Making a spectacle of a miracle

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All things in heaven come about in existence
Existence comes about in non-existence....
Both are one in origin
and different only in name.
Its unity is called the secret.
The secret's still deeper secret
is the gateway through which all miracles
emerge.

Tao Te Ching

The modern scientific medical paradigm demands a rationale for all health care practices and this trend is fuelled by government sponsored bodies such as NICE in the UK (the National Institute for Clinical Excellence) and similar organisations in other countries, which have immense influence over what therapies can and cannot be available to patients. Hard evidence of effectiveness is increasingly required for therapeutic interventions and emphasising clinical efficacy and cost-effectiveness of service provision has increased the pressure on therapies such as healing to expand their evidence base, preferably through randomised controlled trials. Monitoring the research base for a particular treatment, making a judgement on its effectiveness and then recommending whether it should or should not be used is a sweetly seductive approach. This is

especially so when we have to account for the spending of public money and the protection of the public from charlatanism and quackery.

And charlatanism and quackery there is in abundance, thickly layered with added spreadings of irresponsibility and non-accountability. Leafing through the pages of any new age journal, or come to that much of the main stream press, reveals a plethora of adverts to attend for or train in healing – with little evidence that users and students of such services are properly and safely vetted beforehand, or effectively followed up afterwards. Anyone can call himself or herself a healer (despite the efforts of organisations such as the National Federation of Spiritual Healers in the UK to set standards of training and practice).

Furthermore, large numbers of healers seem hooked into a particular model whereby they assume themselves to be channels or focuses of "healing energy" (be it divine or otherwise) which is then transmitted or applied in some way to the patient or client. Thus a healer – healee relationship is set up. There are serious flaws in this approach too, which undermine the potential for healing and which feeds the sceptics who wish to debunk healing at any opportunity.

First of all, science currently only recognises four forms of energy – gravitational, electromagnetic, and strong and weak nuclear. To use "energy" so randomly, as so many in the work of healing do, is to expose their practice to ridicule from the scholarly and those who prefer to keep to strict scientific discipline. It does not help the understanding or acceptance of healing if such people are alienated from the discourse through sloppy conceptualising. Secondly, a healer – healee relationship is not holistic, it is reductionist and dualistic. Holism, another much abused word, is about the oneness of all things, not separation into distinct roles. Healer-healee is just like doctor-patient, a dualistic separation of one from another that suggests one working with or doing to another. Whichever the case, despite the almost universal claims by those working in healing ways to holistic principles, to speak then of healer and healee is a contradiction in terms, a therapeutic oxymoron. It is not possible to assert that "healers" work holistically, yet follow the old medical model of setting themselves apart from the one that comes to them for help.

Such contradictions are manna from heaven to those of a sceptical persuasion. Some are sceptical for positive reasons; seeking knowledge and understanding to prevent wholesale acceptance of distorted or dangerous practices. Others are sceptical for the hell of it; determined from that deep fearful place in their psyches to quash anything that does not fit neatly with their particular world view.

People turn away from orthodox therapies to the complementary precisely because they are different. They offer largely comforting approaches to care, with time and attention, which are often so lacking in the intensive health care of the mainstream health systems. Western health care has developed an intensive approach to health not dissimilar to that of agriculture – maximum productivity (patient throughput) from minimal effort (least cost). Just as the public, or at least part thereof, has turned away from the methods of intensive, factory-farming agriculture to more environmentally friendly and organic approaches to stock and crop rearing, so people have increasingly rejected intensive health care for more holistic approaches. The complementary therapies, with their tendency towards comfort and relaxation, self-empowerment and one-to-one attention have ridden the crest of this wave of change. Embracing many approaches to healing, they have become the equivalent in health care to the rise in organic farming in agriculture.

However, a complementary therapy is not necessarily holistic per se, nor does the practitioner necessarily work in such a way. It is just as easy to find complementary practitioners who are as obsessed with their particular technique as any mainstream practitioner might be with their own bit of health technology. What seems to be of significance in healing is not just the technique, but also the quality of the relationship with the practitioner. Relationships characterised by trust, mutuality, openness and, yes, love i.e. "right relationship". Right relationship is a hallmark of holistic practice, and it is this that may be the trigger that sets off the inherent capacity of people to heal themselves. Thus, certain approaches to healing may work regardless of techniques simply because the "patient" believes in or has faith in the therapy and the practitioner, feels good in their presence, and gets a relaxation response (a feature hitherto dismissed as the placebo response). These alone may be sufficient to switch the patient into healing by boosting the autoimmune response. Hippocrates commented that some people recover simply because of their satisfaction with the goodness of the doctor. Florence Nightingale famously described nursing as "putting the patient in the best condition for nature to act". In other words, something about the way we are with patients may be as significant, if not

more so, than what we do. Being a healing presence, in healing relationship with another, may be the most powerful force toward healing. Indeed, when we enter such healing relationships, notions like patient and doctor, healer and healee, self and other disappear. We may perceive, even for a brief moment, that mystical point when all once-firm barriers fall away and everything is present in the here and now; that sacred space where "you" and "me" simply slip into being part of all that is, and the healing moment is known.

Healing emerges from this (sacred) space. That healing may or may not include curing; the resolution of a particular disease. Indeed it is quite possible to die and yet be healed. Healing (with its roots in the Teutonic haelan meaning hale, whole, hearty) concerns our sense of wholeness, of being connected with the self and that which is beyond the self. My illness may be terminal, but I am healed because I have lost my fear of death, have resolved old hurts, or see myself at last as more than the brief flash of my worldly existence. Healing can mean simply "feeling good about myself for the first time in ages" as one chronically ill patient I have been working with recently has said. He went on to "give up the drink" and get a job and renew many of his relationships. Technically speaking he is still a sick man and his physical illness is little changed. Yet he is different in the way he is now being in the world; more confident, more participative, more active, more whole.

The last few points I have just made rarely fall within evaluation criteria for clinical effectiveness. The patient feels better, goes out and gets a job, enjoys his relationships more – yet these do not count. He is still technically ill. His underlying physical status is much the same. I have a hunch with continued work that even this could change, but for the time being what has happened to this patient is outwith much of the criteria for measuring successful treatment. His "results" don't match many measurable outcome scales currently used in the arena of randomised-controlled trials or quality assurance tools. While it is generally recognised that evidence has its limitations and that much of the process and outcome of healing is ineffable, mysterious and indefinable, this still leaves much of the current knowledge and research on healing beyond the scientific pale.

While it may be possible to research healing within the orthodox scientific paradigm, it may well turnout out to be not only impossible to explore in all but its limited manifestations, and could indeed be counterproductive. Like the butterfly pinned down for examination, its exquisite beauty can now be made visible, but it has become a dead

butterfly. Perhaps a vital aspect of healing is that in order to be effective it must be mysterious? Furthermore, does researching healing about playing to the agendas of others? Would discovery of the modus operandi of healing make more healing available to more people? Is it done to fit with the positivist assumptions about research i.e. that if we do so we will be better able to cost it out, apply resources, improve training and accessibility etc? Perhaps other agendas are at work, such as the ego-driven need to be certain about everything.

Meanwhile, those who practice as healers and call themselves such, risk limiting the arguably wondrous force they are working with. Healing is core to health care, and part of every health care practitioner's work to some degree whether consciously so or not. Yet, aggravated by wariness of examining or even talking about healing* (or simply using "healing" interchangeably and confusingly with "curing") in orthodox circles, notions of healing seem to have become colonised almost entirely by the complementary therapies movement. Healing itself is emerging as a separate therapy in its own right. This may be seen as a worrying trend if healing is deemed something that certain (nominated) healers do, while others get on with some other part of the patient's health care. Thus arrive at the farcical situation of "I go to my doctor for this, my aromatherapist for that, my healer for.....". In other words, we end up with a mere extension of the reductionist medicine so prevalent now. If healing is core not complementary to health care, then why has it been lost or at least so much diminished from the mainstream, and can we get it back?

A more worrying trend is the claim put forward by some healers that they can relieve or heal injury and illness, often against the odds of medical prognosis. This is fuel to the fire for the sceptics, who dismiss the claims of the healers because no causal agent can be identified. Healers reinforce this division when they say that they are involved in a cause-effect relationship, between healer and healee, when they apply intention to heal and use the "power of healing" as a therapeutic agent in its own right. Regardless of how this power is interpreted (light, love, energy etc.), the tendency is for those who call themselves healers to see themselves as the channelers or guides or transmitters of this force in some way from, by or through them to another. I have used the italics here to emphasise the essential reductionist approach at work – not much different in fact from

* Larry Dossey tells a wonderful story about attempts to introduce Therapeutic Touch courses in a US hospital. When the CEO got wind of this a notice promptly went up "There will be no healing in this hospital"!

the much maligned orthodox medical model – me doctor: you patient – separateness is not holism. In this model, only the "therapy" has changed, the healer is just as separate from the healee as other labels of nurse or doctor or therapist and patient.

I get caught in this trap regularly, and I expect many others working in healing ways experience the same thing. People come with their distress because they have heard someone is a "healer". When encountering someone suffering this is hardly the place and time to get into complex ontological debates about what is going on in healing. It is necessary to work with the person where they are – their expectations and understanding, accepting given labels and roles (which may indeed be necessary to the client's healing process). They can be appropriately explored in more depth later, when deepening the patients' awareness of what is taking place may be part of the their healing. From this may come an empowering realisation that they can be a significant determinant of their own health as active participants in the healing process, not merely passive recipients, and reach for themselves for a moment an understanding of the wonder that is healing.

The important point is that while working with vernacular terminology, those who work with healing do not allow themselves to get caught up in the arrogant, ego driven posture that they somehow heal another. Quite simply, they do not, nor do they have any evidence that they do. Something happens. It may be down to some subtle energy that we have yet to properly research and identify. It may be the result of some as yet hidden bodily self-righting mechanism. It may be God at work. We simply cannot be sure – except by the certainty that faith and experience can bring, but these have yet to be adequately tested in any randomised controlled trial. A healing response may emerge that we can witness, but its cause is essentially ephemeral. It is the stuff of involvement with the patient in the search for healing and the necessary entering of a place of (as yet) essential mystery. We simply do not yet have the tools or the evidence to exactly, incontrovertibly say what it is that takes place (though everyone working with healing probably has their own personal view) – to do otherwise leads to the scoffing of the sceptics and the fooling of ourselves.

What seems to be critical about healing work is the intention towards healing, the coming together of one or more persons (though research into non-local healing such as prayer suggests that it is not even necessary for the persons to be in the same physical place together) in search of healing. Thus by focusing our attention on healing, we enter a

different world of healing replete with potential. This is not a passive world of praying for the best or laying on of hands, standing back and expecting God to do the rest. Nor is it a world of the healer conducting the healing orchestra. It is a world of mutuality, of participation, where what seems to count is that we consciously join in the process, reuniting with that whole of which we are an equal part.

I am blessed with the professional title of "nurse" but paradoxically I learned long ago that I became a much better nurse when I stopped being a nurse. In other words, when I let go of my professional role and agendas (in my own head and heart if not among the normal expectations and discourse with colleagues and patients). A patient with a back pain can see an orthopaedic surgeon and be told it's a disc problem, a psychologist and be told it could be stress related, another therapist will say it's the product of pent-up emotions, someone else would see a blocked chakra, another a playing out of karma, another a wound from a past life ...and so on and so on. It's all down to whatever spectacles of a particular therapeutic model the practitioner is wearing. Illness is not just about suffering, but may have deeper purposes that the spectacles we use to view the patient obscure. Indeed, we have to be cautious that what we see may be simply a reflection of our own image in the glass of our viewer. We can simply never be sure what the healing for another entails. Beyond cures and our natural human desire to see another well, we simply do not know the healing path of another; it is forever veiled to us, though sometimes the "healer" may catch a glimpse when the veil is lifted.

A double-edged blade thus cuts right through the potential of healing. It cuts to the left by limiting the view of the practitioner to the enormous potential of healing when we see only one dimension of it through our narrow range spectacles. It cuts to the right and severs our holistic connection to the other simply because he or she becomes other when we set ourselves apart as a particular healer or health practitioner.

In healing, something happens. There are discernible outcomes in terms of health and wellbeing that happen to people as a result of experiencing healing. Our instincts are to search for the something. Is it some as yet undefined source of energy? The will of God? The impact of non-local consciousness? All of these and more? I have noticed a few common features among those who work in healing.

a. A deep sense of humility by the healing worker who tends to shun the label "healer".

b. A recognition that they can only describe a small part of what takes place, and even then that words are inadequate.
c. That they along with the patient are participating in something, of which they are a part, yet is also much greater than them.
d. That they are not in control of it. It works with them, perhaps because they are consciously participating, but whether or not it would be "better" without them is an unknown.
e. There is a sense of inevitability, of fate about the work. The one seeking healing has come together with that person at the time that is somehow right for them.
f. They are not attached to outcomes. They recognise their natural human desire to want someone to be well, but see this as something to set within a wider context. They do not pray or ask for a disease to be cured, but wish for the healing and wholeness of the other, whatever form that might take.
g. They rest in their work without the need for certainty or absolutes.
h. They are fairly "well rounded" spiritually mature human beings – having worked on the healing of themselves, their ego attachments and so on to enable them to be more relaxed and available with another without their own "stuff" (such as the desire for power) getting in the way.
i. They are very conscious of the quality of relationships in the healing process.

We can all play around with our healing techniques, models of assessment, diagnostic tools and panoply of pills and potions. They work – to a degree, but may leave us as actors on the comic-tragic stage of those we see as others. How much more powerful is this healing work when we relax a little and let go of our fixed roles, agendas and blinkered vision. We can do our usual work by all means – but need to remember to find that place in ourselves where we can sit back and let it happen – in wonder. The tools and models are there to help and inform us, not to be the healing bane, trapping us in the Minotaur's maze from which there is no escape. No one is healer, no one is healee. We are all in this together. We pursue certainty, when perhaps it is also necessary to rest in mystery.

Rev. Prof. Stephen G Wright

Background studies on healing, spirituality, consciousness

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