Manchester Metropolitan University

e-space

Manchester Metropolitan University's Research Repository

Please cite the Published Version

Rahtz, Emmylou, Bonnell, Sian, Goldingay, Sarah, Warber, Sara and Dieppe, Paul (2019) Transformational Changes in Health Status: A Qualitative Exploration of Healing Moments. EXPLORE, 13 (5). pp. 298-305. ISSN 1550-8307

DOI: https://doi.org/10.1016/j.explore.2017.06.005

Publisher: Elsevier BV

Version: Accepted Version

Downloaded from: https://e-space.mmu.ac.uk/624551/

Additional Information: This is an Author Accepted Manuscript of a paper accepted for publication in EXPLORE, published by and copyright Elsevier.

Enquiries:
If you have questions about this document, contact openresearch@mmu.ac.uk. Please include the URL of the record in e-space. If you believe that your, or a third party's rights have been compromised through this document please see our Take Down policy (available from https://www.mmu.ac.uk/library/using-the-library/policies-and-guidelines)

ResearchGate

See discussions, stats, and author profiles for this publication at: https://www.researchgate.net/publication/318061928

Transformational Changes in Health Status: A Qualitative Exploration of Healing Moments

Article *in* EXPLORE The Journal of Science and Healing · June 2017

DOI: 10.1016/j.explore.2017.06.005

CITATIONS
2

READS
131

5 authors, including:



Emmylou Rahtz
University of Exeter
10 PUBLICATIONS **39** CITATIONS
SEE PROFILE



Sarah Goldingay
University of Exeter
12 PUBLICATIONS **27** CITATIONS
SEE PROFILE



Sara L Warber
University of Michigan
90 PUBLICATIONS **1,302** CITATIONS
SEE PROFILE

Some of the authors of this publication are also working on these related projects:

June 6, 7, 8 2018 Workshop: DESIGNING AND CONDUCTING A MIXED METHODS DISSERTATION OR THESIS View project

Pharmacokinetic Study of High and Low doses of Tart Cherry in Humans View project

All content following this page was uploaded by Emmylou Rahtz on 03 October 2017.

The user has requested enhancement of the downloaded file.

Transformational changes in health status: a qualitative exploration of healing moments

Dr Emmylou Rahtz, University of Exeter. Corresponding author, e.rahtz@exeter.ac.uk, European Centre for Environment and Human Health, University of Exeter Medical School, Knowledge Spa, Royal Cornwall Hospital, Truro, Cornwall TR1 3HD, United Kingdom

Dr Sian Bonnell, Manchester Metropolitan University

Dr Sarah Goldingay, University of Exeter

Prof Emerita Sara Warber, University of Michigan

Prof Emeritus Paul Dieppe, University of Exeter

Word count: 4,913 plus references

Keywords: healing; transformational change; connectivity

Abstract

Background and aims: Dramatic self-change is a familiar concept within religious experience and is recognised within psychotherapy and some fields of nursing. However, it has been given limited consideration in wider health research, including healing research. We sought to explore the phenomenon of 'healing moments'.

Methods: Alternative medicine practitioners attending a continuing professional development course for healers within the UK's Holistic Health Show were shown a ten minute video clip showing two of the authors discussing healing moments. Sixty-nine (69) of the practitioners then provided 'short stories' outlining their own experiences of such moments. Both the video and the short stories were analysed qualitatively using a thematic approach. We sought to evaluate holistic practitioners' perceptions of the concept of healing moments.

Main Results: The concept of healing moments was widely accepted by the 69 participants. An overarching theme of transformational change described personal shifts that ranged from the sudden and quasi-miraculous to transient but much-needed improvements in health and wellbeing.

Three subordinate themes of connectivity, quiescence and control were identified. Connectivity described intense connections, experienced through touch, empathy and love, which could provide reciprocal benefits for healers as well as clients. Quiescence captured the quiet, calm atmosphere that pervaded many healing episodes. The contrasting aspects of control encompassed healers relinquishing control in order to channel healing, and clients seizing control to become empowered in their own healing process.

Discussion: Healing moments are a recognised and distinct concept within healing, although they remain under-explored in the literature. Our findings suggest that such experiences are common among alternative medicine practitioners. The concepts we uncovered can inform future research.

Introduction

Dramatic self-change is a familiar concept within religious experience, and is recognised within psychotherapy and some fields of nursing.[1] However, it is rarely discussed within biomedicine and has been given limited consideration in wider health research, including healing research. In religious terms, dramatic change may take the form of religious conversion, described by William James as a transformation from unhappiness and conflict to a unified, energised self, which can be gradual or sudden; a journey or a moment.[2] In psychotherapy, 'quantum change' describes sudden transformations in someone's perception of themselves and their environment,[3,4] transformations which have substantial beneficial effects on mental and physical health. Holistic nursing recognises unique connecting moments; caring-healing moments in which a healthcare practitioner is intensely present in a healing interaction with a patient.[5,6] However, although dramatic change is part of the discourse in healing and complementary and alternative medicine (CAM), it has been little explored in other healthcare literature. These experiences may be overlooked because they are viewed as anomalous, but the evidence suggests they are not uncommon.[7,8]

Healing can be defined in contrast to curing: Frank quotes physician Rachel Naomi Remen: "We thought we could cure everything, but it turns out we can only cure a small amount of human suffering. The rest of it needs to be healed" and notes that healing attends to 'the rest'.[9] In CAM and certain branches of nursing healing has a holistic meaning: the sense of enabling people to reach a state from which they can flourish, despite whatever physical or psychological constraints may still affect them.[5,10,11] Elsewhere, healing can refer to the physical process of wound healing, as in biomedicine, or psychological wellbeing and recovery from emotional trauma, as in psychotherapy.

A small number of theory-driven papers in humanistic and holistic nursing use the terms 'healing moment' or 'caring-healing moment'. Healing here is often synonymous with 'caring' and can be "contained in a single caring moment."[6(p179)] These accounts emphasise the interconnection between those giving and receiving healing,[10] which could benefit both parties,[12] and both in turn could be connected to a higher source of power.[6] Healing is more often understood as a journey than a moment in these accounts,[11] although the journey often included an first intense moment[12] or period of hours or days[10] preceding the journey.

Recent work by our group highlighted the idea of a distinct moment of healing that resulted in significant, transformative changes in health status. These moments were brief and transitory, but highly charged. For example, a pilgrim visiting Lourdes described her healing moment: "I just felt this warmth go over me... wash over me, and it just felt like I was being enveloped... being held. And it took over my body and I felt just complete calm and peace and the pain just disappeared into insignificance".[13(p315)] In a re-enactment of a medical consultation, a doctor commented on the moment when 'the room disappears': a moment when tension is released and the patient is transformed.[14] The concept crystallised during a workshop among the authors of this paper, when SW and PD discussed their emergent thoughts on healing moments. Their unscripted conversation was digitally recorded, and formed a proposition for further research in which we sought to explore how healers conceived of healing moments. Our aim was to illuminate a little-explored phenomenon, with a longer term aim of informing healing research and healthcare practice. Our research question was to evaluate holistic practitioners' perceptions of the concept of healing moments.

Methods

Two sources of qualitative data contributed to the analysis: a video and a set of short stories. The video was produced during a three day workshop about healing in March 2015 among the authors of the paper. The film records an unscripted conversation during the workshop between PD and SW. Both are academic medical doctors with an interest in healing who have conducted extensive research on healing[15–20]. SW is an academic holistic family physician and mixed methods researcher of complex interventions who has trained in Native North and South American healing techniques. PD is an academic rheumatologist and health services researcher. The conversation was facilitated by SG and videoed by SB. Field notes collected by ER added further context. The conversation was edited to create a ten minute video, 'Approaching the Healing Moment'.

The stories were written in response to this video by people attending a continuing professional development course for healers within the UK's Holistic Health Show in May 2015. The healing movement in the UK comprises energy, spiritual and Reiki healing. Participants watched the video and were invited to respond on a postcard. The postcard read: "We are trying to learn more about the experiences that surround 'healing moments' and would appreciate your help. Please tell us a short story about your experiences of a 'healing moment'". Participants were asked their age, sex, and whether they were best described as: Healer / Complementary therapist / Other health care professional / Someone who has received healing / None of these. Postcards were returned to the authors by the meeting organisers.

The videoed conversation was transcribed and the healing stories were typed up. Each participant was identified by a unique number (P1, P2, etc.), with personal details stored separately and securely. ER carried out the first stage of analysis using thematic analysis[21] on each data set. In each case, the analysis began with repeated close reading of the transcripts of the video and the brief case histories provided on the postcards, and highlighting of salient words, phrases and sections. Codes were generated inductively from this close reading, and the transcripts were then coded. The resultant codes were visually mapped and annotated on an OSOP (One Sheet Of Paper[22]) to explore interconnections. This included the frequency of each code, and resulted in the formation of one overarching theme with three subordinate themes. These codes and themes were discussed and refined with reference to the original transcripts. Initial discussions were between ER and PD, and later discussions included SB, SG and SW.

Results

The video can be viewed online https://www.youtube.com/watch?v=J29PrL3XUOk. In it, SW and PD talk about their own experiences of healing within the biomedical contexts of their work. They compare scientific biomedical approaches with those of healers, who are described as having presence, relying on instinct and good intention, and who might channel energy or an intangible force. SW and PD discuss the potential for reciprocal benefit for healer and client.

Seventy two (72) useable postcards were returned from 69 people (one participant returned four postcards). Organisers estimated that about 100 people attended the session. Five unusable postcards were received: four which did not provide a story, and one negative comment on the video quality. The useable stories averaged 41 words, equivalent to three or four sentences.

Three quarters of the responses were provided by women (Table 1). Ages ranged from aged 25 to 79, with a mean age of 55.

Table 1: Demographic profile of participants

		N	%
Total		69	100%
Gender	Male	17	25%
	Female	52	75%
Age	25-34	6	9%
	35-44	5	7%
	45-54	23	33%
	55-64	18	26%
	65-74	16	23%
	75+	1	1%

The majority of participants saw themselves as complementary therapists (Table 2); participants could tick multiple options.

Table 2: Participants' healthcare work / experience (multiple choice question)

	N	%
Total	69	100%
Healer	25	36%
Complementary therapist	51	74%
Other healthcare professional	15	22%
Someone who has received healing	22	32%

Participants included lay healers, practitioners of energy healing, Reiki, acupuncture, reflexology, homeopathy, osteopathy, chiropractic, kinesiology, Chinese massage and others including a doctor and a nurse. Over half had received healing in addition to providing it: it was common to have experienced both sides of the exchange, and both were brought to bear in accounts. Less than half of the stories specified a complaint; the most common complaint was pain followed by psychological distress.

Overall observations in the data

None of the participants rejected the idea of a healing moment. However, we discerned three different interpretations of the idea: instantaneous healing moments, turning points, and healing journeys. Over a third clearly described a precise, charged moment when change was instantaneous and tangible. Healing occurred in that moment, and symptoms abated immediately afterwards. Just under a third described healing as a turning point in the illness experience; a first step on a healing journey; these turning points typically lasted longer but were still contained within a single interaction or consultation. Finally, one in ten described gradual healing journeys without an evident

trigger moment. These categories were not mutually exclusive, for example, change could be experienced within an instantaneous healing moment as well as in a subsequent healing journey. Through the thematic analysis, a superordinate theme of *transformation* was identified. Within this overarching theme, three constituent themes were *connectivity*, *quiescence* and *control.*

Transformational change

Although the video did not discuss change explicitly, almost all the postcards described change or transformation, partly guided by the research question on 'healing moments'. Around a fifth described improvements as extraordinary events. Others offered transient results that were nonetheless welcome.

Many accounts described remarkable outcomes, such as *"Watching a bed sore physically disappearing [during] Reiki healing practice!"* (P16), *"My pain went away completely..."* (P13) and *"EFT [Emotional Freedom Technique] is particularly effective to dissipate flare ups most magically"* (P26). The accounts gave the sense that such improvements were greater than could have been expected. The suddenness was an important part of the narrative, and made the outcomes seem more amazing. P30 treated a first-time client's lower back pain with acupuncture: *"When I took the needles out her pain had completely gone and did not come back. This immediate effect surprised us both."* P1 reported *"feeling relief immediately"*; P7 described a *"lightbulb moment"*, and P33 described a client with long-term pain who "*felt immediately better and no re-occurrence after five years"*. Many more described sudden changes and 'trigger' moments during healing. These accounts exemplified the instantaneous nature of some healing moments.

For others, outcomes were qualified, particularly if they were treating serious conditions. The improvements had a more transient effect on pain or low mood: *"Cancer patient receiving Reiki – only time patient is pain-free is after treatment. Pain does return after a few days. Patient wellbeing is better due to being pain free"* (P41), and *"A 'healing' moment for at least one to two days meant a lot to a palliative patient"* (P45). These were important changes, even if they lasted a limited time. On a similar note, P62 described giving distance healing to a client who *"got off the bed with no pain – didn't cure him as he later had an operation but relieved his pain massively."*

Several postcards described slower transformations; these were significant but not miraculous changes, often related to emotional issues: *"I have been able now to work through this and totally change my feelings about my sister, 'a real healing moment' "* (P38), and *"…sudden realisation that not only is physical health good but mental / emotional and spiritual health. e.g. teacher had breakdown – in three months there was a transformation"* (P10). These slower transformations

differed from amazing, instantaneous outcomes. Sometimes, this was not the effect that was hoped for, but was a significant transformation none the less: *"It had no effect on the back pain but from that moment I changed. I experienced happiness again and got back on the true path of my life"* (P39).

Within the overall theme of transformation, three important concepts recurred, forming the subordinate themes of *connectivity*, *quiescence* and *control*.

1. Connectivity

Connection was a clear theme in the video. It was also the most frequent subordinate theme in the postcards, with around a third emphasising the importance of connections and compassionate communication. Several accounts noted the possibility for reciprocal benefit. In the video, SW described "those feelings, those experiences, those energies that are between me and the other person"; important elements of healing existed in – and created – this sense of between-ness. PD commented that *"…approaching the healing point… is a moment in an interaction when both people feel they can trust each other enough to let go… a point of mutual trust… that is when you get to the healing point"*.

In response, the postcards also described connections: they could be the crux of healing itself, or a prerequisite for other healing forces. For some, connectivity was the essence of healing. An osteopath working in a GP's surgery was one of only two people to express doubt about the term 'healing moment', but offered comparable moments that centred on connection: *"Not sure whether to call them 'healing moments' but I have had many 'connecting moments'…"* (P63). Connection was perhaps a less loaded term in a medical setting. A woman offered a similar understanding, describing *"the 'healing moment', when there is the sense of connection within a contained field… where healing is taking place"* (P66). A complementary therapist experienced a strong moment of connection with a client which proved to be a turning point: *"…one day she looked at me very directly in silence and something passed between us. From that moment on she took control of her own life and health"* (P18).

Connection here was the definition of healing, but for others, connection was simply a necessary first step that enabled healing to take place. P9 wrote that the client *"trusts [the healer] and relinquishes. This enables a bond through which energy can operate"*: the human connection was a starting point for energy to do the real healing. For P44 healing was *"much more than a merging and synchronisation with the patient"*. Connection enabled healer and client to develop a shared narrative, on which healing could be built: *"…when the connection leads to true understanding of the*

'problem' by both parties... there is a 'frisson' and both know there was a healing moment that will be built with subsequent treatment" (P48).

Within the theme of connectivity there was a strong sense of reciprocity. Healing was not administered to a passive client but was rather a process that both healer and client engaged with and benefited from. In the video, SW said: *"when that moment is reached, and experienced, both parties are transformed… Both are healed"*. However, the conversation moved on to say there was a step beyond reciprocity between people. There was a higher force, unknowable but recognisable, that contributed to healing. In the video, then, connection was not the pinnacle of healing. The postcards echoed the importance of reciprocity. One story described healing as *"a process of mutual understanding"* (P1). A Chinese massage practitioner said *"When I can get lost in the massage and lose track of time I also feel the benefit in my own body energetically"* (P75).

Connections were also manifested through love, particularly in the postcards. Healing work felt *"like pure love"* (P17), a client was "*able to calm her body and herself with love"* (P31), and a mother speculated that her son's unexpected recovery was thanks to the *"power of mother love*" (P32). This concept was not frequent, but was strong in a small number of accounts.

Although most stories described connections between a client and a healer or health professional, some described connections in other contexts. Two offered compelling descriptions of awe and unity with natural environments (P64, P67). Two described religious settings that provoked healing feelings relating to love, compassion and deep peace (P19, P42). A further two described interactions with animals in which healers were able to treat animals through a close connection and to benefit from reciprocity (P8, P76).

2. Quiescence

In over a quarter of accounts, healing moments were characterised by peace, calm, stillness and silence during the healing exchange. This theme did not appear to have been prompted by the video, where SW's mention of a *"meditative grounded state"* was the only related comment. This was therefore an important emergent theme.

The sense of stillness could arise when a client fell into a sleep-like state, such as: *"During a treatment session the client went into a deep sleep or deep relaxation moment and it felt as if everything in the room were very still or quiet feeling"* (P6) or *"My clients either fall asleep or feel deep peace"* (P17). In other accounts, silence characterised a healing exchange. P53 described healing a mother and baby, all three *"silently progressing in empathy"* during treatment. For another

healer, the space itself was personified by silence: *"Sometimes when I am giving a zero balancing session the room will go very still and quiet almost as though you can hear it"* (P20).

Healing could lead to peace, and peace was particularly associated with death and grief: *"Healing calmed the fear and allowed her to die peacefully and gracefully"* (P5) and *"A close friend died last week. I sat with 2 other men who were also close to him an hour after he died. It was in a church. A release of emotion and deep peace occurred"* (P19).

For a healer treating an animal, the cat's calmness itself defined the healing process: *"I think the 'healing moment' was her uncharacteristic calmness during treatment"* (P8). While most accounts described a human healing interaction, in two accounts a natural environment exuded quiescence. Like P19's account of sitting in church, there was a meditative quality in these descriptions: *"Most of my healing moments happen in a solitary state within a natural environment, with the sea, mountain woodland and meditation state. A feeling of peace, stillness and benevolence"* (P67).

However, there were exceptions to the mood of quiescence: some people described joyous relief, as described in the third theme.

3. Control

Healing often involved a process in which practitioners relinquished control to channel a healing force; a force which, in SW's words in the video, *"may be a little like drawing energy up out of the earth… like receiving energy from the sky, the creator, the spirits"*. Meanwhile clients gained control, often through – or culminating in – a sense of release or energetic outburst.

Healers described their own relinquishing of control in order to heal others. They needed to open themselves up to an energy or higher force. This theme was particularly apparent in the video.

> SW: *…in Native American traditions they talk about becoming the hollow bone, and that when you are the hollow bone, then spirit can flow through you, and do whatever it is that's needed, for the highest good. And you actually don't want your intention, or yourself, or your thought in the way.*

Healing required the healer to become a conduit through which a higher power could flow. In a similar vein, PD said *"…it's about getting out of the way… about letting go of your ego."*

In the postcards, several healers described feeling guided to heal, physically and metaphorically. One healer described her hand moving sharply and involuntarily while she carried out a Reiki healing (P11), and P23 said *"Whilst healing… my hands were moved to a different part of the [client's] body"*.

For others, it was less physical. One woman mentioned the video and agreed *"we must take out the intention when healing and just accept that the best will happen to that patient"* (P37). Other accounts echoed this idea of getting out of the way: *"Often feel guided to say or do unplanned things in therapy session – usually becomes clear why afterwards!"* (P50), and *"I think a healing moment comes… when we stop trying to change things and just let things happen. I look for this in every treatment"* (P59).

In clear contrast to the healers' relinquishing of control, clients often had a moment of revelation that enabled them to take control. This was the key to recovery in some accounts. P1 described healing as a process that *"allows you to be in control of your own health"*. Some of the healers described a moment of realisation in their own healing processes: *"I had the 'aha' moment that I am causing my pain and that gave me the tools to begin to heal"* (P13) and *"I have been in remission for five years due to my self-healing and care"* (P26). Others observed these moments of empowerment in their clients: *"From that moment she took control of her own life and health… she took steps to resolve some longstanding tensions in her life with transforming results"* (P18).

For several people, empowerment involved finding the true self or true path. This was exemplified by P57, who characterised a healing moment as *"Unravelling of all the self-imposed 'stuff' layered over the 'real' you."*

Many comments described a sense of release, which could be gentle or energetic. In the video, PD described the experience of *"interacting with another person and their distress melts away"*. For some healers, release came in the form of relief from physical pain, which could "*evaporate"* (P47), and from emotional distress (P10). Release could be associated with *"deep peace"* (P19). In other examples release was more forceful, often related to tears that had a therapeutic effect: *"[The] client sobbed and there was a release – a shift!!!"* (P61), and *"I burst into tears and sobbed for a few minutes. Felt great feeling of letting go"* (P65).

One particularly energetic outburst came hours after treatment:

> *My first treatment with Kinesiology, although I was physically sick, I felt a shift. Within a few hours and sleep I woke very early feeling like a teenager energy wise… I was full to the brim with information. I felt re-vitalised, renewed"* (P73).

Her description was closer in spirit to the video, where the healing moment itself was described by PD as a place *"that is joyful and loving and beautiful and OK"*. SW agreed: *"Yes, and you are not exhausted by that… in fact fulfilled by it"*. PD concurred *"Yes, absolutely, energised"*. These energetic descriptions contrast with the gentle release seen in other stories.

Discussion

Our research, drawing on a videoed conversation between two physician-healers and on healers' stories of a healing moment, suggests that people do indeed experience a phenomenon of transformational change. The concept of a healing moment was widely accepted by participants. Our superordinate theme of *transformational change* captured changes in health status which could be instantaneous or gradual, miraculous or transient. The first subtheme, *connectivity* described a heightened experience of communication and unity, usually between a practitioner and client. The second theme, *quiescence*, described the way some episodes were characterised by stillness and silence. Our third theme of *control* described a process in which healers let go of personal control in order to channel a healing force while clients became empowered, culminating in a sense of release. Each theme is now considered, with reference to existing literature.

The overarching theme of *transformational change* spanned from quasi-miraculous outcomes to positive but transient results. In several cases, improvements were powerful but were unrelated to the original problem. The suddenness of change was relevant, and highlighted subtle differences in the experience. We observed instantaneous healing moments, turning points and journeys. The latter two variations are perhaps most familiar. The turning point is the crisis[2] in James' Varieties of Religious Experience, or kairos,[1] or moment of insight[7]: a sudden juncture in personal experience that leads to significant change. Meanwhile the healing journey reflects lysis: a gradual amelioration of symptoms,[2] or the 'working through' of a problem, perhaps with the help of a healthcare professional.[23]

The sudden healing moments our participants documented seem to represent a third variation, more often seen in spiritual and occasionally psychological literature[7,8]; an epiphany with a mystical quality. In the charged exchange of a healing moment, the client experiences immediate and powerful positive feelings. Longer term benefits, whether perceived or actual, may be primed and reinforced by this first healing moment. Sudden healing moments were similar to the epiphanies described in a review of psychological and philosophical literature; abrupt changes and insights that created new meaning in people's lives.[23] Healing moments also have commonalities with Maslow's peak experiences[24]; meaningful, unifying, elevating experiences with dramatic effects for the individual. Miller's notion of quantum change describes a sudden, dramatic shift in people's understanding of themselves and their world, like the more dramatic accounts in our data. People who experienced quantum change reported a sense of stepping through a door through which they could never return.[4,7] Interestingly, in Miller's concept, quantum change was either spiritual or based

on personal insight, without a clear trigger. In our sample, change was usually guided by a healer: perhaps part of offering healing is this ability to steer people towards dramatic change.

However, sudden and gradual changes were not mutually exclusive in our data. Gianakis and Carey investigated spontaneous psychological change and found that it could be both a 'gradual process and a sudden moment', with a sudden insight leading to a protracted process, like in some of our accounts.[25] James recognised sudden and gradual paths in religious conversion; the rate of change did not matter so much as the relief that it brought.[2]

Connectivity was a particularly strong theme: connection was manifested through physical touch, good communication, trust and a sense of unity beyond the physical. Physical connection has a precedent as a healing mechanism, both in the therapeutic touch used in holistic nursing[10] and in the 'definite touch' used to heal pilgrims at Lourdes.[13] Human connection in healing is a recurring theme in previous healing research.[26–28] Among the healers interviewed by Warber, trust was explicitly cultivated to create a safe space for their clients, and some saw connection as the basis for healing.[16]

A compelling aspect of connectivity arose in the idea of mutual healing, where both client and healer could benefit. In biomedicine, the role of doctor and patient are treated as distinct,[9] but in healing, there is more flexibility. Clients sometimes decide to become healers,[29] and healers continue to seek healing for themselves, and to experience it while treating others. This flexibility is conducive to compassion; the healer shares in the client's healing as well as their suffering.

Connectivity was not limited to human interactions however, and the connections with natural spaces hinted at awe and a sense of connectedness with the universal or divine.[30] Transcendent healing experiences have previously been associated with natural and religious settings.[31]

The theme of *quiescence* originated in the postcards, without evident priming from the video. Healers described a calmness similar to a meditative or hypnotic state. In our recent review of healing practices, we found that healers needed to reach a state of mental stillness and relaxation in order to heal.[15] Thus the peace our healers described may reflect their own mental state. Churchill and Schenck interviewed medical practitioners noted for their healing skills and reported the need to be still and quiet to listen to patients.[32] In holistic nursing terms too, quietness reflects the healer's choice to be fully present,[33] with an intention to heal,[34] and a peaceful setting encourages peace of mind and inner balance.[35,36] The meditative state may also trigger a relaxation response for clients and healers; a physiological state of decreased heart rate and blood pressure which has been shown to ameliorate some disorders, especially those related to stress.[37,38]

In the theme of *control*, healers felt they became a channel for transcendent healing sources. This required intention to heal, and then relinquishing all intention.[15,39] Some healers see this as the main mechanism through which they effect change.[40] Consequently, clients were enabled to take control, in what has been described as a self-healing capacity.[6,29,31] Teut et al have previously noted self-help-like aspects in clients, such as "I totally opened myself, to my own abilities".[40(p4)] Like our sample of healers, Teut et al reported that empowering people to change was a core part of the healer's role. Indeed, healers have been characterised as teachers,[27] companions or coaches[39] on the client's healing journey, with clients as active agents[16] who should share authority.[32] This differs from psychotherapeutic accounts of quantum change, in which people report being passive recipients, experiencing change without particular effort or intention.[4] Emotional release, like the release we documented, has previously been noted to be an important factor in both therapeutic change and religious conversion.[2,8,41]

Strengths and limitations

We were unable to collect definitive data on numbers, such as how many people watched the video, were given postcards or did not complete or return postcards. This may have led to biases such as the exclusion of participants who did not have a clear concept of healing moments.

While transformative experiences appear to be common among our sample, more data are needed, including a larger, unbiased sample population and a quantification of the current perceptions in contrast to changes in disease status.

Our data collection method was unusual. A postcard offers a small space for text, limiting the amount of information that could be provided. However, this approach enabled us to reach a large sample as well as a wide range of practitioners and viewpoints. In addition, showing the video and asking a directed question will have had a priming effect on participants. Priming can be problematic in survey research but in qualitative contexts, it can make a specific concept readily accessible for consideration.[42] As a result of the limited space and priming, people shared distilled stories, focusing on what was most important to them in relation to the highlighted concept. The resulting data were remarkably rich and we recommend this approach for exploring specific questions.

Research Implications

Our findings suggest directions for further healing research, particularly for more in-depth qualitative research. There remains a question of time: how long does a healing moment last? Research could explore typologies of healing moments: subtle differences between instantaneous healing moments, triggers and journeys could be unpacked, and transient versus lasting changes could be investigated further. Qualitative research could further flesh out the crucial elements of

healing moments with the view to creating a psychometrically valid scale that could be used in quantitative inquiry. Quantitative studies such as surveys could then attempt to estimate the prevalence of transformational change, although the concept is 'slippery' and may prove elusive in quantitative approaches.

Conclusions

Our findings add to models on healing and to the understanding of transformational change. Healing moments are a recognised and distinct concept amongst healers, although they remain underexplored in the health literature.[4,23] Our findings, in agreement with others,[7] indicate that such changes are more common than they are generally perceived to be. In these data, the mechanisms by which healing was delivered varied greatly, from nursing and physical interventions like massage to lay healing and channelled energy. However, the core themes were more universal and reveal non-specific therapeutic components of a healing exchange.[33]

The concepts we uncovered suggest elements that could inform healthcare practices. A purposefully created quiet, calm atmosphere and a health professional with a compassionate, deeply attentive openness are likely to facilitate interconnectedness. This context may allow people to take control of their conditions and to feel healed and even transformed by health consultations.

Acknowledgements

PD would like to acknowledge the support of The Institute for Integrative Health in the USA who have provided him with a scholarship to pursue studies of healing in collaboration with ER, SB, SG and SW. We also wish to thank the Balens organisation in the UK for allowing us to show the video and collect data at their continuing professional development event. Finally, we would like to acknowledge the contribution of all those who wrote postcards for us.

References

1. Miller WR. Quantum Change: Sudden Transformation in the Tradition of James's Varieties. *Streams of William James*. 2003;5(1).

2. James W. *The Varieties of Religious Experience*. Project Gutenberg; 1902. http://www.gutenberg.org/files/621/621-h/621-h.html. Accessed September 15, 2015.

3. Hastings A. William James, Conversion and Rapid, Radical Transformation. *J Conscious Stud*. 2010;17(11-12):116-120.

4. Miller WR. The Phenomenon of Quantum Change. *J Clin Psychol*. 2004;60(5):453-460. doi:10.1002/jclp.20000.

5. Watson MJ. Intentionality and Caring: Healing Consciousness. *Holist Nurs Pract*. 2002;16(4):12-19. doi:10.1097/00004650-200207000-00005.

6. Watson MJ. New dimensions of human caring theory. *Nurs Sci Q*. 1988;1(4):175-181. doi:10.1177/089431848800100411.

7. Miller W, C'deBaca J. *Quantum Change When Epiphanies and Sudden Insights Transform Ordinary Lives.* Guilford Publications; 2011.

8. Forcehimes AA. De profundis: spiritual transformations in Alcoholics Anonymous. *J Clin Psychol*. 2004;60(5):503-517. doi:10.1002/jclp.20004.

9. Frank A. Healing. In: *Encyclopedia of Bioethics*. 4th ed. Macmillan Reference USA; 2014:1399-1406.

10. Dossey BM. Holistic modalities & healing moments. *Am J Nurs*. 1998;98(6):44-47. doi:10.1097/00000446-199806000-00044.

11. Enzman Hines M, Wardell DW, Engebretson J, Zahourek R, Smith MC. Holistic Nurses' Stories of Healing of Another. *J Holist Nurs*. 2015;33(1):27-45. doi:10.1177/0898010114536925.

12. Cumbie SA. The integration of mind-body-soul and the practice of humanistic nursing. *Holist Nurs Pract*. 2001;15(3):56-62. doi:10.1097/00004650-200104000-00010.

13. Goldingay S, Dieppe P, Farias M. "And the pain just disappeared into insignificance": The healing response in Lourdes – Performance, psychology and caring. *Int Rev Psychiatry*. 2014;26(3):315-323. doi:10.3109/09540261.2014.914472.

14. Goldingay S, Dieppe P, Mangan M, Marsden D. (Re)acting medicine: applying theatre in order to develop a whole-systems approach to understanding the healing response. *Res Drama Educ J Appl Theatr Perform*. 2014;19(3):272-279. doi:10.1080/13569783.2014.928007.

15. Warber SL, Bruyere RL, Weintrub K, Dieppe P. A Consideration of the Perspectives of Healing Practitioners on Research into Energy Healing. *Glob Adv Heal Med*. 2015;4(suppl):72-78. doi:10.7453/gahmj.2015.014.suppl.

16. Warber SL, Cornelio D, Straughn J, Kile G. Biofield energy healing from the inside. *J Altern Complement Med*. 2004;10(6):1107-1113. doi:10.1089/acm.2004.10.1107.

17. Warber SL, Gordon A, Gillespie BW, Olson M, Assefi N. Standards for conducting clinical biofield energy healing research. *Altern Ther Health Med*. 2003;9(3 SUPPL.).

18. Dieppe P. CAM and the individualisation of health care - the research agenda. *Complement Ther Med*. 2004;12(2-3):147-148. doi:10.1016/j.ctim.2004.07.027.

19. Dieppe P, Roe C. Is healing an option to aid sustainable healthcare futures? *J Holist Healthc*. 2015;12(1):22-25.

20. Craig P, Dieppe P, Macintyre S, Michie S, Nazareth I, Petticrew M. Developing and evaluating complex interventions: The new Medical Research Council guidance. *Int J Nurs Stud*. 2013;50(5):587-592. doi:10.1016/j.ijnurstu.2012.09.010.

21. Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol*. 2006;3:77-101.

doi:10.1191/1478088706qp063oa.

22. Ziebland S, McPherson A. Making sense of qualitative data analysis: An introduction with illustrations from DIPEx (personal experiences of health and illness). *Med Educ*. 2006;40(5):405-414. doi:10.1111/j.1365-2929.2006.02467.x.

23. McDonald MG. The Nature of Epiphanic Experience. *J Humanist Psychol*. 2007;48(1):89-115. doi:10.1177/0022167807311878.

24. Keltner D, Haidt J. Approaching awe, a moral, spiritual, and aesthetic emotion. *Cogn Emot*. 2003;17(2). doi:10.1080/02699930302297.

25. Gianakis M, Carey TA. An interview study investigating experiences of psychological change without psychotherapy. *Psychol Psychother Theory, Res Pract*. 2011;84(4):442-457. doi:10.1111/j.2044-8341.2010.02002.x.

26. Egnew TR. The meaning of healing: Transcending suffering. *Ann Fam Med*. 2005;3(3):255-262. doi:10.1370/afm.313.

27. Schmidt S. Mindfulness and healing intention: concepts, practice, and research evaluation. *J Altern Complement Med*. 2004;10 Suppl 1:S7-S14. doi:10.1089/acm.2004.10.S-7.

28. VanLerberghe MB. The healing moment: A heuristic study of the lived experience of healing of a select group of women of midlife. *ProQuest Diss Theses*. 2009. http://pqdtopen.proquest.com/doc/305172433.html?FMT=ABS.

29. Stöckigt BM, Besch F, Jeserich F, Holmberg C, Witt CM, Teut M. Biographical similarities between spiritual healers and their clients in Germany – a qualitative study. *Anthropol Med*. 2015;(June):1-14. doi:10.1080/13648470.2015.1050578.

30. Bonner ET, Friedman HL. A Conceptual Clarification of the Experience of Awe: An Interpretative Phenomenological Analysis. *Humanist Psychol*. 2011;39(September 2015):222-235. doi:10.1080/08873267.2011.593372.

31. Alling FA. The healing effects of belief in medical practices and spirituality. *Explor J Sci Heal*. 2015;11(4):273-280. doi:10.1016/j.explore.2015.04.002.

32. Churchill LR, Schenck D. Healing Skills for Medical Practice. *Improv Patient Care*. 2008;149:720-724. doi:10.7326/0003-4819-149-10-200811180-00006.

33. Osterman P. Presence: Four Ways of Being There. *Nurs Forum*. 1996;31(2):23-30. doi:10.1111/j.1744-6198.1996.tb00490.x.

34. Quinn JJF. The intention to heal: perspectives of a therapeutic touch practitioner and research. *Adv J Mind-Body Heal*. 1996;12(3):26.

35. Hsu C, Phillips WR, Sherman KJ, Hawkes R, Cherkin DC. Healing in Primary Care: A Vision Shared by Patients, Physicians, Nurses, and Clinical Staff. *Ann Fam Med*. 2008;6:307-314. doi:10.1370/afm.838.Group.

36. Krieger D. A yoga of healing: The perspective of a therapeutic touch therapist. *Subtle Energies Energy Med*. 1997;8(1):21-31.

37. Stefano G. The placebo effect and relaxation response: neural processes and their coupling to constitutive nitric oxide. *Brain Res Rev*. 2001;35(1):1-19. doi:10.1016/S0165-0173(00)00047-3.

38. Benson H. Decreased blood-pressure in pharmacologically treated hypertensive patients who regularly elicited the relaxation response. *Lancet*. 1974;303(7852):289-291. doi:10.1016/S0140-6736(74)92596-3.

39. Stöckigt BMH, Besch F, Jeserich F, Holmberg C, Witt CM, Teut M. Healing Relationships : A Qualitative Study of Healers and Their Clients in Germany. *Evidence-Based Complement Altern Med*. 2015;2015:1-8. doi:10.1155/2015/145154.

40. Teut M, Stöckigt B, Holmberg C, Besch F, Witt CM, Jeserich F. Perceived outcomes of spiritual healing and explanations - a qualitative study on the perspectives of German healers and their clients. *BMC Complement Altern Med*. 2014;14(1):240. doi:10.1186/1472-6882-14-240.

41. Friedlander ML, Lee H-H, Bernardi S. Corrective Experiences in Everyday Life: A Qualitative Investigation of Transformative Change. *Couns Psychol*. 2012;41(3):453-479. doi:10.1177/0011000012439476.

42. Parkin M. Priming. *Encycl Surv Res Methods*. 2008:171-173. doi:10.4135/9781412963947.

View publication stats