energy or spirit or whatever the image is connects the individual to the source of healing.

The laying on of hands can be performed with imagining energetic life forces going through the bodies or in the belief that God will do a miracle out of his sovereign power. The phenotype and performance of the sequential laying on of hands are very similar if not the same, but the accompanying images and explicit or implicit symbols differ widely. Today they also often intermingle with popcultural symbols since the energetic worldview is so common in public discourse.

An important factor in the efficacy of the treatment is the client's agreement and plausibilization in the cognitive *and* the somatic dimensions. The US-American placebo researcher Ted Kaptchuk (2011) names this "evaluation." He thinks that the evaluation at the end of the ritual, or after and outside the ritual, is decisive for its efficacy as it reframes the experience. On the basis of our pilot studies, we think that somatic meaning-making through the experience of congruence is equally important. This means that throughout the whole duration of the ritual the client has a sustaining and affirmative attitude which constantly recalculates the success of today's ritual. This is shown for instance by that fact that some test persons attribute the occasional shallowness of their healing energy experience to their initial constitution ("I had to rush to get here"), their current need ("I don't need anything at the moment"), or their spiritual disposition ("I wasn't open today"). The creation of meaning probably is intensified by habitualization. Habitualization as regular attendance and performance of healing ritual fosters the learning process and familiarity with the healing narrative, alters the expectation and builds up a somatic pattern of how it feels.

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<sup>28</sup> Hyland, Geraghty, Joy, and Turner, "Spirituality Predicts Outcome."

<sup>29</sup> Hyland and Whalley, "Motivational Concordance."

<sup>30</sup> Sered and Agigian, "Holistic Sickening," 627.

## Conclusion

In the sense discussed above, spiritual healing is a highly ambivalent practice situated in late modernity. Most late modern societies practice holistic medicine, spiritual healing, wellness with relaxing, stress relief, well-being and prevention through fitness, singing, dancing and sports, while some of them are mixed practices also offering “meaning (of life) on demand,” e.g., in yoga, self-help therapies or martial arts. Spiritual healing offers a self-cure where the self seeks to experience itself and enforces “energies.” One could call this understanding magical insofar it tends to belief in the power of consciousness and self-reflexive powers like self-healing forces of the immune system to be manipulated by the respective practices for healing success.<sup>31</sup> This ascription of causality to invisible cultural entities is based on an alternative conception of subtle fields.<sup>32</sup>

For reasons of comparability and to measure the psychophysiological data we choose healing rituals that guide “energy” through the body by touching body parts following a specific sequence. For the type of treatment we studied we could determine at least some features as relevant for a subjective positive outcome of spiritual healing. For some features we still assume hypothetically that the underlying psychophysiological mechanisms could be attached to the action. The healee’s affirmative familiarity with certain healing practices including their symbolic meaning or worldview and his emotional congruence with the healer at some specific point of the treatment are relevant, as are the centrality of spirituality in the healee’s life (the degree to which spiritual convictions, e.g., of energetic forces are connected to experiencing, Huber and Huber “The centrality of religiosity scale [CRS]”), suggestibility, how a sequential healing treatment steers attention through the body, high emotionality triggered also on the somatic level, and the interaction with the ritual environment as therapeutic landscape. Also the reconfiguration of the body scheme and an evaluative reframing proved to be relevant. They rely on the effect of afferent emotionality and gain efficacy mediated by the regulating circuits of the reframing of emotions, cognitive evaluation and the emotional body-image. Efficacy depends to some degree on repeated and even regular practice that can be followed by behavioral change (for example in work load, relationships, sportive profile). Against many descriptions of a singularizing individualization we also found the healer-healee-interaction to be crucial in the healing practices we studied.<sup>33</sup>

There still is great need for further interdisciplinary research to examine the relations between various specialized studies on efficacy and to set up hypotheses regarding the different kinds of healing practice. Due to the complexity of the healing process, it is not yet possible to make a list of scalable factors that influence healing. At the present stage of research, much could be gained on both sides (medical and psychological research, and research by scholars of religion), by comparing the detailed results of dozens of very specific placebo experiments on the relevant level with the comparatively broad concepts used to describe spiritual healing in the cultural sciences.

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<sup>31</sup> Johnston and Samuel, eds., *Religion and the Subtle Body in Asia and the West*.

<sup>32</sup> Koch, “Alternative Healing as Magical Self-care.”

<sup>33</sup> Ann Taves and Michael Kinsella talk of the “dyadic relationship of healer and patient” as fundamental for the metaphysical healing tradition: “Hiding in Plain Sight.”

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