Healing Experience:
It’s Influence on Worldviews,
Analyzed with Coping Theory
Abstract

This essay is about the worldview of Swedish people, who experienced healing. I presumed, that concepts, which underpin healing phenomena and thereby express the healer’s worldview, could differ from many people’s concepts and worldviews. The question was, if people with a different worldview attended a healing session and experienced positive results for their health, would that give them reasons to reconsider their worldview? Four people were chosen for this research, who had experienced healing and were willing to talk about it. Based on a participating observation, I describe a personal and their healing session, to create an understanding of their experience. Moreover, the healing method Laying on of Hands, which is used during these sessions is described. With the following in-depth interviews, I documented the worldview history of the interviewees, with focus on religious aspects, and compared it with their worldviews after they were convinced, that healing was working for them. Since religious concepts are often fundamental to healing explanations (as they were in my observed healing) I focused on these aspects of the worldview. The results revealed a change of worldviews in three cases and indicated that the healing experience could be responsible. In the analysis, coping theory was applied, to describe processes around the healing, which possibly contributed to the change in the patient’s worldview. The results showed a connection between the patient’s goal to regain health and the acceptance of new concepts in their worldview.
1 Introduction

There is nothing more compelling than a simple solution to a serious problem. Going to a healer, might imply the assumption, that a health problem can be cured with a simple and cheap process. Instead of going through complicated, long lasting, or expensive medical procedure, some people rather choose a more unorthodox form of healing, e.g. Laying on of Hands. Let us assume that their health increases, and that they pay less for the service, than for conventional medicine; are there any other consequences? Due to my interest in religion, I met people with healing experiences and begun to wonder, if they had always believed in healing. Most of them did not, until their first encounter with healing. To make it scientific, I decided to conduct an official research and made it thereby subject to this essay.

Imagine you standing in an empty room with another person behind you and she touches your shoulders. Suddenly your arms start to lift. You try to resist, you try to keep your arms down, but your efforts are useless. With the arms stretching above your head, your upper body starting to turn and after a while you feel twisted like a pretzel. What would you make of such an experience?

Whether, they have a religious background or not, the focus is on people who experienced healing phenomena. From the moment they accept, for whatever reason, the factuality of such phenomena, they have to react in some ways to this new experience. Do they incorporate it in their worldview, and thereby change their previous belief, or just go on and deny the phenomenon any significance? However, if the worldview of people changes in connection with a healing experience, the obvious following question is: Why do they change their worldview? Therefore, I will examine what the reasons could be, for changing aspects of worldviews in connection with alternative healing.

1.1 Background

During the past two hundred years, alternative healing methods were growing in numbers. A wide variety of different theories were used and developed, to support different alternative healing methods. This was nothing new as for example, old Chinese cosmological concepts are basic theories behind Acupuncture. In the same way, Franz Mesmer’s ideas about magnetism gave ground to many healing therapies, developed in the last two centuries. Laying on of Hands is no exception. There are theories, which form the foundation for Laying on of Hands explanations. Commonly, these theories relate to some kind of cosmic force or energy. Sometimes, this force is

---

1 Hammer 2004: 182/186.
attributed to the Christian God or sometimes, to the concept of Mother Earth. God and Mother Earth, are merely two examples amongst many possible sources for healing explanations. Whatever the concepts are, they are often connected to religious ideas.²

Since there are many different theories and religious concepts behind alternative healing, there can be situations, when a healer chosen by a patient, has a different worldview, than the patient himself.³ For the patient, this could create a potential conflict between two religious concepts. On one side, there is the patients’ worldview with religious concepts, and on the other side, there are religious concepts, which the healer uses to explain his healing abilities. Studies have shown, that there is a connection between understanding, communication and positive attitude towards health treatments and positive results of health treatments.⁴ They suggest the involvement of the placebo effect, which is a phenomenon with influences on the outcomes of treatments.⁵ Since understanding of treatments and positive attitudes are connected with the results of treatments, an alternative healing patient with a different worldview from the healer has at first a disadvantage, when it comes to positive health results. Hence, worldviews appear fundamental to most alternative healing; has the different worldview of the healer, influences on the patients’ worldview? The possibility for a change in worldviews exists. Consequences for someone who changed his worldview are different, and certainly connected with his social environment. E.g. imagine possible implications for someone in an orthodox Christian group who becomes a New Age follower.

Therefore, to understand healing in all its complexity, it is inadequate to only know the physical phenomena and consequences. Researchers also need to know, how it influences people’s worldview and which consequences this might imply.

### 1.2 Aims and Objectives

This essay seeks mainly the answers to if and how a certain alternative healing phenomenon (*Laying on of Hands*) influences the worldviews of four chosen healing patients. In that way other questions will be answered. Does the worldview change and what could possibly be the reason for a change? What are the possible reasons for those four people to believe or not to believe in healing? Is there a connection between previous religious experience and a possible belief in, or rejection of

---

² Hammer 2004.
³ Proven by my interviewees.
⁴ Harrington 2011
⁵ Harrington 2011.
healing and how are they connected? How much influence has the healer on the patient’s worldview during the healing process?

1.3 Material, Method, Process and Criticism

1.3.1 Material and Method

Limited time and financial resources led to the decision to conduct a series of semi-structured in-depth interviews with four participants who experienced healing phenomena. I followed the ethical standards as described in the book by Judith Bell, *Introduktion till Forskningsmetodik*. The interview partners were fully introduced in the aim and objectives of the interview and their rights. The in-depth interview method created a situation that allowed an almost conversation similar situation to take place which led to valuable insights of my interviewees worldview.

The question catalogue was designed to obtain answers to the question: What happens to the worldview during healing processes? In order to obtain sufficient material, I divided the life history of the informants into two parts; the time before and after, he or she started to believe in healing. The questions to the first part focus on religious backgrounds and possible changes in religious beliefs over time, until the healing experience. This information established knowledge about the informants’ worldview which was then compared with the answers of the second part. The second part of the lifespan is the time after the healing. Questions after the current worldview were asked in order to create reference points, which could be compared with the answers from the first part.

In order to create a comfortable interview situation and to avoid misunderstandings I chose semi-structured in-depth interviews. This interview method gave me the chance to write short answers (e.g.: question 2, answer: “no”), which minimized interview breaks and simultaneously provided me with a guideline to follow. Another advantage was the flexibility in questioning that allowed me to react directly to answers that created further questions.

---

7 healing processes = Healing can be carried out over a number of sessions, and can even work after the session itself. Therefore in that sentence, the healing process aims at the period from the first healing session to the last experience in connection with healing.
8 Appendix, chapter 7.
9 Bell 2006: 159.
Leading questions were avoided, as well as hypothetical, ideological, interpretive and questions that already implied certain answers. The plan was to conduct these interviews in the homes of the participants, which provided surroundings for a comfortable interview situation. This could only be realized for one interview. Preliminary talks to overcome initial awkwardness and to explain the study and its aims were carried out in two cases; while the circumstances did not allow longer talks for the other two. They were, however, informed about the nature of this study and their rights.

My interviewees live in Falkenberg and have similar backgrounds. They are all baptized and confirmed, which includes Bible education. Informant number one, is a woman, around sixty years old, and she is working in an office. Informant number two, is the husband to the first informant, has about the same age and is retired. Informant number three and four are two woman around thirty five years old. They were very keen on not giving me any other information than those concerning healing, worldview and partly their health.

To understand the Laying on of hands method, a minor participating observation has been organized. After a preliminary conversation, I underwent a healing process and collected data about the healing itself. Recording of any kind was not permitted, and so, notes were taken before and after the act of healing. With subsequent conversations missing information was collected. In order to give the reader the chance, to understand what my informants and I went through, during the healing process, I described my experience of the healing in a more emotive style, following the example of Vincent Crapanzano and his work Tuhami. A second observation was conducted to observe other people during the healing process. This way, I was given the chance to interview the people.

A revealed change in worldviews possibly provoked by healing experience, gave rise to the question: Why do people change it? To answer this, a literature survey was performed in order to obtain a sufficient tool which was used to understand and analyse these events. Sundén’sroll-theory, Kenneth I. Pargament’s coping theories and essays about the placebo effect were viewed as well as Kallenberg’s and Larsson’s book about worldviews and healing and Carl Reinhold Bråkenhielm’s book about worldviews. In the analysis I decided to use coping theory (further explained in chapter 3), which provides the necessary requirements, e.g. explaining the connection between religious views and crises.

---

10 Merriam 1994: 94.
12 Crapanzano 1980.
1.3.2 Process and Criticism

The first interview was not satisfying due to some inaccurate questions. I needed to know, how the informants practiced their religion, e.g. in childhood, to be able to evaluate their involvement in religion. There was no such question in the first catalogue. Furthermore, one part of worldview is the basic attitude (further explained in chapter 2.3). Again, there was no question concerning this subject in the first catalogue. Therefore the question catalogue was complemented and the interview repeated, to no inconvenience for the interviewee.

At first I had permission to record one interview. However, during the second part of the observation, I suddenly had the chance to interview some of the participants. This gave me the chance to interview more people than initially planned. An additional advantage was that my group of informants now included younger people. At first I had three informants, two women and one man, all about the age of sixty years. By taking the opportunity, provided during the observation, I now had two women, between 30 and 40 years old, and two informants (man and woman) around sixty years old. A larger group of informants with a greater variety of religious backgrounds, social class, culture, age and gender would certainly provide more information and relevant numbers to this study. However, limited time and resources did not permit a larger research.

As recording was not permitted and answers had to be written down, this created several problems; the interview took longer, the flow of the interview was interrupted, details may have been overlooked and misinterpretations of the notes, during the later research process was possible. On the other hand, people were much more comfortable with this situation; they seemed to talk more freely, which could also have been a result of the group experience that evening. They opened up and talked about their lives and tragedies they experienced. To avoid later misunderstandings of the notes, I concentrated on few reference points, which were essential to my study.

1.4 Topic Demarcation

The healing phenomenon experienced by my informants in this study, is the so-called Laying on of Hands. No effects of other alternative healing methods were investigated. Furthermore, this research is by no means an attempt to prove true healing abilities of certain people. I am interested in people who have been in touch with healing phenomena and during the process were convinced, that (if not totally) at least some aspects of it are real and influenced on a significant noticeable level their health.
Again, it is irrelevant for this research if the healing phenomenon could be proven with scientific methods or not. I re-emphasize that the focus lies on the patients of the healer and their worldviews. However, since healing is an essential part of this essay; literature was surveyed to find research which could give reliable information about healing.

Because of only four conducted interviews, this essay has no statistical relevance. Furthermore, the informants are all Swedish citizens, are of a certain age (older than 30), were born in similar religious circumstances (Christianity) and live in Falkenberg or nearby. Therefore, no equating can be made to people, who are raised in other towns, countries, or cultures, or with other religious backgrounds, or in other age groups.

Although the focus lies on religious concepts of the interviewees, and the question catalogue was designed mainly to detect changes in religious beliefs, it was sufficient enough to detect also atheistic convictions. Thus, to purely write about changes in religious concepts seemed to be incorrectly. Therefore I decided to work with the term worldview which has a definition that can include possible religious and non-religious convictions.

1.5 Research Overview

I found research about healing, which deals with the questions, if it really works, and how it works, or how the healing phenomena can be used under clinical conditions. Studies on worldview are concerned with, what it includes, how it is created and how it can change. Thereby, a great part of worldview research is concerned with the theoretical part\(^{14}\) (which includes religious ideas). However, I could not find worldview research in connection with healing. Many studies were conducted concerning religious healing, which mainly examine how the beliefs influence healing processes. But those studies leave out the subject of worldview and healing situations in which the healer has a different worldview than the patient.

1.5.1 Healing

In his article about *Laying on of Hands*, the biologist Bernard Raymond Grad discusses experimental conditions, necessary for successful and reliable experiments involving healing. In this manner he gives a short research overview about *Lying on of Hands*. He is convinced, that the

\(^{14}\) Further explained in chapter 2.3.
phenomenon was not treated with enough attention by science in the last century. However, there are researches, which prove the existence of physical reactions provoked by healing.\textsuperscript{15} A list of researches can be found on the webpage Council for Healing.\textsuperscript{16}

In their research bibliography, Dossey and Schwartz listed a number of experiments, which involved different types of healing (\textit{Lying on of hands}, prayer, distant healing). These researches were conducted over several years and by different researchers. In these experiments, the influence of different healing types was tested on bacterial cultures, yeast, animals, human tissue and humans. The results of the experiments, listed in this bibliography, show effects on tested samples and subjects. This indicates a possibility of existing healing abilities in humans.\textsuperscript{17}

On the other hand, there are also studies, which could not confirm real effects due to healing phenomena. I found an article about therapeutic touch (development from lying on of hands) and postmodernism in nursing, in which Sarah Glazer named some researches with results that indicated inefficiency of healing performances.\textsuperscript{18} One study was performed by Linda Rosa, who found no evidence for effects of healing.\textsuperscript{19} Another one was conducted by Therese Meehan, who could not find any effects which could rule out placebo effects or chances.\textsuperscript{20}

There are studies which are concerned with religious healing. Three of them are carried out by J. Campion & D. Bhugra, by James Dow, and by Sipco J. Vellenga.\textsuperscript{21} All three presuppose religion as the basis for healing. Although, J. Campion & D. Bhugra showed, that Indian people with a particular religious background, e.g. Hinduism, are not restricted to their faith. They can also visit a healer from another faith, e.g. Islam or Christianity. However, their study gives no information, whether the patients changed their religious views after the healing or not.\textsuperscript{22}

Sipco J. Vellenga writes about the effects of healing within a Pentecostal group. He emphasizes the importance of religion in healing: “They offer attendees attention and support as well as an encompassing framework which can help them to cope with their problems.”\textsuperscript{23} Sipco J. Vellenga

\begin{itemize}
\item\textsuperscript{15} Grad 1994.
\item\textsuperscript{16} Council for Healing 2012.
\item\textsuperscript{17} Dossey and Schwartz 2010.
\item\textsuperscript{18} Glazer 2001.
\item\textsuperscript{19} Rosa 1998.
\item\textsuperscript{20} Meehan 1998.
\item\textsuperscript{21} Campion 1997, Dow 1986, Vellenga 2008.
\item\textsuperscript{22} Campion 1997.
\item\textsuperscript{23} Vellenga 2008: 333.
\end{itemize}
focused on religious based healing, and his observations indicate, that only people believing in a Christian God can be healed in this particular group.  

James Dow proposed a structure in healing, which is universal to all symbolic healing methods (symbolic healing includes religious healing and Shamanism), around the world. The structure consists of four points:

1. A generalized cultural mythic world is established by universalizing the experience of healers, initiates, or prophets, or by otherwise generalizing emotional experiences.
2. A healer persuades the patient that it is possible to define the patient’s relationship to a particularized part of the mythic world, and makes the definition.
3. The healer attaches the patient’s emotions to transactional symbols in this particularized mythic world.
4. The healer manipulates the transactional symbols to assist the transaction of emotion.

This theory can partly be applied to my described healing observation further down and is mentioned here to widen the understanding of the experienced healing phenomenon. It also gives a possible explanation about the functioning of healing, but it is insufficient in explaining healing influence on worldviews.

However, all these studies and experiments involving some form of healing (which I read, or read about) do not include the subject of worldview. I found that in some cases, Volunteers were asked about their beliefs, yet, no attention was paid to possible changes, concerning beliefs after healing processes. Furthermore, I could not find any studies concerning healing in connection with coping.

### 1.5.2 Worldview

Many researches and books that contain the subject worldview were written e.g. by Ingmar Hedenius, Georg Hendrik von Wright, Carl Reinhold Bråkenhielm, Kjell Kallenber and Gerry Larsson, Eva M. Hamberg, Anders Jeffner and Kenneth I Pargament. Each one of them has a different approach towards worldview. For example, for Ingmar Hedenius (criticism of religion) and George Hendrik von Wright it is philosophical, for Eva M. Hamberg it is sociological, for Kjell Kallenberg & Gerry Larsson it is about health and ethics and for Kenneth I. Pargament it is about the coping process. Furthermore, individual elements of worldviews are discussed by; Hjalmar

---

24 Vellenga 2008.
25 James Dow is Professor Emeritus of Anthropology at Oakland University
These elements are; e.g. life experience, religious views, personal background, life crises and values. (Further explanation about the different parts of worldview in chapter 2.3)

For this study, the books of Carl Reinhold Bråkenhielm, Eva M. Hamberg, Kjell Kallenberg & Gerry Larsson and Kenneth I Pargament provided the necessary knowledge about worldview. However, I could not find any study on worldviews in connection with healing. Olav Hammer included healing in his research on New Age\textsuperscript{29}. He also touches the subjects of worldview by describing how people transform and change religious ideology. Nevertheless, he does not connect healing and worldview directly.

2 Definitions and Keywords

The purpose of this chapter is to clarify the meaning of the keywords; healing, \textit{Laying on of Hands}, worldview, placebo effect and cosmic energy, in order to establish a unified understanding to prevent misunderstandings by the reader.

2.1 Healing

Healing in Sweden is seen as a part of alternative medicine. It is often, but not always, linked to New Age theories about the nature of the world and all living things.\textsuperscript{30} There is also healing within religious groups, e.g. Pentecostal movements; this is called religious healing and is not focus in this essay. Furthermore, I make a difference in this essay when it comes to healing results; there are the immediate physical effects (like head or arm movement) and there are possible longer lasting physical and psychological effects or health effects. This is an important difference to understand by reading the analysis of this essay.

In this essay, \textit{Healing process} means basically the act of healing itself. However, in certain parts, it is also used in the context of a whole healing period; from the first session with the healer, to the last events and physical and psychological experience in connection with it.

\textsuperscript{28} Sundén 1977; Wulf 1993; Monat & Lazarus 1991; Geels & Wikström 2006.
\textsuperscript{29} Hammer 2004: 180 pp.
\textsuperscript{30} Hammer 2004: 180 pp.


2.2 Lying on of Hands

In this study, the meaning of *Laying on of Hands* is mainly what the name implies. The hand of the healer is laid on the body of the patient. The healer touches the different body parts and sometimes just the clothing. There might be variations in these methods depending on the healer. Most healers underpin their practice with ideas about the source of their power and how the healing process is functioning. There are different explanations; the force can come from the Christian God, mother earth, cosmic energy etc. and is used by the healer to feel where the patient has his physical problems and applied to help him. 31

2.3 Worldview

My understanding of worldview is based on the book *Världsbild och mening.* 32 Worldview is described to consist of three parts: the theoretical, the evaluative and the basic attitude. These parts are developed over time, influenced by education, experience and social environment and changes must have strong motivations.

The theoretical part includes for example theories about the origins of the world, the origins of humans or what happens with a human soul, mind or body after death. It includes ideologies of religious character as well as secular ones like communism.

The evaluative part provides us with ethical views and moral and simply gives us justification and motivation for our action. The question: What has more value, a human or an animal? Is a typical example for this part of our worldview.

The third part is the basic attitude. It’s about how we experience events around us, if we respond with hope, trust, confidence or despair. All these reactions could for example be assigned to the basic attitude of being optimistic or pessimistic. 33

These three parts are also inseparable and influence each other. The theoretical part can be the base for some of the values we have, while at the same time, experience and basic attitude can have influence on values too. The theoretical part can influence our basic attitude, while experience,

31 Hammer 2004: 212.
32 Bråkenhielm 2001: 11.
basic attitude and values can have influence on the theoretical part as well. There are no defined limits and no worldview is protected from changes and influences.

It was also important to understand processes that can lead to a change in worldviews and if a change was at all possible. The research literature of Eva M Hamberg, Kallenberg and Larsson, Kenneth I. Pargament, and Crystal L. Park provided the necessary information. They have different approaches, which are sociological, psychological or psychology of religion but give proof to the factuality of changes in worldviews.

In her research, Eva M Hamberg investigated how changeable worldviews are. Her results suggest that culture has a big role in the creation and modification of worldviews. Immigrants who start living in new cultures most likely adopt parts of it’s worldview.\(^{34}\)

Kenneth I. Pargament stated that in certain coping situations people can switch their religious views which belong to the theoretical part of worldviews\(^{35}\) and Kallenberg and Larsson wrote that the cognitive part of worldviews can change.\(^{36}\)

Crystal L. Park described, how religion is used as a meaning-making framework in life crises. In other words, she investigated how religion can help people to cope with life stress. As religion can be part of people’s worldview, it is important to know, that people in crises can change their religious views or concepts. However, the crisis has to be severe and give enough motivation for a change. This is mostly one of the last options.\(^{37}\)

2.4 Placebo Effect

In this essay the words placebo effect stand for a mind-body phenomenon, which is biological proven.\(^{38}\) I have no intention to diminish the significance of any observed act of healing or personal experience described in this essay with the use of the word placebo. The neutral application of the word placebo is based on the work of Anne Harrington, who did a study on the research history of this effect. With her article “The Placebo Effect: What’s interesting for Scholars of Religion” she gave research examples, which examined this effect and proved its existence as a mind-body

\(^{34}\) Hamberg 2000.
\(^{35}\) Pargament 1997: 216.
\(^{36}\) Kallenber & Larsson 2004: 89.
\(^{37}\) Park 2005: 713.
\(^{38}\) Harrington 2011.
correlation. They also show that belief (religious faith or simply belief in recovery) can be a significant factor in recovering processes.  

2.5 Cosmic Energy, Energy, The Force

Cosmic energy and force are words, which describe the same (scientifically unproven) metaphysical phenomenon. It could be seen as some kind of impersonal divine force, which flows through every dead and living thing. It could also be a presumed life force, which gives life to every living thing. The healer used the words force or cosmic energy synonym and in the sense of, “The cosmic energy is floating through you.” or “I can feel the energy.”

3 Coping Theory

The following description of coping theory is based on Kenneth I. Pargament’s book *The Psychology of Religion and Coping* (1997). His research on coping in connection with religion is well known in psychology and science of religion and often used as reference work. Since coping theory is a complex subject I will start with a brief overview and continue than with a detailed description as it is necessary for the understanding of the analysis.

What is coping? Coping is the reaction of people to crises in their life. Kenneth I. Pargament used these words: “Central to coping is a picture of people struggling, as best they can, with difficult situations in life.” Furthermore, he writes:

The coping process involves virtually every dimension of human functioning: cognitive, affective, behavioural, and physiological. But it is not limited to what goes on within the individual; it occurs within a larger context of relationships and settings.

He described the process as an event, which touches the social surroundings of people who cope with crises. In other words: no one copes alone. There always are other people involved. This can be parents grieving a child or the other way around, or when a partner loses a close family member.
or his job. People involved comfort, help or heal people in coping situations, but they also can be harmed by people in these coping situations.\textsuperscript{44}

In the centre of coping processes there is a crisis. What is a crisis? Many different examples are given for this subject in connection with coping: a threat, everyday emergencies, strains, potentially harmful outcomes, internal and external demands.\textsuperscript{45} A detailed description will follow.

Another aspect of coping is the choice it implies. We have the choice to react in different ways to a crisis. Sometimes, these choices are hidden or made almost unconsciously. That can appear, when people have learned to deal with crises in certain ways, and coping patterns become automatic responses. Thus, the difference between coping and pure defence mechanism is the choice people have in coping. Kenneth I. Pargament:

Even if a passive, avoidant, or reactive stance is taken toward problems, this does not erase the fact that, at some level, the stance was chosen. In this very basic sense, coping is an active process involving difficult choices in times of trouble.\textsuperscript{46}

In summary, coping starts with a crisis, includes personal struggle but also choices and involves people around the person in difficult times. Now I start with the detailed explanation.

It starts with significance. People seek significance, something with which they label everything in their life. These things are material, physiological, psychological, social and spiritual. In some things, people see more significance than in others; and all people have their own evaluations. These valuations can change over time, due to learning, experience or influences from other people. If something is valuated with enough significance, it provides people with motivation to protect it, buy it, connect with it and more. Thus, significance motivates people to act in certain ways. In other words, the essence of motivation lays in the significance given to the things in people’s life.\textsuperscript{47}

Having understood the subject significance, it is not a giant leap to the next aspect of coping theory. When an event in life, threatens things with great significance to a person, it is appraised as stressful. This is the so-called primary appraisal. People’s own perception of events leads to an assessment which classifies the event in; not stressful, most stressful or everything in between; all

\textsuperscript{44} Pargament 1997: 85.
\textsuperscript{45} Pargament 1997: 84.
\textsuperscript{46} Pargament 1997: 87.
\textsuperscript{47} Pargament 1997: 92.
in conjunction of how significant the subject is, which is threatened by the event. This is the start of a crisis.

In the primary appraisal, the event is assessed that threatens people’s subjects of significance. The secondary appraisal is the assessment of the resources and burdens. When an event is appraised as a stressful situation; e.g. someone forgot his wallet and realized it while taking gas at the gas station; his resources could be appraised as beneficial; e.g. he remembered, that he had some banknotes lying in his car. In the example, the situation is less stressful than it could be. If there had been no banknotes in the car, the situation would have been perceived as more stressful. Resources are positive elements in events, while burdens are negative. A burden in the depicted example could be that the person is in a foreign country and does not speak the foreign language. In that case the event can be experienced as most stressful. The primary appraisal and the secondary combined; result in people’s perception of situations’ stressfulness.

Resources and burdens are summarized in the orienting system. The orienting system is what individuals simply possess, and it has influences on the coping process. It is how people see the world and how they come to terms with it. “It consists of habits, values, relationships, generalized beliefs, and personality.” The worldview provides some of these aspects; for instance; values, beliefs and personality. Some of those are resources; e.g. optimistic attitude or faith which provides comfort during hard times; while others are burdens; e.g. pessimistic attitude or faith which complicates or even construct crises. Faith is named twice, once as a resource and once as a burden. This shows that a single aspect of people’s orienting system must not be seen as fixed on either side. Their valuation is depending on the structure and nature of the event itself.

During a coping process people use their resources and deal with crises and burdens. Resources can be depleted over time and thus the crisis become more distressful. On the other hand, resources also can grow and thereby helping to improve the coping process. Burdens in coping function the same way, just the other way around. The more burdens people have in the beginning of a coping process, the more severe is the stress. Burdens can also grow or diminish over time; thus, they influence the coping process in the corresponding direction.

---

49 Pargament 1997: 98.
50 Pargament 1997: 100.
52 Pargament 1997: 103.
Although the orienting system provides us with features, that can support positive coping, or even can be translated into methods of coping, people are not necessarily able to use them. Resources as such, have to be recognized and then transmitted to the crisis. This process can be blocked by missing awareness about individual resources. Once discovered, they have to be applied to the crisis. Resources not automatically fit to a crisis in hand. People must understand how to use them in specific situations; and possibly reinterpret or reinvent them, in order to turn them into beneficial methods of coping.\(^{53}\)

Another important part needed to understand coping is, to structure or sort out the methods of coping. Different approaches were made in the past by different scientists. Kenneth I. Pargament named three common approaches; the descriptive, sequential, and the typological approach. He considers them applicable in certain cases, but none of them sufficient enough to describe the underlying function of coping; which is the search for significance. People try to maintain or reach their objects of significance. Two mechanisms are therefore important, the conservational and the transformational. In crises, most people try to cling on certain objects of significance, which is a conservational mechanism. Denial is an example for conservation. E.g. my car makes unnatural noises on the way to my parents, but I continue to drive with it, and think: “It’s probably nothing.”\(^{54}\) This of course, is not healthy for the car and maybe potentially dangerous for me and others. But I continue driving, because the object of significance (reaching my parents in time) is too important to me as I could stop at the workshop.\(^{55}\)

The other mechanism is the transformation. E.g. I realize, I have to stop at the workshop, in order to get the car repaired. In that case, I cope with the dysfunctional car by transform my subject of significance. To reach my parents in time is now less important, and to reach them with a functioning car is more important. People cope with situations in life with conservational and transformational methods of coping. But there is never a guarantee that the chosen way leads to success and people frequently fail by trying to cope with crises.\(^{56}\)

Another distinction in coping mechanism can be seen when the way of coping is transformed or maintained. The methods, people use to reach significance, can be changed or maintained. That leaves us with four different reactions to a situation, which threatens people’s significance.

\(^{53}\) Pargament 1997: 104.  
\(^{54}\) This is an example created by me.  
\(^{56}\) Pargament 1997: 110.
1. To maintain the way someone copes and the object of significance; is called *preservation*.

2. To change the way someone copes and maintaining the object of significance; is called *reconstruction*.

3. *Revaluation* is the changing of significance and the maintaining of the way of coping.

4. When both things have to be transformed, the way of coping and the significance, it is called *recreation*.

These coping mechanism are not always easy to detect in real life cases. Different individuals have different life histories, which result in different assessments about their coping mechanism. Two people that seek help with a psychologist can have different coping mechanism. One of them has regularly counselling sessions to solve his problems, which is conservational. The second may talk the first time with a psychologist, which is transformational for him. Which resources people use, which coping methods people apply, is a question of what history a person has and the individual attitude.

When people are left with the choice of trading one object of significance (revaluation) for another; or one method for another one (reconstruction), the process is called tertiary appraisal. In this tertiary appraisal people assess what the best way is and, if the object of significance is worth the cost. “To put it in another way, we prefer the path of least resistance.”

Adding to the statement above (no one copes alone); the culture influences should not be underestimated. To illustrate this, the following quotes are helpful.

/…/ culture shapes events, appraisals, orienting systems, coping activities, outcomes, and objects of significance.

Without the benefit of cultural support, we fall back on ourselves in coping. But to “go it alone” may be a nearly insurmountable challenge, for our visions of the future, our sense of the past, our ability to interpret and learn from experience, our definitions of ourselves, and the meanings we make of life are all embedded in a larger culture.

---

57 Pargament 1997: 112.
60 Pargament 1997: 117.
Culture, which has a big part in shaping our worldview\textsuperscript{62}, has great importance for coping processes.

The final part of coping theory is the answer to the question: What is good coping? To simply assess the outcomes of coping processes is not enough. One also has to evaluate the coping process itself. Hence, this process can last over a long period of time, people’s quality of life is influenced by it. Therefore, to give a complete assessment of a certain coping process, one has to look at both, the process and the outcome.

After his explanation of the coping theory, Pargament continues to combine coping and religion. Thereby he describes how people can change religious concepts in order to cope with a problem. When an individual is confronted with a crisis, which cannot be solved or even be transformed by coping strategies into something bearable, one way to deal with it can be to change religious concepts. That might imply to change one religious group for another one. This possible social environment change would have implications for future life but can also present a successful coping strategy.\textsuperscript{63}

In conclusion, coping strategies are always individual, even if people deal with the same crises and have the same goal in significance, there will be differences in the process. Significance is the goal of the coping processes, people cope towards it. Significance can be conserved or transformed during coping. A crisis that threatens the significance is the cause of coping. People bring an orienting system to the coping, which consist of resources and burdens. In order to use or avoid them, they needed to be understood and recognized. There are methods to describe coping processes and to categorize them. To assess coping in the right way, we have to look at the process itself and the outcome.

\textsuperscript{62} See also chapter 2.5.2.
\textsuperscript{63} Pargament 1997: 213-233
4 Empiric Materials

4.1 Participating Observation

I decided to write the first part of the participating observation in a somewhat more unorthodox style. The reason for this is the incomplete picture the reader would get from just getting information and numbers about action, time and place. To give you an understanding of the impressions and possible feelings my interview partners got when they had their treatment, I borrowed the writing style of storyteller. Also, my personal involvement had influence on my objectivity. Hence it is important to give the reader the opportunity to judge for himself. It is of course impossible to say, if the patients had the same kind of perception as I did. But even with a purely representation of all the facts of this observation, the reader would not know the possible perception of the patients; plus my personal involvement remained unclear. My reference is Vincent Crapanzano with his book *Tuhami: Portrait of a Moroccan* in which he criticized the often used technic of anthropologists, to remain invisible in their studies and thereby producing a wrong picture of the encounter.

By eliminating himself from the ethnographic encounter, the anthropologist can deny the essential dynamics of the encounter and end up producing a static picture of the people he has studied and their ways.\textsuperscript{64}

Another book, which convinced me to write this part in a narrative style, is *Ok, amen* by Nina Solomin. With her journalistic background, she wrote this book for a broad readership, not just for scientists and academics. Her writing style and articulation allows the reader to understand the life of the Chassidim in New York in a much more profound way.\textsuperscript{65}

This participatory observation has two parts. The first one describes my first encounter with the healer and the act of healing itself as I got treated. The second one describes an observation two weeks later in which a group of people was treated by the healer on a single evening.

\textsuperscript{64} Crapanzano 1980: 9.
\textsuperscript{65} Solomin 2001.
4.1.1 Part 1

The first time I met the healer, she was scrubbing the floors of the premises. She turned out to be a friendly looking woman of around sixty years, with brown hair, glasses, black pants and a grey shirt. She had just finished lunch and was cleaning the facility; it was her last day in town and I was her last appointment. Every month she comes two or three times to Falkenberg, and has the permission to stay in the apartment of a woman, who also provides alternative treatments for people in need. I do not know the financial arrangements between the healer and this woman.

The house is located on the coastline near Falkenberg, and one has to drive along the beach, before getting there. It’s a quiet setting with some houses, fields, forests and the ocean, a place for expensive summer houses. The consulting rooms themselves have little romantic or mystical appearance, nothing were one would expect a healing session to take place (although someone tried to give it a charming, calm touch, with the help of tea lights, beach furniture, meditation music and a little plastic stone spring with a light inside). It was a pizza restaurant before being transformed into rooms for alternative medicine practice. The whole facility reminded me of cellar mosques in Sweden. They provide a religious space with the help of religious symbols, but always having that sad feeling implied, of being situated in the wrong place. From that perspective the rooms had something religious or something that signalled one is a step away, from the grey everyday life.

While still scrubbing the floor, she started to talk about her practice and how many times she comes to town; and what she is doing, when she is not in Falkenberg. She provided me with some brochures about the clinic she is working for, and gave me an internet address too. The clinic takes care of patients with cancer. The healer, as she told me, provides pain relieve for those patients. After finishing the floor we sat down and she showed me a book with letters of people who expressed their gratitude for successful healing. She told me, she can feel some kind of force going through a patient’s body, and reveal the physical problems. She can feel the pain in the same body parts as the patients. Sometimes, sessions last just half an hour, but it can go up till three hours and more.

After explaining the nature of my study, she led me in one of two consulting rooms. There was a massage table in the middle of the room, some kind of colourful Hindu poster on the wall, a chair

---

66 On this point I want to underpin, why I chose this unorthodox style of writing. At that time, I was expecting everything; from amulets, incense, to bead curtains and alternative clothing style. That she was scrubbing the flour in these profane surroundings was not fitting in my previously mentally created image of a healer. Therefor I was surprised. The reader should be provided with the opportunity to experience this scene and the following by himself. Simultaneously he or she is provided with all the observed details in this context.
and a side table with some brochures about alternative healing. We sat down, and she explained again, what she was doing and told me about two interesting cases she had. I was very curious to hear all these things, but I was even more excited to finally experience the healing myself. I was not sure if something would happen at all, and she on the other hand said, she never promises anything to anyone, “what will happen, will happen”, she said.

So I stood with my clothes on (jeans, shirt), with my back turned to her. I expected her to check my body posture, as they do in chiropractic. But she touched my head with the fingertips of both hands and to my surprise, my head started to turn to the left and then to the right. All the while, she was speaking and explaining that the body knows what is best for it, and in which direction it has to bend, in order to terminate possible blocking of the energy flow. She said she never knows, how someone’s body will react to her treatment. In the beginning she gave me a mental picture I had to focus on. It was me, standing on the world, first just on a street in Falkenberg, and then I became bigger and bigger, until the moon was flying around my knees. While I was listening and tried to focus on that picture, my whole upper body had turned to the left side. By that time she was just touching the T-shirt on my shoulders.

After a while she stopped and I had to lie down on the massage table, with my belly down. This was uncomfortable, since the head support was not in the right place, and it was hard to concentrate on the mental picture. As a result of this, the procedure did not feel as strong as in the beginning. I felt I could stop whenever I wanted. That was not the case in the beginning. When I was standing there and my body moved, I tried to resist the movement, but I could not stop it.

She continued, to lay her hands on my arms, head, back and knees, and my body kept on moving. After the healing session, she asked me, how I felt. I had some back pain when I got there and after the healing, I could not say whether it was better or not. She said, it could take a while until I fully realize the effects of this treatment. Furthermore, by treating me she activated the energy within me and my body could start moving by itself. To stop such possible motions, I should just tell the body to stop. She gave me a glass of tap water and instructed me to drink more at home. The whole session lasted almost two hours, but it felt like half an hour. I did not have to pay for the treatment. The reason, as she explained are, that she wishes to share her abilities and that she is very open to scientific research about her work. Otherwise, the treatment costs between 500 and 800 Swedish Krona.
I cannot explain why I was moving during the treatment. Also, when I left, I felt very happy and was very optimistic. I am still puzzled with my physical and psychological reactions. Why did I move and why did I feel so happy?

4.1.2 Part 2

In the second observation, I focused on the people and their reactions to the treatment. I was invited to attend a demonstration evening. The healer would demonstrate her abilities and thereby heal or partly heal people with physical problems. People with severe problems, which could not be solved on this evening, were offered an individual appointment. The session on this evening cost 550 krona for each person.

The meeting started at six o’clock in the evening in the house described above. Eleven people were in the room, seven clients, two healers and the woman who owns the place. The clients were three men and four women. Two women were around sixty, and the other two women were between 30 and 40 years old. During the session, I had the feeling that all the women were convinced from the reality of the healing. The men, two of them around sixty and one between 40 and 50 years old, seem to be more sceptical. One man, had already experienced healing before, the other two were new. Both men around sixty were married to the two older women in the meeting. Three of the women had experienced healing before, and one of the younger women had her first encounter that evening.

The healer, the main healer of the evening (she is described in part 1) was talking and assisted in her explanations by the two other women. According to these explanations; people start collecting experience when there are still in the womb. All severe events, even those people cannot remember, have influence on our present life. Guilt and misfortune are also collected; and people carry these things through their life, until this baggage starts to influence their physical or mental health. This happens, when people start blaming themselves. The healer underlined the connection between mind and body and gave an example. She instructed the clients to think about a lemon and to picture it in their minds. Thereafter she said, now bite in it, and asked, if someone had saliva in the mouth. The healer used this example to demonstrate the placebo effect (she used the words: placebo effect). Just by thinking of something, people can activate otherwise unconsciously driven body functions. After that she combined this example with her previous explanations about experience and guilt. These thoughts have influence on body functions and people’s wellbeing. While
explaining, the words energy and force were mentioned several times in connection with body processes and health. The force or energy has influence on every cell in any living organism. With the help of this force, she is able to detect the problems and to heal the client, by provoking the body to heal itself. This concept was mentioned repeatedly throughout the whole evening.

One other healer, she was around 150 cm tall, had black long hair, an Asian background and foreign accent. She was wearing dark clothing and a red amulet with Chinese letter on it. As she explained, she was working in a different way than the main healer. She said, she can feel severe pain in other people, by just being in the same room. However, she left the meeting after the beginning of the demonstration, without conducting any healing. I did not understand why she was there and did not ask later in the process. The owner of the house usually works with alternative healing and medicine. She offers treatments, which include light therapy, massage, thought field therapy and more. She emphasized, that she couldn’t heal by laying her hands on a patient.

The group was sitting in a circle during the introduction and explanation. Towards the end of this stage of the evening (after 30 minutes), two clients had to stand up and were treated in front of the group. First a younger woman; she was given a mental picture (the one I described in the first part), and had to focus on it. Nothing visual was happening. Her body was not moving, but she could feel something and could not move from the spot after she was free to sit down. The owner of the house started talking quietly to her and she could sit down after a while. That happened while the healer was treating the man (the younger one). He felt a little uncomfortable with the situation, but they (healer and young man) talked freely with each other and laughed in between. At first, nothing happened. The healer was holding the hands of the client and she was talking to him and gave him the mental picture. She asked continuously if he felt something, the answer was always no. Thereafter, she walked around him and touched him on the shoulders, and he fell backwards. She held him, so he could not fall completely.

That was the beginning of the treatment stage of the evening. The man was brought to another part of the apartment and had to lie down on the floor. I sat there with the rest of the group and we were talking about the healing. One by one was called and after twenty minutes I was sitting there with the husband of one of the women. That was not his first time there and he explained what happened to him the last time. I took the chance and interviewed him. After approximately 30 minutes the healer allowed me to walk around. This way I collected information about the health problems of the clients. This information were not always explicit, due to private reasons, but revealed enough show the seriousness of the problems.
The clients were lying in different rooms. The two older women were in one room, the two younger ones in one, the younger man was lying in the hallway and one of the older men was lying in another room (see picture 1 page 23). The older woman had the strongest reaction; their whole body was moving. At one point one of them was hitting herself on the chest. The two younger women had a less obvious reaction. One had had a neck injury and it was slowly moving. The other one had problems with her hip, which was also moving slightly. The man in the hallway was lying there without any significant reaction. He said, he could not feel anything, but he was comfortable on the floor. During the whole session the healer was walking from client to client, touching them, talking to them and asking how they felt. When she came again to the man on the floor, I saw that she touched him on the feet, and suddenly he took a deep breath and his arms were waving up and down, as if he would make a snow angel. He continued to breathe freely and his eyes were closed.

I conducted more interviews, while the clients were still lying there and their bodies were moving. The interview did not interfere with the treatment, as the healer told me, and this was confirmed by the patients. I overheard several times the use of the word energy. The healer would say sentences with the meaning of, I can feel the problem; or I can feel your energy and were it is blocked in your body.

---

[Diagram showing the layout of the rooms and areas mentioned in the text.]

Figure 1

1 - meeting room
2 - man on the floor
3 - two older women
4 - two younger women
5 - older man
6 - sauna
7 - massage room
8 - toilets
After three hours, the treatment was over and we all met once again in the meeting room. The healer asked everyone, what they had experienced and one by one they explained it. All of them, with one exception, could tell about positive healing experience. They were convinced of the healing and of the energy behind it. One of the older men did not feel anything. He explained that he had no pain, when he got there and therefore could not feel something. The healer confirmed this view. After one hour of group communication, the meeting was over and after everyone had paid their 550SEK, and then people left the house.

Adding to the description above, patients should say to themselves during the treatment and afterwards at home: “Jag är min kropp och kroppen är jag i sin helhet.” Also, the healer repeatedly said: “Andas in positiv energi, andas ut låsningar och spänningar.”

4.1.3 Participating Observation Summary

My own experience and the observed events in the second part are described to present a complete picture about the Laying on of Hands phenomenon, which my informants had experienced. This chapter should not convince anyone of the authenticity of the healing. However, there are important facts to recognize. First, all people, which had serious health problems were convinced of the healing. One man, without any reactions to the healing (and no health problems) did not express his thoughts about it. Second, all people testified subsequently about their experience. Third, the healer explained during the preliminary talks the function of her healing and the force behind it. Furthermore, the surroundings in the house were not specially prepared for the event (beside the brochures, which were lying on the table) and the clothing of the healer did not make her recognizable as a healer. People were conscious through the whole process and could even be interviewed.
4.2 Interview Results

4.2.1 Informant Description

All informants were interviewed on a single evening during a healing session. Two of them were interviewed, while they were lying down and under the influence of the healing process. A couple was interviewed separately, the man, while he was waiting for his treatment and the woman after her treatment.

The first informant is a woman, around sixty years old, and she had severe pain in her whole body. She could not move her neck or her arms properly, and had problems with her ankles. All conservative medical treatments did not help, and when she was offered the chance of a healing session, she tried it. She experienced immediately results and quickly felt a lot better. She had less pain and was more flexible than before the treatment. She stopped taking prescribed medicine due to the good effects of healing. (She had been to four or five healing sessions before.) During my observed healing session, she was moving very actively. I interviewed her one time before, but had not all the questions I needed. The second interview took place after her treatment, during my observation.

The second informant is the husband to the woman above, and also around sixty years of age. He had pain and limited flexibility in his arms and shoulders. He also had surgery on his legs, with unsatisfying results and he still had pain and problems during walking. He never believed in healing, and his wife could not talk to him about it. Even so, urged by his wife, he tried healing reluctantly, and also experienced immediately results. He insisted, that his golf swing was much better, and the ball was flying additional fifteen meters since the first healing. It was his third time during my observation, but he showed no obviously reaction to the treatment this evening. I interviewed him before he was treated on this evening.

The third informant is a woman of about 35 years of age. She had a neck injury which could not be treated with medical procedures or surgery and she had chronic pain. This was her second healing session. In her first healing she experienced active body movement and felt less pain afterwards. During the interview, she was lying on a mattress and showed very little movement. However, she told me, she could feel something was moving in her neck. The healer claimed, that the interview situation would not disturb the healing process itself, which was confirmed by the informant.
The fourth informant is a woman, also around 35 years of age. She did not reveal her medical condition, but only told me that she went through a difficult pregnancy. It was her first time healing session. During the interview she was lying on a massage table and showed little movement. The healer took her under special care in the beginning of the session, and I was not permitted to enter the room or even look in it.

4.2.2 Informant One

Her religious involvement during her childhood was limited to the traditional baptism and later, confirmation in the Church of Sweden. She participated in Christian ceremonies such as weddings, baptisms, funerals and Santa Lucia. However, she never actively or voluntarily, did other forms of religiously related activities, e.g. praying alone or going to church on weekdays. Her parents were not interested in church activities, and so she grew up without religious pressure or Christian education from her parents’ side. She did have Sunday school, with bible education until she was around twelve. As she said, she thought there could be something supernatural, some higher power, but she could not relate to the Christian picture of God. Her social environment gave her the impression of something greater, since the traditional events; e.g. wedding and funeral, always involved Christianity and its God. However, for her it was nothing to believe in, or pray to, or even think about.

In her teenage years, her religious attitude had not changed. With some friends she performed a spiritistic ritual, (Ande i glaset)\textsuperscript{67} in which she asked spirits questions. As she recalls it, the spirits answered her questions and from there on, she believed in spirits. She never thought deeply about her religious worldview. With turning forty, her understanding of the human soul was changing. Maybe influenced by her experience in teenage years, the soul would now go on after death. But heaven and hell were no options in her interpretation of life after death. Between forty and the present time, she developed the belief in reincarnation.

During her entire life, she never went to church for other reasons than social events (wedding, baptism etc.). A friend of hers took her to a Pentecostal Church and she observed Speaking in tongues. She thought the people there were just pretending, and she despised it.

By the time she became ill, and the traditional medical treatment was not helping, she began to believe in reincarnation, some higher power, spirits and was open but sceptical of Laying on of

\textsuperscript{67} There is no English translation for this word.
Hands. After her successful treatment by the healer, her view about something supernatural, some higher power, changed into believing in a force, that the healer could use to heal and her body is influenced by it all the time. Reincarnation is now much more substantial to her, because she said; she hopes to find someone that could lead her back in an earlier life of hers. She also believes now in guardian angels.

After the healing experience she started to believe in a healing force (or energy) and guardian angels and also developed a stronger belief in reincarnation.

4.2.3 Informant Two

He was baptized and confirmed in the Church of Sweden. His parents were not active in church and he did not participate in any extraordinary church activities. He had to attend the traditional events (wedding, funeral etc.), and had Sunday bible school. Even so, he never believed in the Christian God or any other supernatural powers, creatures, forces or angels.

This never changed. He learned about other religious phenomena on TV, magazines, or books, but they had no influence on his beliefs. He was very sceptical about healing. His wife (first informant) could not talk to him, about her experience with the healer. He thought it was nonsense. However, after his healing experience and its positive effects, he now believes in some kind of force. For him, this force has nothing to do with a Christian God or any other God. It is a force, which exists, which can be used by certain people and which influences all humans. One of his statements was: “It works, so there must be a force.”

After the healing experience he started to believe in a force, that influence people and that can be used by certain people.

4.2.4 Informant Three

She was baptized and confirmed in the Church of Sweden. She was not an active member of the church, and only participated in traditional church related events, such as weddings, baptisms etc. She did pray when she was younger, but at the same time rejected the Christian concept of God. She
believed in a higher power (unspecified). She had no contacts with other belief systems than Christianity. She was sceptical about *Ande i Glaset*, whether it could work or not.

With the loss of close family members (father and brother) she experienced something, which for her was extraordinary. After the death of her father, a bird flew into the house, and sat down on the breakfast table, which had never happened before. The same thing happened after the brothers’ death. Although she cannot fully explain these events, she associates them with the death of her close ones. She was convinced, before the healing, of a human soul, which exists after death.

After the healing she believed in an energy, which is created in cells of every living thing. She was convinced, that humans are not living in harmony with nature anymore and that we have to go back to nature. Humans should use this energy, given by nature, and understand nature and mankind as wholeness. The higher power, she believed in since she was a child, want us humans to use this energy. She underlined that everyone has the abilities to use this energy. She still believed in life after death, but did not explain it further.

After the healing session she started to believe that (a form of cosmic) energy is created in cells and that a higher power wants us to use this energy. Furthermore, she believes that all people have the talent to use this energy and that there is a wholeness of nature and mankind.

### 4.2.5 Informant Four

She was baptized and confirmed in the Church of Sweden. She believed in God as a child and still does. She was and is praying to God. When I asked her about other supernatural creatures, entities or something similar, she called God a higher power. She attended traditional events e.g. weddings and funerals, but was not further involved in church activities. She believed in healing before she experienced it herself. She was not sceptical at all. She also combined nature, mankind and the energy; but for her, this energy comes from God. It can be used by everyone. She also believed in spirits and that they could harm people during spiritistic rituals. She knew someone, who had to be helped professionally, after he was possessed by a spirit. She did not specify what this professional help was. During the interview I got the impression that she seemed to be afraid of bad spirits. I could not detect any changes in her belief concepts, and I got the impression that the healing session was a confirmation of her belief.

---

68 Spiritistic ritual to communicate with spirits
4.2.6 Interview Summary

For three of the informants the interview results showed changes in their belief system after the act of healing. They were either very sceptical about healing, as informant two, or less sceptical as number three. All four informants had different religious beliefs in otherwise similar backgrounds. There all were baptized and confirmed and had bible study before their confirmation. However, they had different beliefs.

After the healing, they all explained their experience with the force or energy. For informant number four it came from God, for number three it came from the cells of every living being. Number two could not explain its origins and so could not number one.

5 Analysis

The main question in this essay is to understand what happens with people’s worldview during healing processes. For informant one, two and three it changed, and for informant four, it did not. With the example of number one I will start to explain why she, and number two and three, were sceptical about healing.

5.1 Scepticism

Informant number one had, like the others in this group, a Christian background. However, she never fully believed in Christian concepts. Over time she developed her own version of religious concepts. The interview answers indicate, that those developments are connected with her experience in spiritistic rituals and her light vision. Although she already had this altered worldview, she was sceptical about healing. The interesting question is why she was sceptical? Her interview answers and those of number two and three indicate, that their previous worldview gave them no room for sufficient explanations for healing processes. That was different for number four. She had a worldview which could explain healing processes. As a result, number one, two and three were sceptical and number four was not.

On this point the answer to the question why they changed their worldview, seems to be obvious. After having experienced healing, my informants were convinced that it truly works, and that they had to alter their worldview in order to explain this. This however, is not a complete answer,
because we still don’t know if the insufficient worldview (in order to explain healing) is the only reason, or if there are psychological processes or other events involved that made a change necessary. In the next part, I will analyse the processes around healing, with the help of the coping theory.

5.2 Crisis and Coping

For all my informants, the significance lies in their wellbeing, which implies a certain way of life. Wellbeing was threatened by health problems. The first appraisal was recognizing the occurring illness, and the problems it implied for future life. People might think about the implications for their work and family life. The second appraisal, which takes resources and burdens into account, was realizing the opportunity to visit a doctor and asked for help. Of course, other aspects belong to the second appraisal too, e.g. the time that it would take, of going to a physician and the costs for treatment and medication. The first and the second appraisal determine the amount off stress a crisis creates. Now the individual has to decide, whether to see a physician or not, which is the tertiary appraisal. That all four interviewees had professional medical treatment is therefore an indication of the seriousness of their problems.

The tertiary appraisal and the medical treatment, as consequence, are similar for all my informants. Their orienting system led them to the doctor in order to deal with the health problem. In terms of coping, this is a preservation method. The goal was still, to regain health and the way to achieve this, was by visiting a doctor. Something they did before. I assume here, that it was not the first time that they went to a doctor; given the age of my informants and the fact they had never visited a healer before.

When the medical procedure failed to deliver positive results, my interviewees had to decide, either to change the subject of significance (e.g. living with health problems), or they could change their ways of coping; in their cases, going to a healer. This decision is explained with the tertiary appraisal. People decided to go to the healer, because it was worth the cost. According to the theory of coping, this method is called reconstruction; the goal (wellbeing) is the same, but the way to reach it was changed. For all three women in my interview group, it seemed to be an easier decision than for the man, who had to be convinced. He still made his own decision, although the reasons could have less to do with his health and more with avoiding complications in his marriage.
However, this point is of lesser importance and would just emphasise his scepticism towards healing.

5.3 Need for change

With increasing health, one could see the end of the crisis and the end of the coping process. However, the healing process changed more than just the way of dealing with the crisis. The worldview had changed for three of my informants. Why? As they realized the results of healing, they had to explain them. They “had to”, because they did not changed a simple concept (e.g. changing the TV channel) they changed something, which has implications on their lives. Worldviews and also the theoretical parts of it, are concepts that characterize individuals; their social environment can react on changes which could have consequences for the individual. These thoughts underline my interviewees need to change the worldview, because people most likely don’t change the worldview for minor reasons. I am aware of, that the argument although logically constructed, does not provide a hundred percent proof. However, it provides a high plausibility for the existence of such need for change. There is a second assumption; placebo research indicates better recovery results for patients who believe in recovery or have faith in their religion. In terms of a healing experience, the explanation increases the belief in healing and thus increases the chances for recovery. Unfortunately, my collected materials give no sufficient information about how conscious this decision was made. Overall, I consider an existing need of changing the worldview as highly probable.

Interviewee one, two and three changed their worldview because it had no sufficient fundaments for healing explanations. It is important to understand, that they considered their worldview as insufficient. Interviewee one, for example, believed in spirits and could have given them the responsibility of the healing results. But she did not, which is an argument for, why she thought of her previous worldview as insufficient. However, only informant four, who already believed in God’s power and healing abilities of certain people, was able to explain healing without changing her worldview. Her interview answers have shown her belief in God and his power to heal. One fact should not be forgotten, all interviewees believed in some form of force or energy after the healing session and this concept was mentioned by the healer in the beginning of the healing and several times during the healing. I am coming back to this fact further down.
5.4 Reframing

Returning to coping theory, which provides us with a tool to understand these changes. As written above, changing the way of how someone copes and at the same time maintains the object of significance is the so called reconstruction. So far, the change from traditional medical treatment at a physician to a healer was considered reconstruction and is provoked by the considerations within the tertiary appraisal. The next interesting question is: Is the changed worldview a reconstruction method as well? Following Pargament, it could be. When a person’s usual applied coping strategy fails, it can be changed. This includes changing religious concepts, and is then called reframing. The healing experience offered a solution to my interviewees as well as it offered new religious concepts. In the observed healing case, these are New Age concepts.

This led me to the assumption that my interviewees had a choice between their old worldview and a possible new one. To argue for this point, I have to go back to the healer and her working method. The healer gives the patient a transactional picture, symbol or object from within religious or mythical concepts, to focus on. In the observed healing case, it was energy. This energy was given a central role within the healing. (described in chapter 4) The healer said that it influenced the body of my interviewees, that the healer could detect possible health problems with the help of this energy and finally she could use this energy to manipulate the body and provoke it to solve the problem. With these information it appears as if without this energy, healing in this form would be impossible. As a possible result of this explanation my interviewees changed their worldview.

Within coping theory, patients reframe their worldview to be able to access new resources. In other words: My interviewees changed their worldview (parts of it) to be able to fully believe in healing and thereby increase the chances of positive healing results. And again, the patients, who came to the healer with serious health problems and disappointing medical treatment experience, had good reasons to accept the offered concept. The question remains, of how conscious the decision was made by my interviewees. During the interviews I had the impression that they were not conscious about such decision. Unfortunately I have no proof for this assumption.

Different feelings, thoughts and experience came together during the observed healing session; stress of the crisis, disappointing coping strategies, immediate effects of the treatment and the presented concepts in connection with healing. These facts culminated in the choice between old and new worldview, I mentioned above. On one side, there is healing (and its consequences for the worldview) and on the other side there is the old worldview. In terms of coping, this is a choice between a reconstruction (including reframing) and conservational coping strategy. Healing stands
for, a possible solution to a serious problem and a new worldview; while the old worldview is built up over many years, by education, experience, social and cultural background. To alter the worldview might imply consequences. Social connections may deteriorate. e.g. informant number one could not talk to informant two, her husband, about the healing. By considering these facts, it becomes clear, that my interviewees did not just adopt a random explanation for healing. This explanation required altering their worldviews, and they accepted it.

5.5 Analysis Summary

At some point in their lives, my interviewees were confronted with health problems. These health problems were severe enough to pose a threat to their future wellbeing. The realization of these threats marked the beginning of the coping process in which the subject of significance is wellbeing. This was also the first appraisal (realizing and assessing the problem). The next step in dealing with the crisis was to think about possibilities that could solve the problem and also understand possible obstacles. In terms of coping theory, this was the second appraisal in which an individual assess resources and burdens (the orienting system). The result of first and second appraisal was the realization of the severity of the crisis and of a resource, going to a physician. The tertiary appraisal was then the consideration of actually going to the physician because it was worth the cost. Since that was a resource they had often used before by health problems, so far this coping strategy is called conservational.

After my interviewees were disappointed by the traditional medical treatment at the physician, due to negative results, they were offered another resource. This resource was the healer and her method of Laying on of Hands. Again a tertiary appraisal was made which resulted in the decision to try it. Now the coping strategy changed from conservational to reconstruction, as the way of dealing with the crisis was changed and the goal, the object of significance was not. Three of my informants were sceptical towards the healing and one was not. My conclusion here was that the first three interviewees thought of their worldview as insufficient in providing foundations for healing explanations and therefore they were sceptical.

With the beginning of the healing session they were offered a different worldview. The healer gave them the concept of an energy (also called force or cosmic energy), which was presented in a way that it appeared as indispensable for healing. My interviewees came there with severe health problems (crises), disappointing medical treatment experience and a worldview, which gave no
sufficient solutions in order to deal with the problem. The only obvious other possibility within the confines of my interviewees worldview was to change the object of significance, which meant living with health problems and waiting for medical progress. By reframing their worldview they accepted the new concept, cosmic energy, which made it possible to explain healing, which in turn made it more believable and thereby possible more effective, according to placebo research. The act of healing, the *Laying on of Hands* showed immediate physical reactions, which further contributed to the decision to change the worldview. Furthermore, I suspect that the group experience and the testimonies of the other participants could also have been a convincing factor.

Eventually, this research not only gave answers, it also created new questions. Why not attribute the healing power to already existing parts of one’s worldview, e.g. spirits or God? What is the connection between believing in healing and explanations for healing? How conscious were the decisions made, which led to the changed worldview? Why was the man more sceptical towards healing, than the women were? I suspect that some of these questions could partly be analysed with help of psychology literature. Unfortunately, this research has time limitations, which does not allow further investigations.

Finally, as shown, even four people, with common social, religious, and cultural backgrounds, develop variations in their beliefs. They developed different personalities, which cannot be described with a single interview and observation. Therefore, all results in this essay have to be seen as unique and can give nothing more than indications and ideas for further research.
5 References


Internet

Council for Healing. Web address: [http://councilforhealing.org/About.html](http://councilforhealing.org/About.html); (2012-12-29)


7 Appendix

Interview Questions

Childhood
1. How was your upbringing in religious terms?
2. Which religious activities did you do, out of your own motivation. (e.g. pray at home)
3. Did you believe in angels, any god, spirits, healer, shamans, reincarnation, magic, the Holy Ghost, cosmic energy or similar entities or creatures?
4. Describe your character as child?

Teenage
5. Was there a difference between childhood and teenage in religious terms?
6. Describe your character as teenager?
7. Which contact did you have to other religious ideas? (and your own religion)
8. Did you believe in angels, any god, spirits, healer, shamans, reincarnation, magic, the Holy Ghost, cosmic energy or similar entities or creatures?

Time between the end of teenage and the first healing session
9. How was your live, until the first healing? (in terms of extraordinary events e.g. crises or tragedies)
10. Describe your character in this period.
11. Was there a difference between teenage and this period in religious terms?
12. Which contact did you have to other religious ideas? (and your own religion)
13. Did you believe in angels, any god, spirits, healer, shamans, reincarnation, magic, the Holy Ghost, cosmic energy or similar entities or creatures?

Time after you were convinced that healing works
14. Did anything changed in your life?
15. Describe your character now.
16. Did you have contact to other religious ideas since?
17. What would you say is the biggest difference between before and after the healing?
18. Do you believe today; in angels, any god, spirits, healer, shamans, reincarnation, magic, the Holy Ghost, cosmic energy or similar entities or creatures?