

ENERGY HEALERS: WHO THEY ARE AND WHAT THEY DO

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This paper surveys the landscape of energy healing, offering a taxonomy and conceptual overview of the work of practitioners. First, systems of energy healing are classified under four categories: an East Asian tradition, a Western professional tradition, a bioenergy tradition, and a contemporary metaphysical tradition. Examples of each are provided. Second, the possibility of core concepts in energy healing is broached, focusing specifically on five issues: the source of healing and its pathway of transmission, what it is that is being transmitted, what it is that healers do, the healer's state

of consciousness, and requirements of clients in order to receive healing. Third, a discussion is provided of the relative importance of technique in energy healing. Fourth, what really matters for healing is proposed, emphasizing three factors: focus, intention, and compassion. Finally, the paper concludes by suggesting that formally trained energy practitioners do not have a monopoly on energy healing.

Key words: Healing, healers, bioenergy, energy healing

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"The powders, the feathers, the gestures and the incantations [are] not the most important factors. . . . The concepts of agents and spirit power do not fit comfortably within the limitations of the body sciences."

—Doug Boyd, *Rolling Thunder*¹

INTRODUCTION

When we hear the words *healing* or *healers*, most of us have a sense of what these words mean. These terms have certain connotations, but, as has been noted in recent articles, just what it is that words like *healing* connote can vary widely among people with expertise and interest in this subject, even among healers themselves. A recently published paper on conceptual and theoretical issues in healing makes this point unequivocally:

To some, healing is an intervention, as in Therapeutic Touch or Reiki. Healing is something done by healers—a therapeutic modality delivered by a practitioner to a client. To others, healing is an outcome, such as recovery from illness or curing of a disease. As a result of treatment, whether conventional or alternative, we hope to experience a healing. To still others, healing is a process—for example, Antonovsky's concept of salutogenesis. When the pathogenic process is halted, we then ideally may begin healing—moving from a state of disease to a state of renewed health.

In some unfortunate pieces of writing, healing is all three of these things at the same time. Healing is something practiced by healers that initiates a healing process so that we may obtain healing. All things to all people, healing, so used, as a construct for systematic research is thus close to worthless.^{2(p302)}

Clearly, what healing *is*, precisely, remains an open question for many folks. But even within the context of healing-as-inter-

vention, as in the work of self-described healers such as energy healers, there is much less in common among practitioners than one might believe. Accordingly, who healers *are* and just what it is that healers *do* also cover considerable ground, and there is just as little consensus. Identifying common threads in the diversity of ways that healers heal presents no small challenge.

Systems of hands-on energy healing are found throughout the world, across cultures and religions.³ Some of these systems of healing originate in longstanding traditions of folk medicine,⁴ some derive from ancient wisdom traditions,⁵ others are identified with particular individuals whose innovations gave birth to newer schools of healing in modern times. Moreover, there are many interconnections among the varied lineages of healing traditions. The "family tree" of healing, if one could visualize such a thing, would contain a maze of intersecting roots, limbs, and branches. From our vantage point, high up in the canopy of the tree, historically speaking, it is difficult for any of us in the present day to look all the way down and still see the trunk, but we know that it must be there.

A distinct class of practitioners known as healers has existed since the beginning of recorded history. Of that we can be certain. The lineages of the myriad contemporary schools and philosophies of healing can be traced back hundreds and even thousands of years through great systems of esoteric learning, mystical spirituality, and arcane medical science.

The mystery schools of the great ancient civilizations of Egypt, Babylonia, Assyria, Phoenicia, India, Iran, Greece, and Rome contained deep fonts of wisdom about healing accessible to spiritual initiates, adepts, and priest-physicians. Later on, monastic orders of healers, such as the neo-Essene Therapeutae, practiced forms of healing derived from insights gained through meditation and metaphysical speculation. Medieval brotherhoods and orders of hermetic and Rosicrucian origin promulgated systems of graded initiation that included instruction on healing techniques grounded in clairvoyant diagnosis and distant mental intention. Central to the teachings of Eastern and Western mystical traditions, from Tibetan Buddhism to systems of European esotericism such as Theosophy and its offshoots,

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were explicit teachings about touch, noncontact, and absent healing based on understandings of the connectedness of all life through a substrate of circulating subtle energy. Other traditions, from kabbalism to shamanism to more contemporary new age philosophies, also promulgate methods of healing accessible to students or initiates.⁶

If we were to survey the breadth of modern-day systems of energy healing and subtle-energy-based bodywork, we would find scores of different traditions, schools, philosophies, lineages, and techniques.⁷ Some are carryovers from these earlier traditions of healing; others are newer. The teachings of many of these systems have today become rigorously codified and are essentially proprietary. That is, they are overseen and maintained by institutions that offer graded or leveled instruction and training, under strict supervision, culminating in a formal credential. This is not unlike the old esoteric orders that would offer rigorous training to novice healers, leading to initiation and status as adepts. If one thinks about it, there is also much in common with the longstanding apprentice-journeyman-master system of licensing established for the building trades.

This kind of training model is used by many of the prominent healing schools and lineages operating today, such as Reiki, Healing Touch, Therapeutic Touch, Brennan Healing Science, and Wirkus Bioenergy. The existence of formal educational and credentialing programs speaks to the widespread recognition among healers that healing work is a serious profession, necessitating supervised preparation and grounding in specific teachings. This includes information and guidance that is both theoretical—about the nature of healing—and practical—about how to conduct healing sessions. While little prevents self-professed healers from plying their trade as soon as they wish, at least in the United States, organized training programs insure that prospective candidates of a respective healing brand first pass through a formal vetting process. The substantive content, however, the information and techniques that one must learn, varies considerably across systems.

There is probably no limit to the ways that we might categorize existing traditions of energy healing: by shared geographical origin; by shared beliefs about the origins of disease and dysfunction; by shared techniques; by how the healing process is languaged; by the presence, or absence, of a salient spiritual dimension; and so on. Many healers and scholars have mapped out the varied types of healing modalities in this way. These exercises are valuable to a point. But we must keep in mind that carefully describing a phenomenon does not equate with interpreting, explaining, or understanding it. The former must precede the latter, for sure, but description by itself only brings us so far in gaining an understanding of a phenomenon, including healing.

So much of what has been written about healing, up to now, is purely descriptive. To be clear, there is nothing intrinsically wrong with such an approach. Existing scholarship on healing has been quite helpful in mapping its terrain. Indeed, this paper will now offer some description of its own. But it is important to keep in mind the old axiom that “the map is not the terrain.” This is only a preliminary step in becoming familiar with what healers do. Description without explanation is inadequate and incomplete. In this article, an effort will be made to do more.

THE SPECTRUM OF ENERGY HEALING

Systems of energy healing are historically, culturally, religiously, and phenomenologically diverse. It would be an exaggeration to state that there are as many types of healing practices as there are healers. But not a huge exaggeration. Still, in surveying the full breadth of traditions of energy healing, we can identify several discrete categories of systems:

- an East Asian tradition, which includes systems such as Reiki and Qigong;
- a Western professional tradition, which has recruited strongly among nurses and is exemplified by Therapeutic Touch and Healing Touch;
- a bioenergy tradition, a family of healing theories and methods originating primarily in Eastern Europe;
- a contemporary metaphysical tradition, exemplified by well-known healers such as Barbara Brennan, Rosalyn Bruyere, and Donna Eden who have eclectic backgrounds in other established traditions.

To clarify, these categories do not imply any formal connections among constituent systems of healing, although some do exist. Rather, one might think of these categories as meta-traditions of healing—clusters of systems of mostly (but not entirely) shared origins, beliefs, techniques, terminology, and spiritual emphasis. In one sense, then, these categories are artificial. On the other hand, the similarities within categories tend to outweigh any similarities across categories. In the spirit of the previous remarks, this taxonomy is introduced not because it explains all of what healers do. It does not. Instead, the objective is simply to provide a starting point for description of some of the most prominent types of healing work that one is likely to encounter in the present day.

If we were to observe healers of these respective healing traditions plying their trade, we would see a variety of styles at work. Even within particular traditions, we would see marked variation. Indeed, within specific healing schools or systems themselves, such as Reiki or bioenergy, one can find a multiplicity of styles of practice due to various lineages operating under the same “brand.” Simply put, healers do healing in many distinct ways.

East Asian Healers

In the West, among the most visible and established traditions of energy healing are those of East Asian origin. These include a variety of philosophies and systems, originating in China or Japan, some of ancient lineage and some developed more recently. Representative traditions include Qigong, Reiki, *jin shin do*, Johrei, Mahikari, *jin shin jyutsu*, Hoshino, *chi nei tsang*, and variations of Shiatsu *amma* or *anma*.

Notwithstanding mostly shared geographical origins, these and related traditions of healing are a disparate lot. Some are founded in Buddhist teachings, some in Taoist teachings, some in the Confucian philosophy, and some are of secular origins. Some are purely subtle-energy-based techniques, with or without distant-healing components; some fall in the gray area between energy healing and bodywork. Some incorporate features of the Indian Āyurvedic philosophy, such as the *chakras*; some

incorporate teachings from the martial arts, synthesizing them into a therapeutic model.

If a single common element could be identified for most of these traditions, it would be a foundation in the principles of Traditional Chinese Medicine. This ancient yet still contemporary system of medicine and healing was first documented in *The Yellow Emperor's Classic of Internal Medicine*, a 2,000-year-old text attributed, apocryphally, to the emperor Huang Ti.⁸ Its most fundamental principle is existence of *qi*, a circulating subtle energy or life force that flows along specific channels known as meridians. Energy, and the phenomena arising from it, possess complementary active and passive qualities, known respectively as *yang* and *yin*. These in turn are divisible into five elements—wood, fire, earth, metal, water—which together, like totems, comprise all of the qualities of the universe.

Nevertheless, these principles are not ubiquitous among all of these systems of energy healing. Belief in *qi* is fairly widespread, but not much else. There does not appear to be an extant “orthodox” East Asian healing ur-tradition from which all of these various systems emerge in whole. *Qi*, moreover, as well as the select principles of Traditional Chinese Medicine, are important components of other traditions of healing that have originated outside of China and Japan.

The most widespread and popular system of energy healing to emerge from East Asia in the past century is Reiki. Developed by Dr Mikao Usui, while a student in a Tendai Buddhist school in Japan in the early 1900s, Reiki is a touch healing practice by which the practitioner channels a spiritually guided life energy without depleting her own life force.⁹ *Qi* and the meridian system are important features of the Reiki philosophy, as are the major and minor *chakras* and what esotericists refer to as the etheric body or aura. The practitioner's hands are placed on or just off the body, along the central channel, in a sequential series of placements mostly keyed to the *chakras*, starting at the top of the head and moving to the bottom of the feet. Reiki was brought to the West by Mrs Hawayo Takata in 1938, and today is carried on through the work of many distinct (and competing) lineages that offer graded instruction and “attunements,” through which secret symbols are transmitted to the healer-initiate that enable the flow of Reiki energy. It has been estimated that as many as two million people throughout the world have undergone Reiki attunement (the present author is one), including 300,000 Reiki masters.^{9(p1-18)}

Western Professional Healers

A second identifiable category of energy healing traditions originates in the Western healthcare professions, notably nursing and the allied health sciences.¹⁰ The popularity of energy healing among nurses, especially, has been attributed to a shared “holistic approach”: that is, they typically “subscribe to a holistic framework with a focus on health and well-being rather than on diagnosis and curing—and both nurses and healers use touch therapeutically.”^{11(p95)} In conjunction with a more expansive medical worldview that “recognize[s] the availability of alternative therapies and differentiate[s] these from biomedicine,”^{11(p98)} the underlying theory and praxis of the contemporary nursing profession is considerably more consonant with what is involved in being a healer than is the medical profession, for instance.

The most prominent, and longest standing, of the nursing-originated systems of energy healing is Therapeutic Touch. Developed by Dr Dolores Krieger, a nursing professor at New York University, and her teacher, Dora Kunz, a gifted healer and former president of the Theosophical Society, Therapeutic Touch is a modernized version of the traditional religious practice of laying on of hands, codified into a multistep method of healing.¹² Dr Krieger began teaching Therapeutic Touch in 1972, and it has since been taught to around 100,000 people, mostly nurses, including as a part of the curricula of over 90 nursing schools.

Owing to Kunz's Theosophical background, Therapeutic Touch, in contrast to East Asian systems of healing, is grounded in Indian yogic concepts such as *prāna*, *nāḍīs*, and the structure and dynamics of the multiple, interpenetrating human subtle energy fields.¹³ A Therapeutic Touch practitioner begins by centering herself, then conducts an assessment of the client's etheric energy field, attuned to cues in the field indicating pathology, such as congestion, obstruction, depletion, or imbalance. These pathologies are then cleared, using sweeping hand movements, and energy may be transferred to the client to fill in deficits. The client's field is then balanced or smoothed out, and the session is concluded. Care is taken to avoid working with the subtle energies surrounding the head unless one is an accomplished practitioner.¹⁴

An important element in Therapeutic Touch practice is recognition that success as a healer requires substantial “inner work,” and that doing the work of healing may itself contribute to one's transpersonal growth and actualization. Kunz has noted that two observable characteristics of great healers are an ability to center oneself, what she called “a focusing within,”^{15(p297)} and altruism, a desire to serve and help others without concern for personal gain. Therapeutic Touch practitioners are thus, ideally, agents not solely of physical healing but of wholeness, a state that includes mental, emotional, and spiritual dimensions. Dr Janet Quinn, a noted Therapeutic Touch practitioner and researcher, reminds us that the modern word *healing* comes from the Anglo-Saxon *haelan*, which means to be or to become whole. Therapeutic Touch, in essence, is about restoring people to wholeness by ensuring the emergence or restoration of a “right relationship” among all of these dimensions of the self.¹⁶

Healing Touch, developed in 1989 by Janet Mentgen, a nurse and energy healer, has since become the most widely practiced alternative to Therapeutic Touch in the nursing and healthcare communities. Since the turn of the new century, it has also been the most systematically researched energy healing modality.¹⁷ A Healing Touch practitioner seeks to restore harmony and balance to a client's energy field, thus facilitating the body's own innate self-healing capacities. Healing Touch is much more eclectic than Therapeutic Touch, in both its origins and methods. It comprises about 30 specific techniques, some of which are diagnosis-specific. It thus offers a more traditionally clinical approach to energy healing. Assessment includes a strong intuitive component, based on developing one's “higher sense perception,” a concept borrowed from healer Barbara Brennan. Its graded training and credentialing process, involving six levels of certification, is the most systematic and rigorous among energy

healing modalities. There are about 70,000 Healing Touch practitioners in the United States.

This particular category of touch-healing modalities, among all schools and techniques of energy healing, has been especially controversial within biomedicine, as has been well publicized.¹⁸ It is likely that this response is highly gendered in origin: that so many touch healers are female, are credentialed and licensed within a competing and clinically subordinate profession, and operate under a generally more humanistic therapeutic worldview points to “a subtext of gender and class status conflict” as an explanation, in part, for the hostility and efforts at negative sanction directed at these modalities of healing.^{2(p304)} The tenor of recent organized attacks at touch healing, while superficially couched in the language of scientific legitimacy and respectability, may mask a darker agenda whose motives lie in preservation of professional authority and status in the face of a perceived threat of competition and are rooted in sexism. This is a theme that would be valuably explored further.

Bioenergy Healers

A third distinctive category of energy healing modalities references variations of the concept of bioenergy. Practitioners of bioenergy healing, which takes various forms, are largely, but not exclusively, of European origin. Typically, variations on the term *bio-energo* are used by these healers to describe their work. *Bio-energo* or bioenergy practitioners often come from Russia or Eastern Europe, or have trained under masters from that part of the world. Some bioenergy master healers acknowledge a Central Asian origin for their practice, such as Tibet, but just as many do not. In theory, distinctions between *bio-energo* and related terms such as *qi* or *prāna* or life force may be more idealized than real; they are certainly discrete. In practice, bioenergy healers draw on the same familiar pool of touch and nontouch techniques as other healers, combining them in ways unique to each practitioner or bioenergy lineage.

A defining feature of the worldview of many bioenergy healers is the intimate connection and inseparability of the spiritual or “higher” psychoenergetic dimensions of human life and the biochemical and biophysical components of a human being.¹⁹ This understanding, for sure, is not uniquely bioenergetic—it is shared by Reiki, Therapeutic Touch, and Healing Touch practitioners, for example, and probably many other healers. But an explicit emphasis on the (patho)physiological details of these interconnections, as well as a receptivity to exploring the bioelectromagnetic basis of healing and applying insights to healing practice, are perhaps a consequence of the uniquely Western origins and scientific inclinations of so many bioenergy healers. A few examples may be instructive here.

Drs Stanley Krippner and Alberto Villodo, in their wonderful book, *The Realms of Healing*, describe the work of Josef Zezulka, a Czech practitioner of “bio-energy therapy” or “biotronics.”²⁰ Zezulka was most concerned with transferring “vital powers” from the environment to the client, in order to nourish and balance the forces circulating in one’s somatic, psychological, and higher “spheres.” Dr Zdeněk Rejdák, organizer of a conference on “bioenergotherapy” and “bioenergotherapeutics” for the Czechoslovakian Scientific Technical Association, later told Dr Krippner that “the latest Soviet research” had determined

how it is that bioenergy practitioners heal: “the mechanism is probably biological plasma.”^{20(p91)} Dr Rejdák added:

The bioenergotherapist proceeds from the knowledge that the patient has the capacity for automatic regeneration and self-recovery, just as long as the limits imposed by the patient’s state are not exceeded. When the patient’s own reserves are quite limited, the bioenergotherapist provides an additional reserve, designed to restore equilibrium to the patient, bringing him back to health—both at an objective and subjective level.^{20(p91)}

Noted Yugoslavian healer, Zdenko Domancic, also took a scientific approach to “bio-energy therapy.” In 1987, he founded the Society for the Investigation of Borderline Regions of Science and Mental Hygiene, seeking to integrate this practice into Western biomedicine. He subsequently trained numerous practitioners, including the Irish healers Michael O’Doherty and Tom Griffin, authors of *Bio-Energy Healing*.²¹ Other notable practitioners of *bio-energo* healing include Russian “bioenergy therapist” Dr Ljubisa Stojanovic, an electrical engineer and author of *The Secret of Healing*,²² and Israeli healer Ze’ev Kolman, who uses a “bioenergetic force” to correct imbalances in clients’ energy fields, as documented in Dr Hans Holzer’s book, also titled *The Secret of Healing*.²³

The late Dr Richard Gerber, author of the classic text *Vibrational Medicine*, detailed in especially great depth the features of “the human bioenergetic system” spoken of by bioenergy healers.²⁴ He mapped out the many interconnections among the human subtle-energy bodies, the *chakras* and *nāḍīs*, the meridian system, the central nervous system and peripheral nervous system, the body’s major physiological systems, and the “bioelectronic” and “crystalline energy” systems that mediate communication among these elements. He concluded, “The total balance and health of the human organism is a product of a balanced and coordinated functioning of both physical and higher dimensional homeostatic regulatory systems.”^{24(p420)}

Perhaps the most famous, respected, and scientifically vetted of all bioenergy practitioners is the Polish-born healer, Mietek Wirkus. He indeed may be the most studied healer of any tradition currently living in the West.²⁵ Born in 1939, Wirkus first exhibited his gift as a bioenergy healer while a child, predating by a couple of decades widespread usage of the term *bio-energo*. Wirkus was instrumental in establishing bioenergy therapy in Poland and in gaining official government sanction and licensure for bioenergy practitioners to work complementarily to physicians. He is thus one of the unsung pioneers of integrative medicine.

Wirkus began participating in empirical research studies while in Poland, continuing to do so after emigrating to the United States in 1985. His capabilities have been investigated by scientists with the Menninger Foundation, the National Institutes of Health, the U.S. Army, and many other institutions. Research on the healing capacities of practitioners that he has trained have also begun appearing in the medical literature.²⁶ He and his wife, Margaret, established the Wirkus Bioenergy Foundation and have since trained thousands of practitioners, including a cadre of master-level practitioners. Wirkus Bioenergy is a noninvasive, nontouch method of bioenergy healing. It is based on detection

and manipulation of fields of low-frequency subtle energies that encircle and interpenetrate the human body.

Contemporary Metaphysical Healers

A fourth category of energy healing traditions comprises a grab bag of metaphysically oriented systems. Most, but not all, use language that reveals an affinity to the new age movement. Most are associated with specific healers who developed their respective brands of healing out of an eclectic mix of backgrounds, training, and expertise. Some of these healers have developed highly regimented training and credentialing programs and have significant followings. Other than their shared eclecticism, these healers have little else in common in terms of theory or practice. Many such new age healers do, however, share an acknowledgment of a spiritual dimension or component of healing and are more likely to describe what they do in language familiar to students of the esoteric spiritual or wisdom traditions. This includes material channeled from discarnate entities, including nonhuman consciousnesses²⁷ and human spirit guides and ascended masters.²⁸

The esoteric, thus, is something of a lingua franca for these types of healers—just as the language of Traditional Chinese Medicine is for many East Asian healers, the language of Theosophy and of Western healthcare are for nursing-based touch healing modalities, and the language of the physical and natural sciences is among bioenergy practitioners. But, to be clear, while one can identify somewhat common idioms for these categories of healers, for the most part this does not imply conceptual or theoretical agreement among all practitioners within these categories. New age healers especially tend to be *sui generis*, or one of a kind.

Among the most well regarded eclectic healers is Rosalyn Bruyere, founder of the Healing Light Center Church. Bruyere describes herself as a clairvoyant healer. She has synthesized large amounts of material on the theory and practice of healing from many diverse sources. These include teachings gleaned from shamanic traditions, both African and Native American, especially Hopi; the mystery schools of Egypt and Greece; Hinduism, Āyurveda, and the yogic tradition; Tibetan medicine; the Western esoteric tradition; and contemporary scientific research on the impact of bioelectromagnetic fields on human life. Bruyere's approach to energy healing is described in her book, *Wheels of Light*.²⁹

Another eclectic healer, but with a formal background in a mainstream bodywork modality, is Donna Eden. Originally trained in Touch for Health, a system based on muscle testing and derived from a synthesis of applied kinesiology and the principles of Traditional Chinese Medicine,³⁰ Eden, like Bruyere, is a gifted clairvoyant and incorporates findings from scientific research on energy medicine into her approach. The certification program in Eden Energy Medicine is a two- to three-year graded curriculum in the theory and practice of energy healing. It includes material on energy testing, within the context of the meridians and various acupoints (neurolymphatic, neurovascular, acupressure) and draws on key concepts from both Āyurveda and Traditional Chinese Medicine, as well as from modern neuroscience and energy psychology. Eden has

described her approach to healing in the book, *Energy Medicine*.³¹

The most celebrated and influential of eclectic new age healers is Barbara Brennan, whose Brennan Healing Science has been taught to thousands of practitioners worldwide in a four-year universitylike curriculum. The Brennan method is a hands-on healing technique informed by multiple influences: the Theosophical worldview, the Western esoteric tradition, humanistic and transpersonal psychology, Hinduism and Āyurveda, Core Energetics, and bioelectromagnetic science, including the principles of color healing. Brennan, like so many other metaphysically oriented healers, works clairvoyantly and intuitively, and her system of healing is based in part on original channeled information. Her unique perspective on healing is described in the books *Hands of Light*³² and *Light Emerging*.³³

Finally, we should say a few words about a subset of metaphysical healers—the myriad practitioners of what is usually self-described as “spiritual healing.” Some spiritual healers, especially those working within an explicitly religious context, see themselves purely as agents of prayer, beseechers of God to bless others with healing.³⁴ Neither energy nor any other manifested concept is believed to mediate the healing transaction. But many practitioners of spiritual healing do describe their work analogously to energy healing and view the former as a special case of the latter.³⁵ They acknowledge the importance of what it is that they themselves do, as channels of divine healing, in contributing to the outcome of healing. Oftentimes, they language the healing process in terms of subtle energies or forces or waves. The conceptual boundaries among absent healing—that is, distant intentionality—and energy healing at a distance and healing prayer are often blurred. Among the preeminent spiritual healers of modern times who have contextualized their work more in metaphysical and/or subtle energetic than in orthodox religious terms are Ambrose and Olga Worrall,³⁶ Alan Young,³⁷ Bruce and John Klingbeil of the Spindrift Foundation,³⁸ and “Mr. A” (real name: Bill Gray), written about by Ruth Montgomery in her book, *Born to Heal*.³⁹

ARE THERE CORE CONCEPTS IN HEALING?

The many existing traditions, schools, and philosophies of energy healing have spawned even more varied, eclectic approaches to practicing healing. Contemporary healers often receive training from more than one established school or tradition. Additionally, innovation in approaches to healing is a never-ending process. Healers continue to develop new theories and techniques and to refine teachings and methods that they have received from their own instructors and mentors. If we are interested in identifying any commonalities of belief or practice among healers, any potential universals that hold true for those who do healing, then we are confronted with a challenging task. When it comes to how healing work is practiced, healers seem to be all over the map. Are there actually any common threads?

It turns out that many healers, and scholars of healing, have confronted this same question and have attempted to provide an answer. Writing from a diversity of perspectives, they have attempted to provide some structure and order to this subject by identifying core concepts or principles that presumably charac-

terize the work of healers and produce successful healing. Throughout this writing, five distinct issues have been raised.

One fundamental issue for healers is *the source of healing and the pathway by which it is transmitted to the client*. Psychologist Dr Stanley Krippner has noted that “all healing practices reflect either implicit or explicit models of healing.”^{40(p27)} Some practitioners assert, as psychologist Dr Lawrence LeShan has reported, that healing works “due to the intervention of God.”^{41(p103)} Others, he noted, credit the mediation of “spirits.”^{41(p103)} Either way, as the Christian psychic healers Ambrose and Olga Worrall have noted, the healer “has no power of his own.”^{36(p193)} Some healers, like Joyce Goodrich, see a more proactive role for healers, who may “channel energy from outside themselves,” oftentimes involving “the assistance of sentient external agencies.”^{42(p28)} Or the healer’s role may be more direct, as Dr LeShan notes, as in healers who heal by activating their hands and sending a flow of energy, and who “see themselves as the *originators* of this healing power.”^{41(p113)} Still others, like Michael O’Doherty and Tom Griffin, believe that healers work primarily as facilitators or conduits, “which allows the person we are working with to help themselves.”^{21(p186)} Taking things a step further, nursing researcher Dr Janet Quinn asserts, “All healing, without exception, is self-healing.”^{16(p140)} This view is echoed by the Theosophical Research Centre, which states confidently that this is “abundantly clear.”⁴³ Moreover, according to transpersonal psychotherapist Ruth White, it is the responsibility of healing practitioners to nurture self-healing capacities in their clients: “good healers not only impart healing but teach us how to heal ourselves.”⁴⁴ But this may be easier said than done. The concept of self-healing is itself complex and multifaceted, and its usage masks several variants: synthetic, cyber, self-help, biophysical, and metaphysical types of self-healing, according to one recent review.⁴⁵

A second issue of contention is *just what it is precisely that is being transmitted or channeled or worked with by the healer and client*. Is it energy? Is it something else? To many healers, the idea of a subtle bioenergy is not just a metaphor but a very real physical phenomenon. Well known contemporary healer Rosalyn Bruyere explains that energy work is based explicitly on electromagnetic principles underlying “the electromagnetic nature of the body,”^{29(p94)} and involves “transmitting and maintaining a flow, a current of electrons.”^{29(p97)} Accordingly, scientist Dr William Collinge affirms that the purpose of healing is “strengthening some aspect of the energy field.”⁴⁶ But this viewpoint is not universal. White Eagle, speaking through Ivan Cooke, states that it is thought that heals, since, “Thought can create good health”^{47(p106)} Renowned *huna* healer Max Freedom Long accepts the idea of energy but adds, “Almost no treatment in healing is without some element of suggestion”⁴⁸ Yet another perspective is from Golden Dawn initiate Dr Israel Regardie, who asserts, “The healer’s awakened spiritual centers act on the patient by sympathy.”⁴⁹ Still another twist comes from healer Ric Weinman’s discussion of “transcendental healing”: “Instead of working with energy, this way of healing works with *awareness*.”⁵⁰

A third issue on which healers differ is *what exactly healers do when they perform healing*. Dr LeShan notes that some healers “[go] into an altered state of consciousness”^{41(p106)} that readies

them to proceed with healing. Dr Frederick Bailes, famous Science of Mind teacher, takes this idea a step further when he asserts that “the treatment takes place wholly within the mind of the practitioner” and that the healer “does not try to influence the mind of the patient.”^{51(p55)} Alternatively, healing work may contain certain mechanical elements. In Diane Goldner’s survey of healers, she observed that healers “can also see where a person’s energy is blocked just by looking at the body,” and then through “spinning the chakras” help the client’s energy field become “more coherent.”⁵² This has been mapped out in considerable detail by some healers, for example, as summarized by Donald Watson, “[p]hysical healing is understood as being channeled through the solar plexus,” whereas the “ability to diagnose may be equated with the creative and inspiration function of the throat centre”⁵³

A fourth issue is *the state of consciousness required of the healer in order for healing work to take place*. Dr Norm Shealy, one of the pioneers of modern holistic medicine, observes that “a life of prayer and devotion” enables a healer to “tap into divine energy much more effectively than individuals who do not have spiritual practices.”^{54(p73)} Swami Panchadasi endorses the use of affirmations as “an important virtue [for] being able to arouse strong mental pictures of restored health, proper functioning, etc.”^{55(p315)} Yogic healer Atreya, on the other hand, affirms the importance of “having a neutral mind,” especially when scanning or diagnosing.^{56(p22)} Lesley Carmack, a gifted esotericist, also strongly advises “dispassion” and “detachment,”⁵⁷ and this view is echoed by other healers such as Keith Sherwood.⁵⁸ Spiritual healer Alan Young takes this even further, explaining that “anyone can be a channel for healing” so long as they “keep their own will out of the way.”⁵⁹ Indeed, according to the great mystic Joel Goldsmith, “Every treatment should be spontaneous”^{60(p77)} and “no affirmations”^{60(p81)} should be used.

A fifth issue concerns *what is required of the client in order to receive healing*. Energy healer Howard Batie states clearly that “it is the client who is responsible for his or her own healing.”^{61(p42)} Paul Ellsworth adds that unless a client “desires at least to try to be healed by spiritual methods, it will be impossible for you to do much for him.”⁶² Some healers offer specifics. Starr Fuentes notes how important it is to “keep the healee focused on breath.”⁶³ Goldsmith identifies the imperative “to lift consciousness to such an elevation that a contact with God is established which permits spiritual power to flow into human activity.”^{60(p73)} Reiki healers Brigitte Müller and Horst H. Günther believe that “an exchange of energy should take place . . . something should be *given* for the treatment *received*.”⁶⁴ On the other hand, pioneering neuropsychiatrist Dr Shafica Karagulla and Dr Dora Kunz, leading Theosophist and founder of Therapeutic Touch, emphatically state, “The attitude of the patient towards the healing process does not affect its efficacy.”⁶⁵

The very first thing that should catch one’s eye is that these core principles or common themes are not identical. This is a startling observation. Not only do different traditions of healing, and different healers, endorse different beliefs and practices—that much is obvious—but there is not much in the way of consensus even about what there is in common across these traditions. Apparently, the conceptual lenses through which re-

spective healers view healing can color their perceptions about what it is that healers do. Well intentioned observers, it seems, are seeing universals and commonalities where few may actually exist.

Indeed, it is difficult to identify a single underlying belief or practice that unites all energy healers. Even the seemingly fundamental idea of a flow of bioenergy within and among living beings, which one might think is ubiquitous, is not shared by all healers.

For example, among some religious hands-on healers, such as spiritual healers in the charismatic Christian tradition, the idea of a healing power of touch due to human participation in the transmission of a subtle energy or life force is anathema. It is God that heals, or Jesus, *ex nihilo*—that is, outside of the agency of any type of energy or force or principle of the created universe, no matter how “subtle.” Healing is a grace, mediated by the Holy Spirit, sent by God in response to prayer, and does not require any human intervention, although respective healers may be used as a conduit for this transmission. The idea that there is a life energy that is responsible for healing, as opposed to being attributable to the immaterial will of God, and that the human will may be required to invoke it or transmit it, is nothing short of apostasy, perhaps even the workings of the devil.

By contrast, other healers, even from the same charismatic Christian tradition, have little problem with the concept. Father Francis MacNutt, one of the founders of the charismatic renewal movement in Roman Catholicism, has concluded that “three forces can be at work in healing.”^{66(p285)} These are “divine power,” a supernatural force originating in God and functioning as described above; demonic forces, likewise supernatural in origin; and what he terms “a natural force of healing.” This, too, originates in God but operates as a “natural power,” a transmissible “strong life energy” that is often mistakenly and needlessly condemned by the devout.⁶⁶

Not to belabor the issue, but the take-home point here is this: ostensibly universal core beliefs about energy healing are hard to identify. When it comes to endorsing even something as plain as belief in the healing power of life energy itself, some healers do and some do not.

From a careful reading of the literature on healing, a few other salient themes can often be found endorsed among healers: (1) the idea that human beings possess an ability to facilitate healing for one another through use of the hands, either in contact with the body (touch healing) or proximal to it (noncontact healing); (2) a reliance upon an innate human capability to access inner guidance; and (3) assertion that the life force intrinsically “knows” where it is needed and that the healer’s principal role is to dispassionately channel or facilitate this transmission. Yet, once again, as many or more healers disavow these ideas as endorse them.

For example, respective systems of energy healing are associated with a diversity of perspectives on the possibility, value, or appropriateness of using one’s hands in the act of healing. There is something akin to a gradient regarding this issue. *Touch healers* use their hands in contact with the client’s body. *Noncontact healers* do not touch the skin, but work proximally to the body, making contact with the different energetic layers or sheaths that surround the physical vehicle. *Absent healers* send healing energy

from a distance without even requiring physical proximity to the client or his energy field. Some healers and systems of healing are comfortable with two or three of these methods.

Likewise, there is just as much diversity regarding beliefs about how a healer knows what or where to heal and what her explicit role is in the healing process. Some healing traditions offer techniques of discernment to help one determine the problem at hand, so to speak, and what needs to be done to ameliorate it. This may include formal assessment or “diagnostic” methods, as well as meditative methods for accessing higher wisdom, such as through intuition or through accessing what mystics refer to as the *akashic* realm. Yet just as many healers operate according to the principle of “let go and let God,” whereby one simply remains present with a respective client and lets the energy go where it needs to go, which requires only a minimum of input from the healer. Other healers combine both approaches: making use of formal assessment, such as through active techniques of scanning the energy field, but then retreating to a more passive and nondirected position as a channel for the energy which, like water, it is believed, naturally “seeks its own level.”

Even within respective traditions there is great diversity. So many healers, even those formally credentialed within a particular healing modality, are eclectic. That means that they have created their own unique styles of practice, drawing on a multiplicity of knowledge bases and traditions of delivering healing. These eclectic healers, in turn, have a hand in training new healers, who may continue to innovate. Ongoing cross-pollination is an apt way to describe this process. For healers, this is something to be honored and appreciated, as seen in establishment of the Council on Healing in 1999 as an alliance for mutual support and consensus building among healing modalities.⁶⁷

The implication here is plain: it is exceedingly difficult to identify universal core principles of theory or practice that underlie the work of healers. Contemporary biomedical science is of little help here, as it has given scant attention to the phenomenon of healing, and its own models of the healing process are in need of conceptual overhaul.⁶⁸⁻⁷³ Perhaps the best that one can do is to summarize, as has just been done, those few common themes that emerge in written discussions of healing by scholars and by practitioners of particular forms of healing.

DOES TECHNIQUE MATTER?

This diversity begs a more pressing question: do such core concepts or themes, universal or not, even have much to do with the effectiveness of healing? That is, do the beliefs taught by particular schools and the specific techniques used by particular healers really matter all that much?

This is a contentious issue. The weight of evidence, however, suggests that the answer is a guarded “no.” An incident early in the professional career of a bioenergy practitioner and colleague of the present author makes this point:

After I had been a body worker for several years I learned to “riff” a little bit in terms of technique. Meaning, I made things up as I went along. I had discovered that I could gently touch a client’s head very lightly with my fingertips at various points and that this simple technique could help

alleviate all kinds of physical pain and muscle limitations that a client might have throughout his body. I shared this discovery with a fellow practitioner who informed me that I had stumbled naturally onto a technique known as CranioSacral Therapy (CST) made famous by the well known osteopathic physician, Dr John Upledger.

Something, however, bothered my colleague tremendously. Apparently, I did not perform the technique “correctly,” yet produced clinical results as beneficial as he did using the orthodox technique. In CST, there are particular points used for particular conditions and situations, as well as particular points that should always be used in combination. Not having been formally trained in the CST, I did not follow any of these rules of treatment, yet met with results as effective as my colleague who had been professionally certified in CST.

I eventually did complete training in a form of CST. I found the training experience to be beneficial for me, not just practically, but philosophically—as a way to deepen my understanding from a mechanical perspective as to why this technique worked. But I can honestly say that I continue to use my own technique in terms of hand placements and prefer them to the ones that I was taught when I was formally trained. (Mead L, written communication, March 2008).

So many other healers have similar stories. There is something more to being a healer than just mastering the right technique. Researchers who have studied healers and healing also have made the same observation.

Dr Dan Benor, the world’s leading authority on the scope of scientific research on healing,⁴² underscores this point:

There are obviously many systems of healing, each with its own strengths and weaknesses. Any may be appropriate as an entry into learning to develop one’s own healing gifts The individual practitioners as the vehicles for healing are the most important aspect of whether healings are likely to be helpful—far more important than the methods they use.⁷⁴

It is not the technique, then, that matters, but rather characteristics of the practitioner of the technique and the context of its application in the healing encounter. This is not to imply that the specific techniques that a healer might use with a client, or her skill in doing so, have no bearing on the outcome of healing. They surely do. Moreover, Dr Benor has written at great length about the “essential factors” in becoming a healer, which include a skill set of dozens of factors related to the practice of healing.⁷⁵ But the success or failure of healing work is not inherently a function of which modality a healer was trained in, where she positions her hands, whether they make contact with the client’s physical body or not, whether the healer’s eyes are open or closed, whether angelic beings are summoned, whether one starts at the head and moves downward or vice versa, whether the healer works systematically or intuitively, whether she conceives of what she does in terms of *prāna* and *nāḍīs* rather than *qi* and meridians, and so forth.

In other words, what makes for a successful healing encounter is not to be found principally in the beliefs of healers or in the discrete techniques that they use. If one is looking to understand

what makes healing happen in what respective healers believe about the ultimate source of healing, the flow of “energy,” or the way to use the hands, for instance, then one is almost certainly looking in the wrong place. To put it another way, these factors may tell us quite a bit about the “how” of healing, but not much at all about the “why.”

This is an important point and bears closer scrutiny. A useful analogy may be found in looking at the world’s major faith traditions. Contemporary religious scholars distinguish between two general types of religious expression—the exoteric or outer path and the esoteric or inner path. The exoteric is the public face of religion: organized worship liturgies, congregational prayers and rituals, religious holidays and festivals, dogmas and doctrines, formal theologies. By contrast, esoteric religion is about the mystical, symbolic, initiatory way of connecting with God, through meditation, gnosis, arcane and secretive teachings, physical austerities, and concomitant transcendent or unitive states of consciousness. As the present author noted in a recent academic journal article:

A common observation of both scholars and mystics is that although exoteric religions may differ dramatically in their expressions of spirituality across the many “dimensions of the sacred”—that is, in terms of ritual practices, beliefs, historical myths, cultic activities, sanctioned experiences, liturgy, sacred architecture, and polity—features of their respective esoteric, or inner, paths converge along a common core path.^{6(p101)}

In other words, while the outward appearances of the world’s religions differ considerably, true spirituality can be attained in any of these traditions. Likewise, spiritually vacant lives can arise from these same religious traditions. So what makes the difference? Is it the affirmation of a particular creed, the method used in baptism, whether one considers the Apocrypha to be a legitimate part of the scriptural canon, what fabric of yarmulke one wears, whether one believes that the line of succession from the Prophet Muhammad passed through his father-in-law or his son-in-law, whether the Sabbath is celebrated on Sunday or Saturday, what *mantra* one uses during meditation? More likely, one must look elsewhere, into the heart and soul of the individual spiritual seeker. One must explore what each person brings to the table—and into their relationship with God or the divine—and not just in the creeds and rites endorsed by the institutional religions to which they belong.

Accordingly, it is not the beliefs and techniques of healers that are most determinative of the outcome of healing—the creeds and rites of healers, if you will. Effective healing work can be obtained from healers trained in almost any method. Successful healing is not the sole province of only one system or lineage of healing, no matter what might be claimed.

This recalls President Eisenhower’s famous remark that the great American experiment in representative government would succeed only so long as it remained “founded in a deeply felt religious faith,” after which Ike added, controversially, “and I don’t care what it is.”⁷⁶ At first glance, this seems like an odd thing to say, and many on the religious right (and secular left) of his day took considerable offense. But, at a deeper level and in a larger social context, his statement contains great truth. By anal-

ogy, when it comes to being an effective healer, it really does not matter much which system one is trained in, so long as one is well trained in something. The bioenergy practitioner quoted earlier explains:

After starting my career as a bodyworker, I began having unusual experiences with energy—sensing it with my hands, with my eyes, my hearing, my sense of smell, and so on. I actually became quite concerned. Was I going crazy? What were these strange pulses of information that I was receiving? The information that I would receive seemed to be somewhat accurate. When I would cautiously check with a client about what I was receiving, always in the form of a casual question or offhand inquiry, the response usually validated my impressions. For example, I would begin a bodywork session with a client and within a couple of minutes realize that he suffered from shin splints, even though I had just begun working with my hands on his neck and had not been near his legs. I would then ask, “So, do you run or do any kind of aerobic exercise? If you do, do you have any problems with it?” More often than not, and much to my surprise, my instinct was correct despite there being no “logical” reason for me to know such things.

One night, I had a psychiatrist friend of mine over to dinner. During our meal I casually interjected, “Say, Bill, if you knew someone who was seeing lights around people, hearing voices telling them about the health problems of those people, and feeling heat, cold, and pressure around people, do you think that person might be becoming psychotic? Not me of course, just somebody I know.” Bill was onto me immediately. He wisely suggested that, no, that person was probably not psychotic, but likely was having what he called a spiritual experience. His advice reflected Dr Benor’s observation that this “somebody” needed to find a framework to define and navigate the experiences that she was having. Moreover, it did not matter which framework she chose, so long as she chose a particular language, as it were, to communicate these experiences. I am forever in a debt of gratitude for my wise friend’s advice and guidance to me regarding my blossoming intuition. (Mead L, written communication, March 2008).

This story captures, in a nutshell, a great truism about systems of energy healing. From the standpoint of their potential effectiveness in therapeutic settings, it is likely that any method of healing is as good as any other, ideally, and, to paraphrase Ike, it probably does not matter what it is. As with religious partisans who objected to President Eisenhower’s statement about religions, proponents of respective healing systems and philosophies might object, but this observation seems to be self-evident. Truly great healers are found in every corner of the world, practicing every conceivable method of healing.

The present author has experienced profound healing from practitioners trained in a great diversity of healing modalities. Besides a career of scientific research and writing on health-related subjects, his expertise also derives from being a veteran “end user” of many different types of healing from many different healers—hundreds of sessions, probably, going back over 30 years. This includes experiences with all kinds of touch and noncontact healing modalities: Reiki, *jin shin do*, orthobionomy, Shiatsu *amma*, Wirkus Bioenergy, Therapeutic Touch, *bio-energo* healing, Qigong, Cayce-Reilly massage, structural integration,

myofascial release, Hanna somatics, neo-Reichian therapy, reflexology, craniosacral therapy, somatoemotional release, acupressure, plus many other systems, from the well established to the obscure. Wonderful outcomes are capable of being experienced with practitioners of each of these systems of healing.

At the same time, ineffective work can also be delivered by technically skilled healers of any stripe. The present author—and he is hardly unique here—has experienced the full gamut of healing encounters—the good, the bad, and the ugly—from practitioners of numerous systems of energy healing and subtle-energy-based methods of bodywork. Clearly, something else must matter more than the beliefs and practices endorsed by healers and by the systems of healing in which they were trained.

WHAT REALLY MATTERS FOR HEALING

A very different set of variables is the key to understanding why healing works. These make for successful healing regardless of the school or philosophy or tradition of healing that one is trained and credentialed in. Moreover, without these factors present, even the most technically proficient healing practitioner, of any healing lineage, may be ineffective.

To the point, the sine qua non of effective healing, if indeed such a thing can be identified, is not to be found in a healer’s discrete beliefs and practices. Rather, it can be found in two places: in the attitudes and motivations that ideally underlie one’s practice of healing and in the dynamics of the relationship between healer and client. This same point has been made by other knowledgeable observers.

Among healers, Barbara Brennan has stated it best: “The heart of healing is not the techniques but the states of being out of which those techniques arise.”^{33(p53)} Dr Jerry Solfvin, one of the first scientists to carefully investigate the phenomenon of healing, also concluded, “For some time I have been convinced that the common denominator, the golden thread that runs through all forms of healing, may be called the healing relationship. Actually, the healing relationship is not a single factor.”^{77(p100)}

As with the probably mythical “common core” beliefs and practices of healing just discussed, myriad healers and proponents of healing have offered their respective take on this issue. There has been no dearth of speculation as to the identity of this common denominator or golden thread. But whereas there do not seem to be identifiable universals with respect to the beliefs and practices of healers, there is considerable consensus as to what really matters when it comes to healers and healing.

So what exactly are these personal and interpersonal attributes that seem to make for successful healers? Let us again take a look at what prominent healers and scholars have to say about this issue.

One common theme relates to an ability to *focus* on the task at hand. Atreya writes that for effective healing to occur, it is most important that “[t]he clarity of your thoughts projects clear, strong, clean, and calm prana A disciplined mind is very helpful in all forms of healing”^{56(p34)} Swami Panchadasi identifies certain functional considerations in the work of what he terms psychic and magnetic healers. Foremost is “(1) strong desire to make the cure; (2) clear mental image or picture of the desired condition as actually present in the patient at this time;

and (3) concentration of the attention and mind of the healer, so as to bring to a focus the two preceding mental states.”^{55(p305)} Rosalyn Bruyere concurs, explaining simply, “The process requires concentration”^{29(p99)}

A second common theme is about the importance of *compassion* in the practice of healing. Dr Jack Schwarz, naturopathic physician and energy healer, gets right to the point: “I believe that the common denominator of all healing methods is unconditional love”^{78(p18)} Echoing Dr Benor, he explains that “technique is actually just a form in which the therapist’s unconditional love can be transferred.”^{78(p19)} Other healers concur. The Worralls summarize this principle as “we must care.”^{36(p193)} Dr Young considers “real compassion” as a prerequisite for healing work.^{37(p171)} African spiritualist Moma Mona Ndzekeli asserts, “The quality of love will open the way to becoming a healing channel.”⁷⁹ Theosophical writer H.K. Challoner states that the ultimate spiritual goal of healing and of life, namely “the purification and trans-illumination of substance,” can only happen when one is able “to create in himself a centre of harmony, purity, rhythm and, above all, of love and compassion.”⁸⁰

The founder of Therapeutic Touch, Dr Dora Kunz, summarizes nicely what is at stake here for healers: “Some people are very turned inward and do not relate to others. One develops compassion only if one is willing as a first step to use one’s energies to help another. If one is really indifferent to what others feel, then clearly it is not possible to develop compassion.”^{15(p299)}

By extension, according to Dr Kunz, without developing compassion it will never be possible to function as a healer. This gibes with recent scholarship, which identifies a healer’s capacity for developing “radical empathy” as facilitative of the kind of spiritual transformation that is imperative for facilitating the most effective healing process in clients.⁸¹ Even in the pages of *JAMA*, it has been asserted that “physicians are more effective healers—and enjoy more professional satisfaction—when they engage in the process of empathy.”^{82(p100)}

A third common theme has to do with the *intention* of the healer. This point has been acknowledged especially among the holistic nursing community.⁸³⁻⁸⁵ Dr Shealy has stated clearly, “The intent of the healer is the dominant factor.”^{54(p77)} What should this intent be? According to Howard Batie, “The healer’s intent should always be the same for each healing session: to be a clear and open channel for the healing energies, so they may be given for the client’s highest and best good at the time.”^{61(p40)} Scientist Dr Valerie Hunt explains why: “For the healing transaction, the healer with a strong field, focused through intent, will provide a coherent, powerful energy-field.”⁸⁶ Dr Bailes elaborates further: “By convincing *himself* of the spiritual perfection of the patient, he sets in motion a *true* idea, which is the opposite of the sufferer’s false idea.”^{51(p56)} The present author’s first Reiki instructor summed up this concept best: “In healing, intention is everything” (Harrison K, personal communication, January 2008).

The instrumental function of such positive intentioning may extend to effects beyond the bounds of the psyche or mindset of the healer herself. That is, aside from any benefit that a positive mindset may exert on a healer’s capability to heal, and aside from any absent or distant effects of a hypothetical subtle bioen-

ergy on other biological systems such as a human client, the intention set by the healer may *by itself* exhibit a therapeutic impact. According to a presentation at a research colloquium on healing research held in London several years ago, “Experiments indicate that effective healers, when in an intention-to-heal mindset, are in a mode of neurophysiologic functioning that apparently entrains the whole body and can in principle, and apparently in practice, induce, across space, a physiologic of psychophysiologic response in another person, animal, or other living system.”^{87(p180)}

Some astute observers have identified that effective healing requires all three of these factors: focus, compassion, and intention. Again, Dr Shealy: “The elements of personality most important for healing success are empathy and warmth, sincerity or honesty—and the ability to enhance positive expectancy on the part of the patient.”⁸⁸ Another take on this has been provided by healer Ivan Cooke: “Love and willingness are valuable attributes in any healer, but we need more—we need the development of the will, both the steadfast will to serve, and the strong and developed will power to concentrate the healing rays”^{47(p108)}

Here is another way to look at it, couched in the language of modern psychology. For healing work to work, so to speak, there must be present a cognitive or mental component (focus), an affective or emotional component (compassion), and a conative or motivational or volitional component (intention). Each of these factors is critical in the personal and professional development of healers. Each of these factors matters for a healer to develop into an effective shepherd of what subtle energy healer Jim Gilkeson calls “progressive healing,” which at its heart is a “journey of transformation.”⁸⁹

To summarize, when one surveys the opinions of healers as to what really matters, what makes for effective healing, what keeps coming up in these discussions are the same three themes. First, the healer must attain a single-pointed, relaxed focus through marshaling a sense of inner quiet and attentional stability. Second, the healer must exhibit an open heart to others, through projecting compassion, empathy, and nonpersonal lovingkindness. Third, the healer must affirm the idea or intention to help people, through gaining self-awareness and the ability to direct one’s attention in a positive direction. These three concepts—focus, compassion, intention—are the hallmarks of a successful healing practice, and they require continual nurturing. For many healers, the best way to nurture these traits is through daily meditation or some other regular spiritual practice that encompasses introspection.

Interestingly, the identification of focus, compassion, and intention as “what really matters” for healing is not just speculation. Research evidence exists in support of the salience of these concepts for health and healing.

The Institute of Noetic Sciences (IONS) published a 125-page bibliography of over 1,500 scholarly references reporting on 65 years of published research studies and reviews on the physical and psychological correlates of meditative states of consciousness.⁹⁰ These included studies of a variety of focused and contemplative techniques, and accompanying states of consciousness, in relation to a numerous cardiovascular, cortical, hematological, metabolic, cognitive, and affective indicators.

Focus, concentration, visualization, and the states of mind that these engender indeed impact on the human body. If the provocative research on absent prayer is to be believed, the impact is not just on one's own body, but on the bodies of others.

The Institute for Research on Unlimited Love (IRUL), located in Stony Brook, New York, was established to explore the impact of altruism, compassion, and service on a variety of human institutions and states, including physical and mental health. The president of IRUL, bioethicist Dr Stephen G. Post, has published an exciting book entitled, *Why Good Things Happen to Good People*, that summarizes results from over 50 scientific studies showing that acting compassionately and lovingly toward others influences health, happiness, and longevity, both in the doer and the receiver of the compassion.⁹¹ The present author's own research has shown that being a more loving person, or simply affirming a love of God, is associated with better overall health⁹² and less depression.⁹³ The research literature on distant healing, described by Dr Benor⁴² and Dr Larry Dossey³⁴ and others, suggests that there may be measurable transpersonal effects of compassion and love, as well.

Dr Marilyn Schlitz, the current president of IONS, has conducted experimental research demonstrating that the intentions of investigators are a determining factor in whether positive results are obtained in studies. In an investigation of distant mental interaction with living systems (DMILS), her subjects were monitored while being stared at via closed-circuit television from another room. She observed greater electrodermal activity during these remote staring periods than during control conditions. The same experiment, replicated by a nonbeliever in the possibility of DMILS effects, found nothing. The only nonconstant across these two trials, it was concluded, was the mental expectation of the investigator. Our intentions, apparently, are a key that unlocks powerful transpersonal influences that may operate even at great distances.⁹⁴

These three concepts are explicitly acknowledged and valued within prominent modalities of energy healing. Reiki, Therapeutic Touch, Brennan Healing Science, Healing Touch, various schools of bioenergy—these systems and others strongly emphasize the necessity of focus, compassion, and intention for healers to be successful. One can read the work of the founders of these and other systems and philosophies of healing and find these themes referenced repeatedly.

Consider a couple of disparate traditions of energy healing: Wirkus Bioenergy and the Usui/Tibetan lineage of Reiki healing. The master teachers of these respective schools, Mietek Wirkus and William Lee Rand, each have spoken to the importance of our three familiar concepts for the practice of healing.

Training in the Wirkus system of bioenergy emphasizes, from the very beginning, the necessity of “concentration,” “positive thinking,” and a “strong will” in preparing oneself both to learn and to practice healing.⁹⁵ Wirkus also strongly recommends a specific type of heart-centered meditative exercise as a daily practice to raise one's consciousness from the mundane to “the much higher level of unconditional love.”^{95(p12)} All of these factors are requisite for one to develop into an effective bioenergy practitioner.

Instruction and training in the methods of Reiki healing emphasize identical themes. Reiki energy is activated by visualiza-

tion of sacred symbols that are transmitted to practitioners during initiatory rites known as attunements. These empowerments enable the healer to serve as a Reiki channel. According to Rand, “The important thing is your intention: intend to activate the symbol and it will activate.”^{9(p111-1)} Once the energy is activated, its magnitude and efficacy can be further expanded. “The most important way to increase the effectiveness of Reiki,” Rand notes, “is to come from love, compassion, and kindness.”^{9(p11-1)}

ENERGY HEALERS ARE NOT THE ONLY HEALERS

Interestingly, one can identify these same core themes—focus, compassion, intention—in the work of effective practitioners of all of the healing and medical arts,⁹⁶ not just among energy healers. This is an exciting observation that is true for physicians, dentists, allied health professionals, nurses, clinical psychologists, massage therapists, and bodyworkers of many stripes. The present author has had wonderful—dare we say transcendent—healing experiences with mainstream practitioners such as these who would never imagine that they have much of anything in common with energy healers, and might even be taken aback by the idea. Nonetheless, their efforts were productive of healing, in the deepest sense, not just the transient remission of those physical symptoms that necessitated the clinical visit.

If one were to examine only the surface details of what energy healers and mainstream healthcare practitioners do, however, one would likely miss what they share in common that makes what they do promotive of healing. And for good reason. Superficially, what they do is so different.

Dentists diagnose diseases of the teeth and gums, anesthetize the oral cavity, operate powerful drills, and fill cavities with metals and other substances. Primary care physicians take medical histories, provide physical exams, prescribe medicines, give shots, and make referrals to specialists. Nurses care for patients, assessing their needs, developing a nursing plan, and implementing that plan. Psychotherapists diagnose and treat mental and emotional problems, actively listening to and observing behavior. Bioenergy practitioners take an energetic impression of the subtle bodies, identify depletion and congestion in the energy field, and evaluate and correct energetic imbalances.

These professions have distinctive belief systems and operate according to radically different practice models. Some invoke concepts that the others do not believe to exist. Some perform procedures that the others believe to be inert or unnecessary or even harmful. Clearly, we would be guilty of hyperbole to assert, as some might, that what all of these professionals do is exactly the same. As simple observation reveals, it is not.

Yet at a deeper level, when considering the work of those who truly can be said to have a healing touch, whether through physical contact or simply through their compassionate presence, there is much truth in the assertion of “sameness.” When one experiences healing from any kind of a provider—any kind of a doctor, caregiver, healer—it is because of the presence of those factors that have just been discussed. To use the language of causation, it is apparent that focus, compassion, and intention are the “necessary conditions” for healing. They seed the healer-client relationship so that the fruit of healing can grow. Encyclopedic knowledge and world-class technique are wonderful

and should never be disparaged, but without these other factors, these necessary conditions, healing may not occur. It is the presence of these factors—in cardiologist, osteopath, psychiatric nurse, physical therapist, Reiki healer, or bioenergy practitioner—that makes one a true healer.

Committed, earnest, positive, kind practitioners are at work today in all of the healing professions. More and more they are coming to recognize the necessity of these factors for accomplishing the best possible outcomes for their patients and clients. Even surgeons have begun to acknowledge that their mindset and the attitudes that they project may be critical factors in the outcome of surgical procedures.

Columbia University cardiothoracic surgeon Dr Mehmet Oz has written about the lengths he goes to in ensuring that the operating room becomes a sacred environment conducive to healing. Foremost are the positive, compassionate intentions that are focused on the patient by all present.⁹⁷ At one time, he even employed a Reiki healer named Julie Motz to be present during operations.⁹⁸ Dr Oz was convinced that these were necessary steps to take to guarantee the best possible results for his patients.

Despite testimonials like this, it is hard to convey to laypeople just how strange these ideas still seem to so many physicians and conventional medical caregivers. A lot of it has to do with the prevailing sentiment that a human being is nothing but “a sack of bones swishing about in a soup of chemicals,”⁹⁹ impervious to mental or emotional influences, especially coming from another person. Another reason is the professional hubris exhibited by those uninformed biomedical scientists and clinicians that causes them to disparage the idea of a human bioenergy or life force and the life’s work of those lay healers who effort to work with this for the betterment of fellow beings.

Professional status is irrelevant to becoming a healer and not a requisite factor in serving as a source of healing for other. In fact, one need not formally self-identify as a healer—whether a credentialed energy healer or a mainstream healthcare provider—yet still be a conduit of healing. Moreover, one may not even be fully aware of this capacity.

Consider the case of the late Dr M, the present author’s department chairman as a young graduate student in preventive medicine and community health, over 25 years ago. Dr M was a Johns-Hopkins-trained PhD entomologist—a bug scientist. He was universally acclaimed as a good and gentle soul, a man of great wisdom and of great kindness to others. He cared so much for even the lowliest student and gave his full attention, advice, and encouragement even to those students with whom he was not formally involved in training or supervising, including the author. Though suffering from Parkinson’s disease, he labored tirelessly at teaching and mentoring young scientists, especially in the principles of infectious disease epidemiology, one of the cornerstones of public health. He was as close to a saintly man as one is likely to encounter in the draconian world of academic biomedical science.

Amazingly, the present author almost always experienced a very real somatic response to Dr M’s presence, a sensation that at times was dramatic. Deep relaxation. Slowed pulse and respiration. Stilled thoughts and lessened anxiety. Probably lowered systolic blood pressure, too, if that could have been assessed.

Upon Dr M’s entry into a room, a sense of deep peace and abiding calm would typically arise. A few other students noticed this, too, all young left-brained scientists in training, and none, unlike the author, admitting to any knowledge or interest in subtle energies and the like. Most, to be honest, thought that the author’s proclivity toward this kind of stuff was weird. But, still, the experience was a palpably real phenomenon, for them as well as for the author, not just a figment of the imagination. Several people reported such experiences.

In retrospect, this is reminiscent both of Dr Herbert Benson’s famous relaxation response¹⁰⁰ and of descriptions of *darshan* with holy men and women of India. It is difficult to imagine what Dr M himself would have thought of any of this. He was a very traditional bench scientist and such a humble man. But this author will always think of him as a great healer.

These observations suggest that we probably need to rethink the concept of healer. Granted, *healer* is a legitimate professional category—a real, credentialed occupation with an identifiable role to play in engendering healing in others. But, at the same time, anyone can fill this role, provided the requisite attitudes and motivations are present.

For sure, technique is important to an extent. There are things that one can end up doing when one is just dabbling or playing around that are likely to be ineffective or harmful, and anyone who has studied healing would strongly endorse mentored training in a reputable system under reputable people. But what matter even more are one’s mindset and attitudes, one’s intentions toward healing, toward service to others, toward one’s clients—what is in one’s heart and in one’s soul. The requisite information and technique can be taught and learned.¹⁰¹ That is the easy part. But the other stuff—directed focus, loving compassion, positive intention—these are either innate, in the lucky few, or must be consciously developed and nurtured through a spiritual discipline and through proper instruction and guidance. “For extraordinary healing to become commonplace,” it was recently stated, “it must be teachable or transferable.”^{102(p200)} The conclusion is plain: if you can say that you possess these attributes, or are working on them with appropriate mentoring, and are earnest in the desire to be of service to other beings, then you have taken an important step on the road to becoming a healer.

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