HEALING'S EFECTON HEALTH

Joanna Lemke Overland

2 year Kaospilot student in collaboration with Healer-Ringen & HumanHealing Author for correspodence (joanna@kaospilot.dk)





-JumanHealing

Before you read this hybrid IMRaD

This is not your usual IMRaD research paper, this is a hybrid between the structure of an IMRaD and a 2-year Kaospilot student placement project.

The IMRaD is used to showcase a pilot study made from a pilot project in collaboration with Healer-Ringen and HumanHealing called Drop-In Healing. The project took place from 01.01-2022 - 08.04.2022. In this paper, you will find an introduction, method, results, discussion and acknowledgment.

The purpose is to inform you of the effects of spiritual healing (from now on referred as healing). Spark curiosity and open up conversations about what healing can offer, and how it can support growth and positive change in society.

It is important to state that Healer-Ringen, HumanHealing and healing is not affiliated with any secular organization or religion.

What is healing?

The healer channels universal energy down through his/her/them and out through his/her/them hands and body. This universal energy is holistic energy that impacts all human levels.

- The physical
- The emotional
- The mental
- The spiritual

When the healing process takes place, the parasympathetic nervous system is affected. It is the part of the human nervous system that we can not control ourselves, such as anxiety, restlessness, physical and mental stress. When the healing reaches the parasympathetic nervous system, it allows the body to calm down, rest and heal.

This is where the body's own self-healing system begins and supports the patients on their healing journey.

Introduction

Healing has a positive effect on patients. Thus there are many studies, IMRaD's and evidence supporting healing positive effect is not an option an integrated offer in hospitals to give patient in treatment healing. Why is that? The highly controversial hypothesized effects of healing contradict our ordinary sense of reality and they are in conflict with the generally agreed upon laws of science, and only the results of independent, well-controlled experimental studies can clarify the issue.

We have well-controlled experimental studies around the globe. We still come across the problem of the narrative of what healing is, can do and can not do.

(Sandy Edwards, 2016)

Studies have shown that patients' sense of well-being, physical comfort, relaxation level, energy level, and sleep pattern improve on a scale of 6 - 1, where 6 is terrible and 1 is excellent. Patients experience a decrease in feeling terrible and an increase in feeling excellent, one week after receiving a 20minute healing session.

Another study found positive effects of healing included alleviation of the physical side-effects of their treatment, increased energy levels, enhanced wellbeing, emotional relaxation, and reengagement with precancer activities (Fiona Barlow, Ph.D., MBACP(Accred), Jan Walker, Ph.D. and George Lewith, MD, FRCP, 2013) The third study shows that healing sessions alleviated many of the physiological side effects for women with breast cancer, and women talked of feeling empowered or experiencing a sense of serenity, which lasted between healing sessions and for varying lengths of time after the course of healing was complete. (F.V. Barlow, F. Biley, J. Walker, G. Lewith University of Southampton, United Kingdom, The experience of spiritual healing for women with breast cancer)

This study will provide evidence of the benefits of receiving healing. It will be compared to the three other studies of similar cases, that provide similar evidence. This will be used to back up the discussion on the benefits of integrating healing in hospitals and asking questions about why healing is not offered for cancer patients, all types of patients, health professionals and relatives in the Danish health care system.

Methods

(a) Subjects.

We tested both males and females, in five separate groups. 1) Cancer patients and former cancer patients, 2) All types of patients, 3) Relatives, 4) Healthcare professionals, 5) Other reasons for participating and receiving healing.

(b) Setting.

The experiment took place in a pilot project called, Drop-In Healing (DIH). DIH took place in six cities around Denmark, each city did a DIH up to two times, referred to as round 1 and round 2.

Round 1. Main subjects: Cancer patients and former cancer patients.

Location: Copenhagen, Aalborg, Aarhus Langeskov, Rønne.

Duration: two hours.

There would be one or two rooms with chairs and some massage tables for patients.

There would be 6-15 healers pr. DIH place.

Round 2. Main subjects: All types of patients, relatives & healthcare professionals.

Location: Copenhagen, Aalborg, Aarhus Langeskov, Rønne, Sakskøbing. Duration: two hours.

There would be one or two rooms with chairs and some massage tables for patients.

There would be 6-15 healers pr. DIH.

(c) Experimental procedure:

The same procedure took place in round 1 and 2, with some minor adjustments. All healers in this pilot project have over 200 hours of experience in channeling healing and is a member of the organization Healer-Ringen. This ensures quality and all healers work under the same conduct.

Healers arrived at their location, 30 minutes before DIH started to receive patients. Healers would prepare themself to be channeling healing with a group meditation. Healers would answer a questionnaire before and after the DIH. After the DIH healers would have 30 minutes to close their healing channels in group meditation, share their experiences and answer questions that came up during the DIH. Due to a lack of patients, some healers did not give healing to patients, some healers gave healing in groups or to other healers.

(d) Research method

- Qualitative research
- Quantitative research

This IMRaD will only show the main quantitative research. To see the whole research open RESEARCH PAPER ROUND 1, 2 and 3.

Patients would answer an anonymous questionnaire before and after receiving 20 - 60 minutes healing. Vas scale used to measure if the patients experience a difference before and after receiving healing.

Questions:

1 What gender are you? 2 Have you tried healing before?

Vas Scale questions.

Vas scale 1-10, where 1 is less good and 10 is very good.

- Questions:
- How is your general condition right now?
- How is your emotional state right now?
- How is your mental state right now?
- How is your physical condition right now?

- How much energy do you have right now?

Vas Scale questions to healers:

Vas scale 1-10, where 1 is less good and 10 is very good.

How is your general condition right now?
How much energy do you have right now?

Analyzing data.

For finding the percentage difference before and after receiving healing the mathematical equation was used:

Final value - initial value / initial life value * 100% = percentage increase

Results

A total of 72 patients got 20-60 minutes of healing in Drop-In Healing pilot project period. 66 healers were participating.

All patients were treated with hands-on healing. The score on the VAS scale shows significant improvements after receiving healing.

However it must be addressed in DIH round 1, 25 patients answered questionnaire 1, and 19-18 patients answered questionnaire 2.

DIH round 2, 47 patients answered questionnaire 1, and 41 patients answered questionnaire 2.

DIH round 1 & 2, 66 healers answered questionnaire 1, and 63-62 healers answered questionnaire 2. All the collected data were still analyzed and used.

Figure 1 and 2. shows the gender distribution from DIH round 1 & 2. In total 64 females and 8 males participated.

Figure 3 and 4. Compared the average VAS scale score of patients for each VAS scale question from DIH round 1 & 2.

There is a significantly higher average score after receiving healing.

Figure 5 and 6. Show the percentage difference from the average score on the VAS scale before and after receiving healing from DIH round 1 & 2.

Figure 7. Compared the average VAS scale score from healers for VAS scale question from DIH round 1 & 2.

Figure 8. Show the percentage difference from the average score on the VAS scale before and after channeling healing from DIH round 1 & 2.

It must be addressed that not all healers did get the chance to channel healing. All the collected data were still analyzed and used.



Picture 1. Marzcia Techau, Healer, clairvoyance, teacher, Reiki Master, steering committee for HumanHealing and co-owner of Drop-In Healing project, giving healing to subject in Aalborg, round 1.







Figure 2. Represent gender distribution of patients in round 2.



Figure 3. Comparing average before and after receiving healing on VAS scale in round 1.

25 patients answered before receiving healing. 19 patients answered after receiving healing.



Figure 4. Comparing average before and after receiving healing on VAS scale in round 2.

47 patients answered before receiving healing.41 patients answered after receiving healing.

General condition:	General condition:
7.84 -6.08 / 6.08 * 100 % = 28.94 % increase	7.02 -5.26 / 5.26 * 100 % = 33.46 % increase
Emotional state:	Emotional state:
7.95 - 6.08 / 6.08 * 100 % = 30.75 % increase	7.34 - 5.13 / 5.13 * 100 % = 43.07 % increase
Mental condition:	Mental condition:
8.11 - 6.36 / 6.36 * 100 % = 27.51 % increase	7.27 - 5.64 / 5.64 * 100 % = 28.90 % increase
Physical condition:	Physical condition:
7.61 - 6.6 / 6.6 * 100 % = 15.30 % increase	6.9 - 5 / 5 * 100 % = 38 % increase
Energy condition:	Energy condition:
7.84 - 5.92 / 5.92 * 100 % = 32.43 % increase	7 - 4.79 / 5.79 * 100 % = 46.13 % increase
Figure 5. Results from round 1, percentage	Figure 6. Results from round 2, percentage
difference from VAS scale, before and after the	difference from VAS scale, before and after the
patients receiving healing.	patients receiving healing.



Figure 7. Comparison before and after channeling healingl, on average in VAS scale in round 1 and 2.

General condition:

8.87 - 8.08 / 8.08 * 100 % = **9.77 % increase**

Energy condition: 8.59 - 8.24 / 8.24 * 100 % = **4.24 % increase**

Figure 8. Results from round 1 and 2, percentage difference from VAS scale, before and after channeling healing.

Discussion

All patients had an increased score on the VAS scale, after receiving healing for 20-60 minutes.

When we see the results of the healers, we can see that there is a small increased score on the VAS scale, this implements that, when the healers were healing channels, they did not use their own energy to give healing and were good at channeling universal energy through their body and hands and give to the patient.

This implies that the positive effects of healing can help patients to cope with the negative effects of long or short-term illnesses. Although the underlying paradigms of orthodox medicine and healing are essentially very different, the declared focus of both is the well-being of the patient

Healing is complementary to orthodox medicine and can support the patients, it does not want to usurp medical authority in the management of physical health, but it would like to work alongside it (F.V. Barlow, F. Biley, J. Walker, G. Lewith University of Southampton, United Kingdom, The experience of spiritual healing for women with breast cancer)

Healing can help and support a patient's life, whereas the existing healthcare system seems not to have the capacity to meet the patient's spiritual needs. With collaboration healing could help the healthcare system, to provide efficient care to their patients, relatives and healthcare professionals.

So why, again is it that this is not an offer that the Danish health care system is looking at, to collaborate for the well-being of patients?

We live in 2022, globally studies are looking at the benefits for patients receiving healing, the healthcare system has many benefits when patients feel supported but in many areas, the healthcare system, does not cover or support the whole journey of the patients. We see a Danish health care system that is pressured, time-pressured, economical pressured, professional healthcare staff feels pressured, many must run in the halls of the hospitals to cover all patient's basic needs and there is not much time for taking care of the patient's individual, emotional or spiritual needs. This is important to take care of, since well-being, stress level, and the feeling of being met with empathy and being heard are crucial for the patient's recovery.

As a patient, you might be cancer-free, but still, need to go to checks every year. When the patients are done with their medical procedure, they still have a whole journey in front of them. A journey to be whole again and recreate their life. If we can support and remember that the human that is ill, is not only a body that needs to be healed but also has a mind, emotional life, and spirit we can come much farther by giving and seeing the patients as a whole human.

When do we make a change for the better of the patient? Shall we go and talk about the patient as only in the aspect of money. And compare a human being again with how much a patient pr. healthcare or hospital costs? This would be the last solution and a sad one, last but not least, if it is necessary there is evidence to prove that even on this topic, it is economically beneficial to make a collaboration between healers and hospitals or other institutions that take care of ill and sick people.

When is positive quantitative evidence enough to start something new? It only takes one in the existing healthcare system, to open up one door, to make an experiment to witness the benefits of healing themself and their patients.

To deal with unkown unkowns is not pleasant, and when it contradicts what we do know and our beliefs and value system it can feel quite unpleasant.

The brain likes what it knows and it reacts when it is being threatened.

Healing is not something that you can understand with the mind and the mental brain, it needs to be experienced, just like meditation.

Acknowledgements

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