Qualitative and Quantitative Exploratory Research into Therapeutic Ritual Healing:

What experience and benefits do recipients report from **Spiritual Hands-on-Healing?**

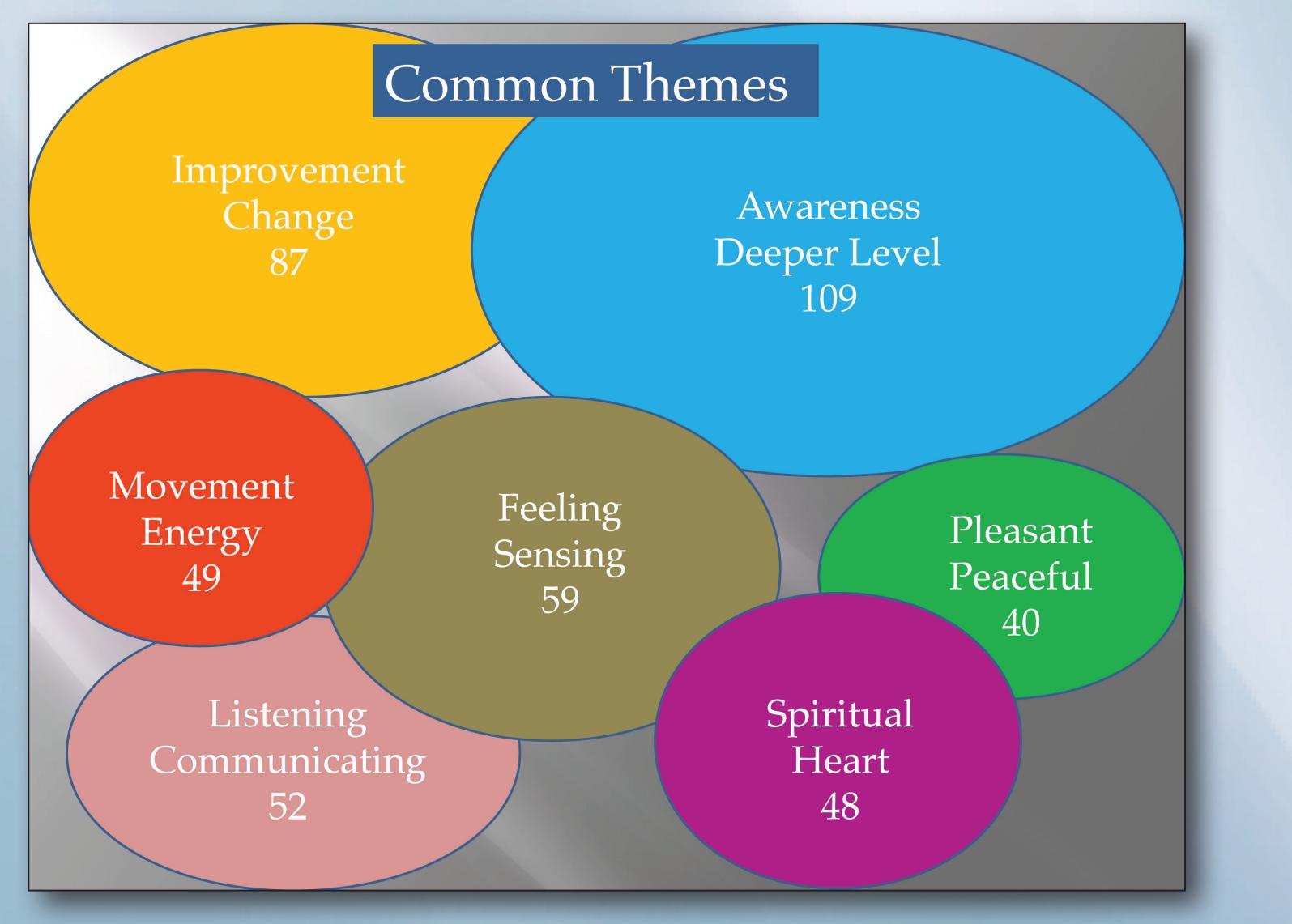
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PHASE I:

Research Question: What might people experience from Spiritual Hands-on-Healing?

Method: Semi-structured interviews of 11 recipients following one-hour spiritual hands-on-healing sessions

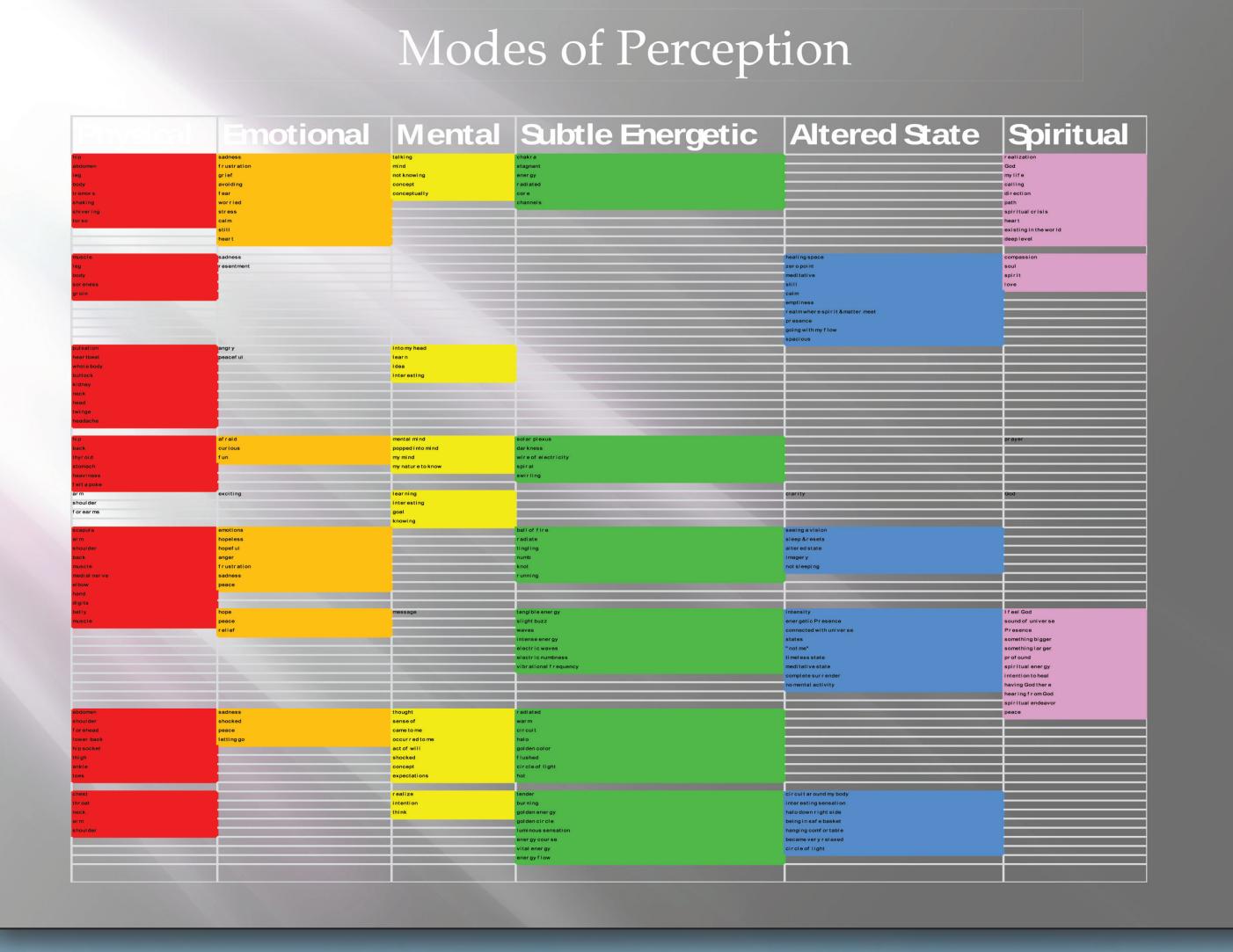
Thematic content analysis by a team of researchers found 7 themes from 444 coded words/phrases:



Expanded data analysis by the research team led to categorizing the phenomenological experiences of the

recipients into 6 distinct modes of perception:

Physical Emotional Mental Energetic Altered state Spiritual



PHASE II:

Research Question: Can anyone facilitate spiritual hands-on-healing? (Research Sub-question: Would participating in the healing experience change the psychological attitudes or beliefs of either recipients or healers?)

Method: Longitudinal study of self-rated spontaneous improvement in chronic conditions (For the Research Sub-question: administration of 5 pre-, post- & longitudinal psychological scales)

Curriculum: 1. Pray for healing 2. Ask to be a channel for divine healing 3. Listen with the heart

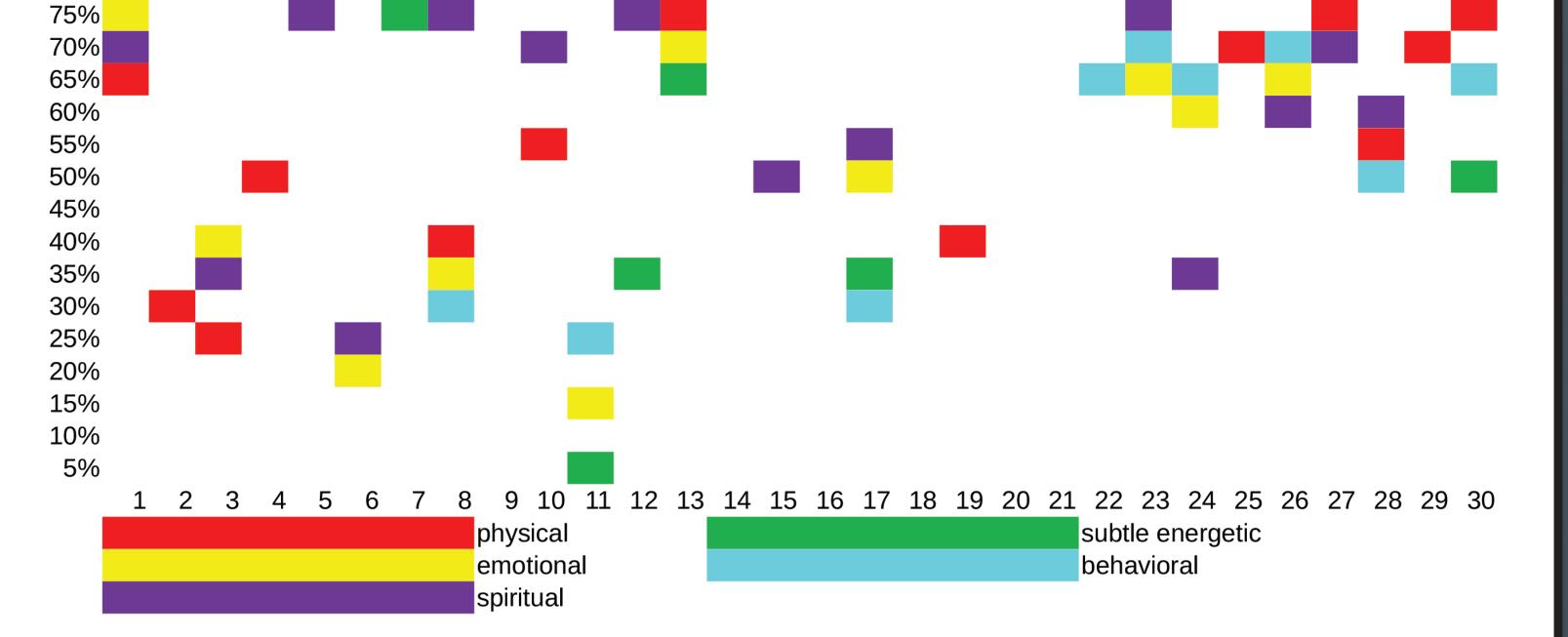
First: 19 inexperienced people were trained to give one-hour spiritual healing sessions:

Second: 30 recipients self-reported spontaneous improvement in conditions on 0-100% scale at post-session and 6-week follow-up: (11 recipients from Phase I + 19 from Phase II = 30)

Third: Outcome Data for spontaneous improvement in chronic conditions of at least three years' duration analyzed in five categories:



Summary of results for 30 recipients reporting improvements of chronic conditions:					
	Physical	Emotional	Spiritual	Subtle Energetic (biofield?)	Behavioral
Chronic conditions	20	18	19	8	13
Average spontaneous improvement	64%	63%	65%	57%	63%
Examples	Colon cancer Pronator Teres Syndrome	Depression Chronic resentment	Existential despair Need to feel gratitude	Right/left body balance Disconnected within body	Active alcoholism Compulsive behavior



Conclusions:

Spiritual Hands-on-Healing can:

- Offer rich perceptual experience
- Produce spontaneous beneficial results
- Improve chronic symptoms
- Be successfully taught in a simple format
- Have no measurable effect on specific beliefs or attitudes

- Of 27 recipients who reported an improved condition, 19 (70%) reported conditions improved in 2 or more categories.
- 3 recipients reported no improvement.
- 1 recipient could not be reached for the follow-up.
- All recipients reported no detrimental effect.

I would like to thank the following people for their generous contributions to this research study: Robin Friedman Brian Epp Glenn Hartelius Stephanie Harper Farina Chinoy Dini Bintari Arthur Hastings June Bailey Nancy Grayson

Fourth:, Pre-, post- and follow-up standardized psychological inventories administered to 19 recipients and 19 healers showed no statistical significant

changes:

Belief in Divine Intervention Scale

- Degelman, D. & Lynn, D. (1995). The development and preliminary validation of the Belief in Divine
- Intervention Scale. *Journal of Psychology and Theology*, 23, 37-44.

Trait Hope Scale

Snyder, C. R., Harris, C., Anderson, J. R., Holleran, S. A., Irving, L. M., Sigmon, S. T., Yoshinobu, L. R., Gibb, J., Langelle, C., & Harney, P. (1991). The will and the ways: Development of an individual-differences measure of hope. Journal of Personality and Social Psychology, 60, 570-585.

Perceived Stress Scale

Cohen, S., Kamarck, T., Mermelstein, R. (1983) A global measure of perceived stress. Journal of Health and Social Behavior, 24, 385-396. **Body Insight Scale**

Anderson, R. (2006). Defining and measuring body intelligence: Introducing the Body Intelligence Scale, now known as the Body Insight Scale (BIS). The Humanistic Psychologist, 34(4), 357-367.

Self-Compassion Scale

Neff, K. (2003). The development and validation of a scale to measure self-compassion. Self and Identity, 2, 223-250.