

CONCEPTUALIZING MIND, BODY, SPIRIT INTERCONNECTIONS THROUGH, AND BEYOND, SPIRITUAL HEALING PRACTICES

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Context: Although research is increasingly exploring the concept of the mind, body, spirit (MBS) and its relevance to health and well-being, it remains difficult to precisely define it.

Objective: This research aims to explore indigenous and non-indigenous spiritual healers' conceptualizations of MBS and consider implications for theory and practice.

Design and Setting: A total of 12 spiritual healers from Aotearoa/New Zealand participated in a semi-structured interview about their healing practices.

Intervention: The research interview asked participants to discuss how they conceptualized the mind, body, spirit in their work.

Main Outcome Measures: The data were analyzed using interpretative data analysis.

Results: Transcripts of the interviews were analyzed using interpretative phenomenological analysis, which led to the identification of three major themes: *MBS interconnections of healing, impacts on the mind and the body, and spiritual aspects of healing*. These results are discussed in terms of their implications for concepts of healing and conceptualizations of MBS.

Key words: Mind, body, spirit, healing, spirituality, spiritual healer

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INTRODUCTION

The intangible nature of the mind, body, spirit (MBS) makes it difficult to explore and study empirically. Scholars have attempted to describe and investigate MBS in various ways, including using health models and theories,¹⁻³ prior supporting research,⁴ complementary and alternative medicine treatment and interventions,^{5,6,9,39} and healing theories.^{7,8} In addition, several authors have utilized indigenous theories based on Eastern philosophy and Traditional Chinese Taoist philosophy,¹⁹ Native American healing,⁷ and Māori (from Aotearoa/New Zealand) healing.¹⁰ Although these attempts to explore and describe the MBS have reached little consensus, for the purposes of this research, we sought to explore how spiritual healers characterized the MBS in their work.

The holistic¹¹ nature of a Māori view of health contributes to the indigenous theory on MBS. Here, health is perceived as involving spiritual, mental, and physical well-being in terms of harmonious living.¹² The Whare Tapa Wha (four-sided house) is a well-known model of Māori health, in which health and well-being are viewed as comprised of four major dimensions, equivalent to the four walls of a house. These dimensions include tinana (physical), hinengaro (mental),

wairua (spirit), and whānau (family),¹³ and all are required for good health (just as a house requires four walls). The Whare Tapa Wha reflects a unified view of the universe, which is fundamental to the Māori worldview,¹⁴ and demonstrates the multi-faceted nature of indigenous concepts of health.

Non-indigenous models that contribute to conceptualizations of MBS include the biopsychosocial and biopsychosocial-spiritual models. Within these models, various non-physical aspects of a person (e.g., social factors) are viewed as contributing to health and illness. The biopsychosocial model describes the integration of the biological, psychological, and social factors as being integrally and interactively involved in physical health and illness.¹⁵⁻¹⁷ It aims for a holistic approach and allows the inclusion of aspects of the mind and the body to be involved in health and healthcare. The biopsychosocial-spiritual model, although less well known, includes spirituality as an additional important factor involved in health and illness.^{18,19}

Spiritual healing is one area that may further our understandings of how the MBS are connected. It is the oldest and most widely practiced complementary therapy and has been practiced in every known culture in the world.²⁰ Spiritual healing has been described as "... the intentional influence of one or more people upon one or more living systems without utilizing known physical means of intervention"²¹ by using distant or proximate (hands on or near) healing.²² Although the exact mechanisms of spiritual healing are not fully understood, spiritual healers are said to channel healing energy to heal the client's mind, body, and spirit.²³ A healer operates from an intention to channel such energy

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for the benefit of others.²⁴ The healer facilitates this energy, usually termed as “higher” source, that flows from the healer into the client to increase energy levels and flow. The energy works to re-establish balance and activate the natural healing force within clients, helping them to heal themselves and to return to a normal state of being.²²

A spiritual healer utilizes methods that may use botanical, animal, or mineral products. They have a worldview on health, illness, and healing that is grounded in holism and the interconnectedness of all things.²⁴ People seek assistance from spiritual healers to treat physical, mental, and social diseases,²⁵ and in a literature review of spiritual healing, Jonas and Crawford²⁶ recommended a need to clarify the phenomenon of spiritual healing with more descriptive and phenomenological research. However, their recommendations tended to focus on categorizing types of prayers and healing practices, training, and certification procedures.²⁶ Because spiritual healers practice healing regularly, they may provide perspectives that are relevant to understanding conceptualizations of the MBS. The aim of the current study was to explore how indigenous and non-indigenous spiritual healers conceptualize MBS interconnections in their spiritual healing practices.

METHODS

Following university ethical approval, one-to-one face-to-face semi-structured interviews were conducted in English with 12 spiritual healers in Aotearoa/New Zealand, six of whom were indigenous Māori and six were non-Māori (11 females and one male). The interviewer had a series of topics to discuss, including how they practice healing. Questions were not detailed prior to the interview to allow participants to share their stories in their own words. Participants practiced a wide variety of forms of spiritual healing. Interviews lasted between 40 and 90 minutes and were audiotaped and transcribed. Some healers were interviewed one-on-one, others had family present, and two healers were interviewed simultaneously at their request.

Interpretative phenomenological analysis (IPA) was employed to analyze the transcripts. This approach explores the way participants make sense of their personal world²⁷ to discover meanings, rather than eliciting facts,²⁸ and aims to capture the depth of an individual's experience.²⁹ IPA is useful when researching topics that are complex or novel.²⁷ The idiographic approach of IPA means that analysis begins by focusing on one individual transcript, and moves through a series of analytic stages to develop increasingly overarching themes apparent across transcripts.³⁰

In the first stage, transcripts were read and re-read to ensure familiarity, and preliminary notes were made about relevant or significant data. In-depth notes were made during subsequent readings.²⁷ In the second stage, emerging themes were identified based on the notes, and transcripts were continually referred back to ensure that the participants' own meanings were being captured. During the third stage, themes were clustered as superordinate and subordinate and were referenced back to the data. Themes were then refined, dropped, or merged with others, where appropriate.³¹ Finally, in the fourth stage, a summary table of themes was created.^{31,29}

Each interview was analyzed in this way. A search for patterns across all themes was then conducted³¹ to gain an overall understanding. This process continued until full integration of the shared experiences between participants had been reached²⁹ and a final table was completed. The themes of all participants were analyzed according to direct reference to the MBS or relevance to MBS connections, frequency in the data, importance to the participant, and richness of data.

Initial analytic stages were conducted by the primary researcher and an experienced health psychology researcher; this involved discussing data and emerging themes and ideas, and agreeing on the coding. A senior psychology researcher was also involved, providing feedback during this ongoing process of coding and analysis. Consensus meetings were held between the primary researcher and senior advisory researchers until consensus of coding was met. The data analysis was continually checked until the final set of themes was developed, and multiple coding³² was used to cross-check codes. The interpretation of the data by two senior researchers ensured rigor in the analysis and was useful to provide objectivity when overseeing segments of data and emerging coding frameworks. However, as Barbour³² argues, the important part of data analysis is that a systematic process was followed using the IPA framework, as described above.

RESULTS AND DISCUSSION

Three superordinate themes were identified in the interview data, namely *MBS interconnections of healing, impacts on the mind and the body, and spiritual aspects of healing*, as shown in Table 1. Under “MBS interconnections of healing,” four subthemes were identified, namely *searching for causes of illness, a healing channel, healing at MBS levels, and effects of spiritual healing*. Under “impacts on the mind and body,” two subthemes were identified, *effect of emotions on the body and body and energy links*. Further, two subthemes were identified under “spiritual aspects of healing,” namely *spiritual communication with spirit guides* and *distance healing*. Each superordinate and subordinate theme is described below using illustrative quotes from participants.

MBS Interconnections of Healing

Healers mentioned different ways in which MBS interconnections were apparent as part of their healing practices, including searching for causes of illness, a healing channel, healing at MBS levels, effects of spiritual healing, and MBS views of a person. These subthemes are described below.

Searching for causes of illness. Before healing could proceed, healers described having to identify the core problem or issue so that the best way to help the client could be determined. Healers mentioned looking for causes of illness at different levels of a person.

Participant 3 (female, non-Māori): *If there's something manifesting in the physical body, then it's filtered down from a mental level, or emotional level, or an etheric level. So, always start at the highest and filter down, see where the cause is.*

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