MOVING BEYOND AN EVIDENCE-BASED RESEARCH MODEL TO ASSESS THE EFFECTIVENESS OF SPIRITUALLY-BASED HEALING MODALITIES

by

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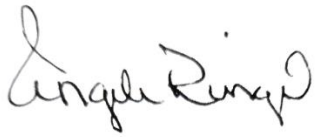

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My healing journey has been challenging and, in some ways, continues to be. Yet, I am grateful for the spiritual, physical, and emotional healers supporting me on this path to health and wellness. I am constantly learning, integrating, growing, and healing.

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Introduction

Healing was an integral part of human history long before the birth of science as we know it. Accounts of healing in varying forms and to varying degrees have been documented within all major cultures in which historical records exist (Hodges "Review of the Scientific Evidence" 1). For centuries, people relied on shamans and other healers to address their physical, emotional, and spiritual needs. They understood that the physical body was more than a sum of its physical parts and that the mind and spirit were equally essential components of a holistic approach to overall health and well-being. Schlitz noted that "If you examine various traditions, it is only within our own culture that we make this demarcation between what is the rationalist approach and what is our deep engagement with the mystery" ("Meditation, Prayer and Spiritual Healing" 63). Even though Western science veered away from acknowledging the role of spirituality in healing, the understanding that the mind and the body are intricately connected remained in the East. Rubik noted that "at least in the east, the mind is the overarching commander of the vital force, which moves the energy, and then the flesh follows suit" (*The Biofield Hypothesis* 91).

The reluctance of Western doctors and scientists to acknowledge the connection that existed without question for centuries is not difficult to understand from either a historical or a religious context. As Christianity gained acceptance throughout the West, healing in the spiritual manner in which it was practiced at that time came to be viewed as a threat to the Church's hierarchical structure. During this period, "physicians began to organise themselves into guilds and medicine itself became [sic.] to form itself into a body of knowledge replicable in university

centres throughout Europe" (Aldridge "Does Research Evidence Exist" 13). With technological advancements came an increasing intellectual bias toward relying on the verifiable and replicable results of scientific studies with little regard for any theories of disease or healing that could not be explained by evidence-based research (EBR). To the detriment of many patients whose symptoms could not be validated by a scientific test, this narrow perspective was not limited to causative factors but to spiritually-based healing modalities as well. As a result, countless patients have not been offered the option of exploring complementary or alternative healing methods. In addition, many have been gaslit into believing that because available tests couldn't diagnose their symptoms, those symptoms must be in their heads.

Fortunately, Western medicine is only now beginning to acknowledge what ancient healers and physicians have known for centuries: that spirituality plays a significant role in the state of one's physical health and well-being. Spiritually-based healing modalities, such as Reiki, Qigong, and earthing, are based on acknowledgement of the vital life force ("energy") that sustains and heals the body, mind, and spirit. Modern medicine deems evidence-based research (EBR) to be the gold standard for determining whether pharmacological, surgical, or other traditional medical interventions are effective. As a result, modalities that go beyond what can be tested and measured by current "scientific" methods are often disparaged.

This thesis posits that while limited evidence-based research does exist to support the effectiveness of complementary and alternative healing modalities, the EBR model, which depends primarily on clinical research trials, is largely inadequate for assessing the true effectiveness of spiritually based healing modalities. In addition to its structural limitations, inherent biases, and increasingly more obvious ethical issues, the EBR model fails to integrate

key metaphysical precepts that extend beyond our current understanding of physical science. An increased understanding and acceptance of complementary and alternative spiritually based healing modalities among traditional health care providers, industry stakeholders, and most importantly, the human beings they serve, fosters enhanced patient well-being, improved quality of life, and both personal and community empowerment.

The topic of this thesis is personal to me. I'm one of the countless patients who went from doctor to doctor, undergoing numerous tests and suffering adverse side effects from many medications prescribed to reduce each symptom. Having no understanding of the root cause of my "dis-ease", if they worked, the medicines they prescribed masked the symptoms but did not heal the root cause.

I was in my 50s when I learned of Louise Hay's theory of ill health and healing. She believes that "both the good in our lives and the dis-ease are the results of mental thought patterns that form our experiences . . . We've learned that for every effect in our lives, there's a thought pattern that proceeds and maintains it . . . Therefore, by changing our thinking patterns, we can change our experiences" (151). While it was difficult to accept that I was unwittingly responsible for the ill health I was experiencing, it was liberating to realize that the reverse was also true. If negative thinking could affect my health and well-being, positive thoughts could be the catalyst that would empower me to heal. That realization marked the beginning of my metaphysical journey.

I'll never forget my first experience receiving Reiki. As I lay on the table with no idea of what (if anything) to expect, my closed eyelids suddenly became a screen displaying great bursts of colors. Each time the predominant color changed, I named the new color out loud. It wasn't

until the session was over that my Reiki healer told me that each time I called out a different color, she had moved to a different chakra, and the color I'd seen was the color that corresponded to each respective chakra. I had no idea what chakras were, but instinctively I knew they were significant, particularly since she had not touched me during the entire session, so with my eyes closed, I had no idea that her hands were moving.

My first and subsequent experiences with Reiki were so profound that I knew I needed to learn the practice to empower myself to play an active role in my healing. I chose not to share that I'd received a Reiki attunement and was learning how to practice Reiki until much later, and only when an opportunity arose to use my newfound gift to help others. None of my family or close friends knew what Reiki was, so I shared just enough information to explain that it is an energy healing technique that might alleviate some of their pain. Even if it didn't, it would not hurt them or worsen their pain. In every instance, the recipients of Reiki's healing energy passed to them through me were beyond amazed.

Thankfully, I didn't search for scientific evidence to prove Reiki could help me before trying it. If I had, I probably wouldn't have found any, or I would have read an article that said that Reiki was not a legitimate course of treatment. I'm grateful that I relied on my intuition and faith to lead me to one of many spiritually-based healing modalities that have changed my life.

In the process of trying to validate the effectiveness of spiritually-based healing modalities became the subject of this thesis, I was unable to find as many studies yielding statistically significant evidence as I'd expected. Instead, I found many studies that denied the effectiveness of spiritually-based healing modalities because the researchers could not measure the healing effects based on available scientific tools. I was well into my review of the literature

when I realized that in my quest for EBR findings to support the effectiveness of spiritually-based healing, I was unintentionally perpetuating the all-too-popular belief that to be legitimate, spiritually-based healing modalities must be quantifiable and replicable under a pre-defined set of parameters.

During my review of the literature, I gained a better understanding of the challenges and limitations of EBR that render it an inadequate method for measuring the effectiveness of spiritually-based healing. As a student of metaphysical science, the crucial question became: Should spiritually-based healing modalities that cultures worldwide have used for thousands of years be disparaged because modern science can't "prove" that they work?

Coincidentally, my research into the inadequacies, inherent biases, and countervailing interests of those who place financial benefits above patient care when advocating for EBR could not have become more apparent than the public discourse over the controversies surrounding the development, mandated enforcement, misleading or contradictory reporting, and the wide range of adverse impacts resulting from the COVID-19 vaccine.

The next chapter provides an overview of the literature on measuring spiritually-based healing modalities' effectiveness. Scientific research findings and real-life observations from clinicians and healers are summarized to present a compelling case for the need to move beyond EBR as the ultimate determinant of the effectiveness of spiritually-based healing. My hope, is that the results of this research will motivate and empower others, particularly those not well served by the traditional medical model, to explore options for integrating complementary and alternative spiritually-based healing modalities into their journey toward health and well-being.

Review of Literature

Attempting to answer a "scientific" question from a metaphysical perspective poses a series of definitional challenges. Conventional and metaphysical scientists often use different terms to describe the same thing. They also ascribe different meanings to the same words. Perhaps the most basic yet confusing word in the context of this review is "healing."

In medical terms, TheFreeDictionary defines healing as "the process of returning to health; the restoration of structure and function of injured or diseased tissues" ("Healing" n.p.). On the other hand, the Cambridge Advanced Learner's Dictionary defines spiritual healing as "the activity of making a person healthy without using medicines or other physical methods, sometimes as part of a religious ceremony" ("Spiritual Healing" n.p.). In a more metaphysical context, spiritual healing is defined as "the deliberate act of focusing and directing energy to remove disharmony from one's vibration" (Spirit360 Fellowship "Spiritual Healing Definition*"* n.p.). According to Dr. Masters, "Any physical disturbance or ailment is caused by a malfunctioning of the energies that underlie the physical existence of the ailing part" (*Meditation Dynamics* 59).

Rubik notes that "over 400 years ago, science expelled consciousness from its quest, deeming it outside of the material realm and in the realm of religion. However, this split between mind and matter is distinctly a Western dilemma (Rubik, "The Biofield" 91). This distinction between the primary focus of medical and spiritual healing is critically important because it is central to the ability to measure their effectiveness. Merriam-Webster defines the term effective as "producing a decided, decisive, or desired effect" ("Effective" n.p.). EBR requires that the desired change occurs under pre-defined conditions and in measurable ways. On the other hand,

spiritual healing refers to much more than quantifiable improvements to the physical body that EBR can verify and replicate. As counterintuitive as it may seem to many, the ultimate goal of healing in a metaphysical context is not limited to curing disease or eliminating pain or suffering. From a spiritual perspective, illness or "dis-ease" may present transformational opportunities for those seeking spiritual healing, such as deeper self-awareness, spiritual and human connection, patience, the power of prayer, and forgiveness. Aldridge suggested that

> Illness may be seen as a step on life's way that brings us into contact with who we really are. The positive aspect of suffering has been neglected in our modern scientific culture such that we, as practitioners and patients, search for immediate relief. This is not to advocate suffering, rather to [sic.] we do not lose the potential of suffering for transformation of the individual ("Does Research Evidence Exist" 2).

Our understanding of healing is inextricably bound to the challenge of assessing the effectiveness of healing modalities. Aldridge warned that "neither of the orthodox traditions, be it church or medicine, can explain how healing occurs. Nor will either until we begin to accept that our knowledge is wanting and our searching is misguided. Healing research or clinical outcome trials only measure the products or efficacy of healing endeavors. Our spiritual understanding of the intention of healing is lost" ("Does Research Exist" 16).

As previously stated, medical science and metaphysical science often part ways when using specific words in the context of healing. For this thesis, the following definitions and their implications are used:

Complimentary and Alternative Medicine (CAM): This term refers to a diverse group of healing modalities used to complement, or for some, as an alternative to, conventional medical interventions. Long offers a definition that considers CAM to include all healing modalities that

fall outside of what is regarded to be conventional medicine. They are used to prevent or treat illness and promote health and well-being (Long “Complementary and Alternative Medicine” 3).

Figure 1 shows a composite list of some of the many types of CAM modalities classified by type of healing system:

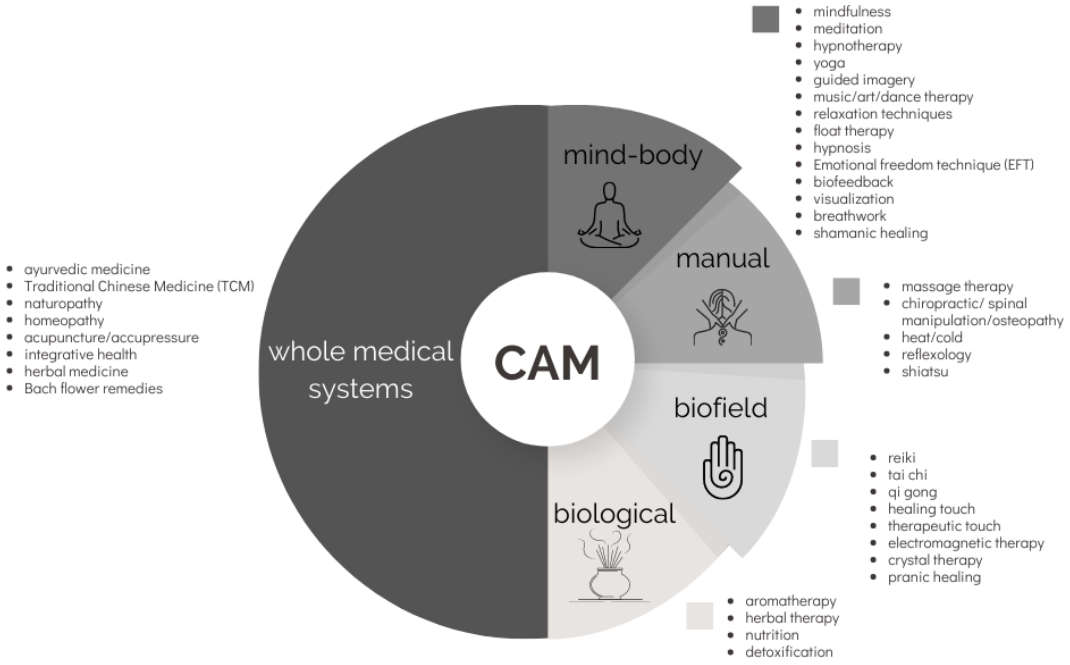

Figure 1. Complementary and alternative medicine by type

Composite list derived from Van Praag Institute; Johns Hopkins Medicine; NIH National Center for Complementary and Integrative Health; Mayo Clinic, IntegrativeNutrition.com, SimplePractice.co,, Healthline.com

Distant Healing Intentions (DHI): A term often used interchangeably with CAM, these forms of healing are characterized by deliberate and focused practices used to support the well-being of a person. Inherent in DHI is the conscious intention and focus of the healer (which can include the patient practicing specific modalities on their own) on improving the well-being of the subject of the healing (Saad & de Medeiros “Distant Healing Techniques” 221; Radin et al. “Distant Healing Intention Therapies” 67). Such techniques include intercessory prayer, energy

healing, Qigong, Reiki, and shamanic healing. While many of these techniques are practiced when the patient and the healer are in different physical locations and therefore do not involve physical contact, the term also refers to methods in which the patient and the healer are in the same place and may involve physical contact. Fundamental to DHI is the belief that physical distance between the healer and the person receiving the healing is not a prerequisite for healing (Radin et al. 67). Dr. Masters likens the process of distant healing to "Spiritual ESP" (*Masters Degree Curriculum* 2:3*).* DHI includes non-contact modalities such as Qigong, chakra healing, crystal therapy, prayer, and shamanic healing; modalities involving physical touch such as acupuncture, therapeutic touch, and reflexology; and Reiki, which can fall into either category. Techniques that are facilitated by a healer, as well as those that can be self-administered, are included. (Radin et al. 67).

Energy: In physics, energy refers to the capacity to do work (create change) that produces light, heat, or motion or the fuel or electricity used for power ("Energy" n.p.). The word has a much broader meaning in the context of metaphysical science and, for this reason, may be a contributing factor to the confusion and often disparaging views on the metaphysical understanding of energy being the vital force that sustains all life (Aldridge "Does Research Evidence Exist" 11). Aldridge goes on to say that "Most spiritual healers maintain that there are divine energies which are transformed from the spiritual level by the healer and which produce a beneficial effect upon the energy field of the patient" ("Spirituality" 425). Hodges agrees that the belief exists among many healers "that they are channeling a higher spiritual energy which ultimately derives from God" (Hodges "Review of Scientific Evidence" 7).

Health: The World Health Organization (WHO) defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" ("Constitution"). Fenton recognized that while this definition seems to cover all the bases, it fails to provide guidance on how to determine whether a condition should be considered a disease or not and quotes Reznek who identifies some of the implications of disease classification on society and politics ("Place for Philosophy" 3).

> We inform medical students that they should try to discover a cure for the condition. We inform benefactors that they should support such research. We direct medical care towards the condition, making it appropriate to treat the condition by medical means such as drug therapy, surgery, and so on … We serve notice to health insurance companies and national health services that they are liable to pay for the treatment of such a condition. Classifying a condition as a disease is no idle matter. (qtd. in Fenton 3)

Metaphysics: Originating in Ancient Greece, the word combines two words, meta (meaning over and beyond) and physics. "Metaphysics is referred to as a branch of philosophy that deals with the first cause and the nature of being . . . a branch of philosophy that studies the ultimate nature of existence, reality, and experience without being bound to any one theological doctrine or dogma . . . [it] includes all religions but transcends them all" ("What Is Metaphysics" n.p.)

Despite the controversy surrounding CAM in the scientific community, they are gaining popularity among the general population. The global CAM market was valued at 117.2 million U.S. dollars in 2022 and is estimated to experience a compound annual growth rate of 25.1% between 2023 and 2030 (Grand View Research n.p.).

Much of the literature found during this review evaluated the effectiveness of spiritually-based healing modalities utilizing EBR, a process that relies heavily on randomized controlled trials (RCT). The scarcity of published research on the effectiveness of DHI can be explained

largely by the problems inherent in trying to quantify non-quantifiable phenomena both caused by and resulting in effects that cannot be seen or measured (Aldridge “Spirituality” 425).

Andrade and Radhakrishnan referenced a meta-analysis of more than 100 clinical trials on the efficacy of various methods of DHI conducted by Astin et al. The 23 studies that met the inclusion criteria for the comprehensive review included 2,774 patients. Astin et al.’s analysis found that 13 of the 23 studies (57%) yielded significant treatment effects. Nine studies found no impact over control intentions, and only one showed a negative effect. Admittedly, the authors noted that definitive conclusions were difficult to make based on the available data (Andrade and Radhakrishnan “Prayer and Healing” n.p.).

Andrade and Radhakrishnan raised several questions that “are unsettling to those who pray because of their theological implications, but they are also unsettling to scientists because they challenge the design, analysis and interpretation of randomized clinical trials of the efficacy of intercessory prayer” (n.p.). One of the most intriguing questions was: “Is it valid to assume that acts of God conform to normal *t* or other statistic distributions?” (n.p.).

Benor identified over 150 controlled studies of spiritual healing. Of these, more than half yielded statistically significant results. Nonetheless, Benor stated, "I find little interest in pursuing further the question of whether healing works. On the basis of the available evidence, I believe that if healing were a medication it would be on the market. This is especially so in view of the absence of side effects” (Benor “Lessons from Spiritual Healing” 74).

Benor also pointed out that it's not possible to predict when or with whom healing will occur or what precise healing will occur. While one may be focusing on healing a particular symptom that is causing discomfort, healing may occur in another area that needs healing that

the person may not have even been aware of, reinforcing the belief that a higher being is the source of the healing, directing the healing to precisely where it needs to occur (Benor 76).

Crawford et al. conducted a systematic review of the quality of published research on hands-on and distance healing between 1955 and 2001. The analysis included 45 laboratory and 45 clinical studies, finding that 31 (70.5%) of the clinical studies and 28 (62%) of the laboratory studies reported positive outcomes. In contrast, 4 (9%) of the clinical studies and 15 (33%) of the laboratory studies reported negative outcomes (Crawford et al. "A Systematic Review" A96). These findings suggest that while numerous criticisms of employing EBR in the study of hands-on versus DHI exist, "studies of distance healing have higher quality than hands-on healing, and laboratory studies are better conducted than clinical studies in terms of comparability, blinding, reliability, sensitivity, confidence intervals, outcome measures, and replication (Crawford et al. A101). Dossey concurs, noting that nearly all of the many analyses published in peer-reviewed medical literature evaluating the quality of efforts to assess the effectiveness of DHI "have yielded positive findings, suggesting that the healing effects of prayer and other forms of intentionality are real and replicable" (Dossey "Spirituality, Healing and Science" n.p.).

Rubik notes that research studies have demonstrated the positive effects of spiritually-based (energy) healing on in vitro cellular systems beyond what many consider placebo effects. Rubik also found that additional studies, including clinical trials on both humans and animals, provide further evidence of the critical role that the energy field plays in healing (Rubik "The Biofield: Bridge" 91). Vanderbilt also noted that progress in documenting the effectiveness of DHI in healing has been made (Vanderbilt "Distant Healing" n.p.). More than half of the studies in Benor's research demonstrating statistically significant benefits of DHI included studies of

"humans, other animals, plants, bacteria, yeasts, cells in laboratory culture, enzymes, and more" (n.p.). Hodges and Scofield concluded that a body of evidence exists that "supports the reality of healing beyond reasonable doubt and provides evidence that healing can occur when psychological factors, which may manifest as the placebo response, have been eliminated or allowed for in the analysis" ("Is Spiritual Healing Valid" 203).

In addition to their healing effects, CAM have been shown to have significant economic benefits. As part of a comparative cost-benefit and cost-effectiveness study of evidence-based medicine, Ventegodt et al. concluded that the most effective spiritually-based healing modalities were 100 times as cost-effective and, perhaps more importantly, 10,000 times less harmful when compared to pharmaceuticals (Ventegodt et al. "Comparative Analysis" 243). "CAM is more efficient than drugs and has no side effects and adverse events, whereas treatment with drugs always has adverse effects and events" (Ventegodt et al. 243).

Andrade and Radhakrishnan critically analyzed the scientific and metaphysical aspects of using randomized clinical trials, a hallmark of EBR, to study prayer and healing. Their analysis found that meditation produced clinically significant benefits in several aspects of health, including lowering blood pressure, heart rate, pain, stress, and anxiety and boosting the immune response (2009).

During the course of this literature review, three specific types of DHI were chosen for further discussion: Qigong, earthing, and Reiki. A fundamental element of Traditional Chinese Medicine (TCM), Qigong (pronounced "chi gong"), is over five thousand years old (Rogers et al. "A Review of Clinical Trials" n.p.). "It is considered to be a ubiquitous resource of nature that sustains human well-being and assists in healing disease… having fundamental influence on all

life and even the orderly function of celestial mechanics and the laws of physics" (Jahnke et al. "A Comprehensive Review" 3). The modality consists of "a series of orchestrated practices including body posture/movement, breath practice, and meditation, all designed to enhance Qi function (that is, drawing upon natural forces to optimize and balance energy within) through the attainment of deeply focused and relaxed states" (Jahnke et al. 3).

Qigong has been found to reduce pain, boost the immune system, reduce depression, relieve stress, lower blood pressure, support respiratory health, reduce chronic fatigue, reduce fall risk by improving balance and mobility, improve fitness, improve cognitive performance, and improve well-being in people with cancer ("Nine Health Benefits" n.p.; "Medical Benefits n.p.; "What are the Health Benefits" n.p.; Villines "Qigong benefits" n.p.). The National Center for Complementary and Integrative Health notes that Qigong can also help manage chronic diseases such as fibromyalgia, chronic obstructive pulmonary disease, Parkinson's, high blood pressure, and chronic heart failure ("Qigong: What You Need to Know" n.p.).

An analysis of 41 systematic reviews and meta-analyses by Klein et al. concluded that Qigong was "found to have a complementary or alternative role in management of cancer, chronic pulmonary disease, Parkinson's disease, and cardiac and cardiovascular disorders" ("Qigong and Tai Chi" n.p.). Rogers et al. reviewed 36 randomized clinical trials involving nearly 3,800 participants and found significant improvements in balance, reductions in fall rates, improvements in physical function, and pain reduction related to arthritis. The authors noted that while it appears that Qigong has many positive benefits, none of the RCT studies reviewed explored the influence of spirituality as a fundamental component of the practice (Rogers et al. n.p.).

Another spiritually-based healing modality is Reiki. Developed by Mikao Usi in Japan in the early 1900s, Reiki is an energy healing practice that uses focused intention, with or without gentle touch, to deliver, move, and support the flow of energy (Qi) through the body ("What Is Reiki, and Does It Really Work*?"* n.p.). Transcending cultural and religious boundaries, Reiki has also been described as a "gentle, yet powerful path to personal and spiritual growth" (Vennells, Forward).

Sensitive to the flow of Qi, Reiki practitioners are naturally and almost effortlessly able to dissolve or transform life force energy that is sluggish, blocked, or otherwise imbalanced. The goal is to raise the vibration of the energy to maximize its ability to heal, sustain, and elevate the environment. As such, Reiki's healing effects can be directed to an individual, plant, animal, physical space, or even the global community (Clayton, V. "Theology of Spiritual Healing" n.p.; Vennells 62).

Reiki practitioners understand that any training they have received is not the source of the healing effects, but rather that "they serve as a conduit and that healing energy arises from the practitioner's hands and flows to where it is needed" (Matos et al. "Perspectives, Measurability and Effects" 2). Reiki is devoid of attachment to any specific religion and therefore does not require the person being healed to hold any specific spiritual beliefs (McManus "Reiki is Better" n.p.).

McManus offers an interesting nuance concerning Reiki as a DHI. His research was the only study found during this literature review that referenced "attunement" as an integral part of the Reiki practice (McManus n.p.). To practice Reiki on oneself or others, people must complete Level I Reiki training from a trained Reiki Master. During the training, the student receives four

attunements intended to open the subtle mental and physical energy systems to prepare the student to channel the Universal life force energy, creating a permanent connection allowing the Reiki energy to remain present in the life of the student ("What Is a Reiki Attunement*"* n.p.). "Because the energetic aspect of the attunement is guided by the Higher Power, it adjusts itself to be exactly right for each student" ("What Is a Reiki Attunement" n.p.). Dr. Masters expands on this point by saying that "the practitioner, by reaching the Universal Consciousness within themselves, thus contacts the Universal Consciousness of the client . . . the thoughts of healing and wholeness are transferred from the Universal Part of the practitioner's mind to the Universal part of the client's mind . . . [which] then stimulates the chemical action necessary within the body to affect the healing" (*Masters Degree Curriculum* 2:3).

The health benefits of Reiki include stimulating the immune system, promoting natural self-healing, reducing pain, improving sleep and insomnia, reducing depression, reducing resting heart rate, increasing heart rate variability, reducing blood pressure, promoting tissue and bone healing after injury or surgery, activating the parasympathetic nervous system, and supporting the mental and emotional well-being of people receiving conventional medical interventions such as chemotherapy, radiation, kidney dialysis, and surgery. (McManus n.p.; "What Is Reiki, and Does It Really Work?" n.p.).

One of the most accessible, beneficial, and profound DHI practices is earthing, also called grounding. From a metaphysical standpoint, the beauty of earthing is that it is rooted in the knowledge that Nature is the source of the energy (life force) that sustains human life (Menigoz et al. "Integrative and Lifestyle Medicine" 152). The Earthing Institute describes earthing this way:

> Beneath your feet lies a most marvelous gift from Nature – the very Earth itself, naturally equipped with extraordinary healing power that may just be the single-most effective medicine available . . . Earthing is accessible to all, as simple as walking or sitting barefoot outdoors, and if that isn't an option, you can use indoor grounding products that generate the same benefits conveniently while you sleep, relax, or work ("What Is Earthing" n.p.).

For those more scientifically-inclined, earthing works for the body like electricity does in our everyday lives. According to Menigoz et al., "All modern electrical systems, from large grids and power states to homes, buildings and factories, are all connected to the Earth for stability and safety. One might say that electrical systems are 'healthier' precisely because of their connection to the Earth" (153). When the electricity is turned off, all devices that rely on it cease to function. Shorts in a wiring system can cause equipment malfunction even if some electrical current is still available. Similarly, our bodies require a stable, consistent connection to the Universal power source to function optimally. Oschman et al. noted that "The disconnection from the Earth may be an important, insidious, and overlooked contribution to physiological dysfunction and the alarming global rise in non-communicable, inflammatory-related chronic diseases" ("Effects of Grounding" 94).

Earthing has been found to have beneficial effects that include improving immune response, reducing pain, improving sleep, reducing inflammation, improving blood flow, lowering stress levels, improving glucose regulation, balancing the automatic nervous system, calming arrhythmias, slowing free radical damage associated with aging, and preventing or reducing chronic inflammatory and autoimmune diseases (Oschman et al. 94).

Hodges and Scofield sum up the emerging point of view of many supporters of spiritually-based healing modalities by saying that

> Clearly a body of sound research has now been accumulated which for many supports the reality of healing beyond reasonable doubt and provides evidence that healing can occur when psychological factors, which may manifest as the placebo response, have been eliminated or allowed for in the analysis. When combined with the mass of anecdotal evidence already described, it may be concluded that the reality of healing has been demonstrated. However, because many scientists and doctors still regard this reality as unproven, there is a need for further detailed research to place healing on a more substantial footing in the mainstream of science and medicine (204).

The inclusion of what scientists call "the placebo effect" introduces an interesting twist to the scientific versus metaphysical debate on the issue of spiritually-based healing and the role of research on this topic. Merriam-Webster defines a placebo as "an inert or innocuous substance used especially in controlled experiments testing the efficacy of another substance (such as a drug)" ("Placebo" n.p.). There is a growing body of evidence that despite the attempts of many to attribute positive healing outcomes they can't explain to the placebo effect, the benefits of spiritually-based healing modalities are not likely to be fully reproduced or explained by the placebo effect alone (Jain et al. add title 63) given that a placebo is an inert substance (i.e., a saline solution) that, by definition, cannot produce any effects (Manek & Tiller "New Perspective on the Placebo Effect" 1). Connor et al. concur, noting that clinical studies involving plants and animals have also demonstrated the existence of significant healing effects which cannot be accounted for by a placebo effect ("Biofield Therapy Definitions" 34).

The impact of the placebo effect and its significance in the context of EBR has evolved. In an article published by Harvard Medical School, the author(s) noted that attributing a study outcome to the placebo effect was considered a failure in the past. In a typical RCT drug study, study participants were divided into two groups: the group that received the drug and the group that received an inert substance (the placebo). Clinical trial participants were not told whether they were receiving the drug or the placebo in order for researchers to measure the drug's

effectiveness by comparing the reactions of both the actual and the control (placebo) groups. If the responses of both groups were comparable, the drug was deemed ineffective. “More recently, however, experts have concluded that reacting to a placebo is not proof that a certain treatment doesn’t work, but rather that another, non-pharmacological mechanism may be present” (“The Power of the Placebo Effect” n.p). Crane agrees, noting that

> While significant progress has been made in understanding the placebo effect and its underlying mechanisms, the field has been hindered by misunderstandings about the nature and reality of the placebo effect, stigmatization within the scientific and medical communities, and competing theoretical models that speak to philosophical quandaries underlying Western science and medical practice (Crane “Harnessing the Placebo Effect” 39).

Spiritually-based healing modalities function on the spiritual or soul level. While the belief that a DHI will work is not required, faith and belief can “increase the perception of well-being, the feeling of comfort and connection with that something greater . . . and to produce that individual experience of connection with the sacred . . . which contributes to healing and has a positive impact on the general state of health” (Cristiano “Why Do Touch-Based Therapies” 2).

With or without considering the placebo effect, studies on the effectiveness of DHI have faced much criticism from the scientific and medical communities. Many scientists are uncomfortable with the idea that an invisible higher power can wield such tremendous influence over the human body, which has long been thought of only in physical, measurable, and largely controllable terms. Dossey considers this a faulty criticism because DHI research is agnostic with respect to specific gods or religions when assessing their research findings. Dossey noted that for some, DHI “radically violate the acceptable canons of science, and this places them so completely outside the scientific landscape that they do not deserve consideration” (Dossey n.p.). Hufford et al. agree that a fundamental barrier to wider acceptance of the growing evidence of

the effectiveness of DHI "lies in the spiritual association of many of the healing practices that have been brought under its aegis" (Hufford et al. "Barriers to the Entry" n.p.).

Intellectual biases also play a role in the unwillingness of many scientists and doctors to consider the viability of DHI. Scientists rely on educational credentials just as doctors rely on licensure to validate their positions as the arbiters of what should be regarded as truth and what should be dismissed as folly. These assumptions create a challenging dilemma because research on conventional medical interventions has the advantage of acquiring funding and, therefore, the ability to publish research findings in peer-reviewed journals. Yet Hufford et al. remind us that "for fields that challenge the dominant paradigm: without funding and peer-reviewed publications, the work is assumed not to meet high scientific standards, and meeting those standards is a prerequisite for funding and publication" (Hufford et al., n.p.). Saad et al. credit Stephen Hawking as saying that "the greatest enemy of knowledge is not ignorance, it is the illusion of knowledge" ("Distant Healing Techniques" 230).

Before German physicist Max Planck's discovery of quantum theory, the idea that energy could exhibit certain characteristics of physical matter under certain situations was considered impossible ("Birth of Quantum Theory" n.p.). Yet today, applications of quantum physics have resulted in several significant technological advances that are fixtures in modern life. Toasters, fluorescent lights, lasers, atomic clocks used for GPS solar cells, electron microscopes, and MRI technology are just a few relatively recent inventions that have been made possible by advances in quantum theory ("How Are Quantum Phenomena Used" n.p.; "Quantum Applications Today" n.p.). In an interview conducted by Mason, Benor noted that a similar evolution in redefining

what's possible is occurring concerning metaphysical sciences, particularly in DHI, which appears counterintuitive to conventional physics (Mason 130).

In summary, while there may be insufficient data to satisfy those who insist on applying the EBR model to determine the effectiveness of a particular spiritually-based healing modality, Dossey sums up the evolving scientific and philosophical debate this way:

> …this field will continue to evoke intellectual indigestion. Those who consider spirituality and healing intentions outside the purview of scientific medicine may ignore them. In doing so, however, critics should be careful not to obstruct free inquiry and subvert the very science they champion. Those who consider distant intentionality and remote healing so implausible they simply cannot countenance the generous evidence favoring them might consider the observation of William James: 'I believe there is no source of deception in the investigation of nature which can compare with the fixed belief that certain kinds of phenomena are impossible (n.p.).

Discussion

As discussed in the previous chapter, attempts to measure the effectiveness of any healing, whether it is the result of drugs, surgery, other medical interventions, or spiritually-based healing modalities, are rife with intellectual, scientific, and metaphysical challenges.

Consider two of the most fundamental questions inherent in trying to determine whether a healing method works: How does one define healing? and How does one measure effectiveness? The answers to these questions may vary widely depending on who's answering them, and as a result, different treatment modalities may be deemed appropriate.

For example, modern science deems EBR to be the gold standard in determining first whether healing has occurred and then whether the treatment being tested has been effective. This perspective relies on data that can be measured using the scientific instruments modern medicine has at its disposal at any given time. Similar to the process a mechanic goes through to diagnose and repair the internal workings of a car, this method assumes that the human body is comprised of a collection of anatomical parts.

The metaphysical perspective posits that the human body is much more than the sum of its parts. The fundamental determinant of health or disease is the amount and manner of the flow of Universal life energy through an interconnected circuit of mind, body, and spirit. The metaphysical understanding of healing recognizes that the spiritual and emotional aspects of a person's being are just as important as the physical ones. Those who study metaphysics believe there is a Universal Law of Cause and Effect that states that for every cause, there is an effect. Both well-being and disease are considered to be manifestations of our thoughts. While it is uncomfortable for many who are unwell to come to terms with the reality that they have played a

role in their dis-ease through negative thought patterns and trapped emotions, the opposite is also true. The Law of Cause and Effect works both ways. We can manifest healing by changing our thought patterns, releasing negative emotions, and intentionally optimizing our mental, emotional, and physical environments. The Law of Perpetual Transmutation of Energy also supports the Law of Cause and Effect. It states that all of us have the power to change conditions in our lives. Milanovich and McCune point out that this law "is basic to our understanding that we are responsible for many of the conditions of our lives and that we have free will to change the nature of our lives and environments" (*The Light Shall Set You Free* 220).

Does this mean we can cure ourselves of cancer, Parkinson's, or cardiovascular disease? Perhaps. More importantly, however, is the point that because metaphysical science has a much broader understanding of "healing," spiritually-based healing modalities offer something that most traditional medical interventions do not – the opportunity to make sense of pain and suffering as part of a much larger life journey, to deepen self-awareness and spiritual connection, and to consciously decide how to change our lives based on the lessons that dis-ease is meant to teach us.

The debate between proponents of conventional medicine and spiritually-based healing modalities is real. Since the advent of modern medicine, the scientific basis for EBR has been the loudest. To some degree, criticisms of DHI research are valid. Some suggest that the placebo effect, rather than the DHI being tested, is responsible for any positive outcomes. Yet this view doesn't explain how an inert substance (the placebo) can produce any effect at all. In addition, EBR has been unable to explain why what it calls "spontaneous remission" occurs.

Dossey identified several other criticisms of DHI research, including the lack of empirical data; inability to replicate results; introduction of the intangible concept of a transcendent, higher power that cannot be seen or measured empirically; inability to obtain homogenous control groups; difficulty in appropriately accounting for the influence of a wide variety of intangible factors such as the level of ability of the healer, the relationship between the healer and the person for whom the healing is being directed, and the degree of faith and intentional focus in the healing process; logistics involved in conducting DHI research, particularly those modalities that incorporate hands-on interaction between the healer and the participant; and belief that DHI studies defy the laws of physics as they are currently understood, and as a result, are "so theoretically implausible that they should not even be done" (n.p.).

Admittedly the positive outcomes of DHI research have been predominantly focused on reducing pain, anxiety, depression, and similar metrics that are self-reported by study participants and can't be measured objectively, unlike EBR metrics such as reductions in wound or tumor size. However, this is changing as technological advances such as thermal energy imaging and the measurement of heart-mind coherence are expanding our ability to see more of what has previously been unseen.

Another issue contributing to the scarcity of DHI research is the paradox of medical research funding. Funding for research challenging the conventional medical model is difficult to obtain. As a result, proposed DHI research projects are much less likely to receive the financial resources needed to meet the rigorous standards for adequate funding and publication in peer-reviewed journals.

Ultimately, critics of the benefits of spiritually-based healing modalities are unwilling to accept clinical findings and anecdotal accounts that describe occurrences that modern technology cannot adequately understand. This view ignores many documented reports of the effectiveness of spiritually-based healing interventions that existed long before modern medical science as we know it. Ironically, the insistence on relying exclusively on anatomical data arose at a time when it was considered unethical, if not illegal, to conduct medical research on living subjects. As a result, and even now, many of our anatomical discoveries (and theories) have been based on the study of dead bodies that no longer possess the vital force (energy) that serves as the foundation of metaphysical science (Aldridge "Does Research Evidence Exist" 13).

Tonelli and Callahan offer a compelling perspective on using evidence-based medicine (EBM) in the context of DHI.

> EBM lacks the ability to determine that any particular intervention is ineffective. Randomized, controlled trials that fail to demonstrate efficacy of an intervention across a population do not tell us that the intervention was never effective in a particular individual. Some individuals in any large clinical trial may have causally benefited from an intervention that failed to demonstrate efficacy across the population as a whole . . . The fact that an individual patient feels better, regardless of the reason for that perception, represents a claim of efficacy (1215).

Despite the abundance of criticism for DHI research, criticism of EBR in the context of spiritually-based healing modalities also exists. The medical model, which fundamentally supports the notion that the physical body is and should be deemed separate from notions of spirituality or the existence of a life force that sustains all life, is rife with unspoken assumptions "rooted in particular social processes that legitimate socially held beliefs and practices, giving them a matter-of-fact quality. The assumption that medicine and spirituality should remain separate remains largely unquestioned throughout medicine, especially in academic medical

schools and teaching hospitals" (Balboni & Balboni n.p.). Balboni & Balboni identify five fundamental beliefs that reinforce the presumed legitimacy of the separation of medicine and spirituality: (1) hospitals are primarily institutions of technology designed to cure rather than provide person-centered care; (2) physicians consider themselves scientists and health managers first, rather than as healers who take a holistic, person-centered view of care; (3) from an anthropological standpoint, there is no direct connection between body and soul, which means that physical health and disease are not directly related to spiritual influences; (4) the domains of fear, finality, and death are better dealt with by others, such as clergy and religious communities; and perhaps most importantly, (5) modern medicine is a bureaucracy, driven by non-spiritual concerns including the market, science, and technology, leaving no place for spirituality or religion (n.p.).

The primary goal of EBR is to provide a legitimate standard by which medical decisions can be made to diagnose and cure disease. Yet, there is so much that cannot be explained by scientific theories about the nature of disease and the underlying factors that create it. EBR assumes that even if science doesn't understand the causes of disease, it can still identify a medical intervention to reduce or manage the troubling symptoms. When healing does occur that EBR can't validate, the placebo effect is offered as an explanation. Yet, a placebo is an inert substance and as such, cannot create effects or influence outcomes.

EBR research relies on selecting study participants with clearly identified characteristics that make them more likely to respond to the treatment being studied. Therefore, favorable outcomes are relevant for specific populations, with specific conditions, and under specific circumstances. How should these treatment methods that yield positive outcomes be applied to a

broader population? Should they only be given to patients who meet the criteria defined in the study protocol? Or should the results be extrapolated and the treatment provided to a more diverse population of patients that physicians are most likely to encounter? Unlike traditional medical treatments, DHI are almost always appropriate for the population at large because assessing their effectiveness does not require adherence to strict clinical guidelines, does not require statistically predetermined outcomes, and most importantly, acknowledges the individuals' belief that healing has occurred.

Other criticisms of EBR include potential bias inherent in funding sources and the criteria they use to provide funding; the inability or unwillingness to account for less tangible factors such as patient faith, spirituality, and intentionality; an insistence on using the medical establishment's definition of "healing" rather than that of the patient; lack of a plausible explanation for documented cases of healing in both ancient and current indigenous cultures without the use of modern medical interventions; and an unwillingness to consider the possibility that what we know about energy (electricity) in the context of quantum physics can also be applied to the human body in a metaphysical context. "Even though we take advantage of the body's constant generation of electromagnetic energy using diagnostics tools such as the ECG, EEG and MRI . . . we find it harder to accept the idea that some other yet unidentified energetic forces might exist in the human body, might be related to health and disease, and might be subject to intentional manipulation" (Selfridge "Energy Medicine" n.p.).

Tonelli and Callahan argue that EBR cannot judge any specific type of intervention, including DHI, to be ineffective. The results of a randomized clinical trial that declare an intervention ineffective among a narrowly defined study population do not suggest that positive

outcomes are not being achieved among individual patients. ". . . ineffectiveness, at best, can be claimed only for the use of the particular intervention, in a particular dose or format, on a particular schedule, by a particular group of practitioners, in a particular patient population" (n.p.).

Another major criticism of EBR is the ever-expanding influence of the pharmaceutical industry ("Big Pharma") in all aspects of clinical research, the rising costs of health care, and regulations related to the medical industry and health care policy. Moving away from its early roots of healing individuals, modern medicine has become a behemoth bureaucracy whose once altruistic intentions are being usurped by the antithetical goals of amassing great profit and power. Between 2000 and 2018, large pharmaceutical companies experienced significant revenue increases that were statistically greater than other large non-pharmaceutical companies in the S&P 500, with the most significant gains in the form of gross profit margin (Ledley et al. 834); Big Pharma spent 2.7 billion dollars on lobbying efforts directed toward the U.S. Food and Drug Administration (Hagopian n.p.); and Big Pharma spends more on medical research than the National Institutes of Health, with most of these studies conducted by in-house researchers or external researchers contracted and paid by Big Pharma (Lexchin et al. "Pharmaceutical Industry Sponsorship" 1).

To expect Big Pharma to advocate for DHI is unrealistic because it runs counter to the self-interest of pharmaceutical companies and those that depend on them for revenue. "If humans are healthy, the healthcare industry does not survive. Thus, it's in its own inherently self-serving interest to promote illness in the name of wellness" (Hagopian "Evils of Big Pharma Exposed" n.p.).

Sismondo argues that "when a knowledge system importantly loses integrity, ceasing to provide the kinds of trusted knowledge expected of it, we can label this epistemic corruption . . . [this] often occurs because the system has been co-opted for interests at odd with some of the central goals thought to lie behind it. There is now abundant evidence that the involvement of pharmaceutical companies corrupts medical science" ("Epistemic Corruption" 1).

There may be no other contemporary example of the consequences of the collusion between Big Pharma and the U.S. government and its far-ranging consequences than the rapid development and deployment of the adverse effects than the rollout of the COVID-19 vaccine.

In early 2023, DailyClout, a civic tech company that builds digital tools and information that provides more transparency in the legislative process, published a 425-page book, *The Pfizer Reports*. The comprehensive analysis reviewed 46 Pfizer documents and other key medical studies and literature related to the COVID vaccine released into the public domain under a court order by the U.S. Food and Drug Administration (FDA) (Summary). It should be noted that the FDA asked a federal court to permit the agency to withhold the public release of the COVID-19 vaccine data for 75 years. Among key findings of the study were that Pfizer's claim of 95% efficacy was based on only 170 cases, and more than 158,000 separate adverse events were reported during the initial 12-week rollout of the vaccine (n.p.).

Pfizer and the Centers for Disease Control (CDC) insisted early on that the vaccine was safe and effective. According to the DailyClout report, "A vaccine may show efficacy in a clinical trial but be utterly ineffective when introduced at a societal level . . . In all cases, a vaccine can only be declared effective after widespread deployment at a societal level, and a risk/reward benefit has been determined" (Report 6). The report concluded that "Pfizer's

favorable clinical trial conclusions contradict the real-world adverse effects and efficacy failures documented after the public rollout of Pfizer's COVID vaccine" (Summary). The report's findings have largely gone unreported by the mainstream media, and the accuracy of the report's findings had not been challenged at the time the book was published (*Pfizer Documents Analysis* n.d.).

In recent years, the advent of another technological breakthrough has been growing exponentially – the integration of artificial intelligence (AI) and medicine. Hannon warns that "the furious pace of growth in the development of machine learning tools calls for physicians and scientists to carefully examine the ethical risks of incorporating them into decision-making" (Hannon "Use of Artificial Intelligence" n.p.). While it is ushering in a revolution in the ability to quickly and accurately diagnose and treat disease, a closer look reveals a darker side with far-reaching medical, political, and ethical repercussions. For example, AI relies on algorithms based on available data, which may include bias depending on where the data comes from, what assumptions are being made about the data, and the underlying motives of those involved in programming the algorithms; delivers aggregate results based on inconceivable amounts of data derived from the internet, meaning that it is often difficult or impossible to ascertain and verify the source of information; lacks accountability for how the information is collected and analyzed, as well as implications for how it should be used to make healthcare decisions; and fails to account for practitioner and patient autonomy based on empirical and experiential factors.

Concerns about the medical applications of AI are not limited to implications for providers. The internet has become the primary resource for many seeking information on symptoms they are experiencing, and people often go on to self-diagnose. At its core, AI gathers,

collates, and presents information (and conclusions) based on the information it can amass from the internet and other metadata sources. As a result, the most frequently cited information will likely have the greatest influence on the results returned. Consider a person diagnosed with high cholesterol who searches for the "best" medication to lower their cholesterol levels. To test this theory, a quick search on Bing returned an AI-generated response indicating that statins are the most effective and well-tolerated medications for lowering cholesterol. However, a subsequent query on side-effects of statins reported by major medical organizations linked statins to muscle pain and damage, liver damage, joint or bone pain, elevated blood sugar levels linked with Type 2 diabetes, digestive problems, hemorrhagic stroke, and neurological side effects including memory loss and confusion. Of course, there are other medical options for those concerned about any of these potential side effects, but the point is that just as Google and other search engines have done for years, AI projects an even greater illusion of accuracy without any accompanying accountability for its results. Worse, determining the sources of the AI results is often impossible, making it impossible to fact-check the information. Are statins unequivocally the best option, or do the pharmaceutical companies that sell statins invest more money in EBR studies published in peer-reviewed journals and online advertising?

This literature review of research on the effectiveness of both conventional and spiritually-based healing modalities clarifies the multiple points of diversion between the two perspectives. Attempts to quantify outcomes that cannot be explained create challenges that are difficult for many rooted in the science of EBR to accept. Yet, despite the objections of EBR proponents and Big Pharma, acknowledgment of the role spirituality plays in health and well-being and the resurgence of the acceptance of spiritually-based healing modalities by the public

is growing. This trend is particularly significant given that patients must pay most financial costs associated with DHI out-of-pocket, indicating that the time has come to expand our definitions and understanding of the value and effectiveness of spiritually-based healing modalities.

Conclusion

The original intent of this research was to present scientific evidence (EBR) of the effectiveness of spiritually-based healing modalities. However, during the course of the literature review, three things became clear to me: (1) there is little EBR conclusively supporting the effectiveness of spiritually-based healing; (2) important definitional, logistical, and ideological perspectives make it very difficult to produce such evidence; and (3) EBR cannot and should not be the standard by which the effectiveness or value of spiritually-based healing modalities that have been used for centuries is assessed.

I am one of many whose symptoms were dismissed because the test results were negative, the expected symptoms weren't evident, or the commonly prescribed medications weren't working. I know firsthand how rigid adherence to statistical research findings on study populations that did not include people like me has negatively impacted my health and well-being. I walked away from countless encounters with many doctors feeling confused, anxious, depressed, and angry. I felt powerless to actively participate in my own healing, and equally as defeating, I didn't feel like doctors or medications could help me either. My physical and emotional health improved dramatically when I discovered and started integrating spiritually-based healing modalities.

Conventional medicine seems to have forgotten the Hippocratic oath that all physicians are supposed to abide by, commonly summarized as "First, do no harm." Television, magazine, and online advertisements promoting the newest medications to combat diseases and their symptoms include a long list of potential side effects that seem to be worse than the condition for which they are being prescribed.

The Hippocratic Oath, the oldest and most widely recognized statement governing medical ethics that new physicians must agree to, has been revised substantially in recent years to accommodate controversial medical procedures such as abortion. The oath was revised in 1964 by Dr. Lasagna of Tufts University School of Medicine and is the version most widely used in medical schools today. The revised version includes some statements that many may find surprising in light of the current state of conventional medical practice, including:

- I will apply, for the benefit of the sick, all measures [that] are required, avoiding those twin traps of overtreatment and therapeutic nihilism;
- I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding outweigh the surgeon's knife or the chemist's drug;
- Above all, I must not play at God; and
- I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being, whose illness may affect the person's family and economic stability. ("Hippocratic Oath" n.p.)

What is called for is a lowering of the wall that separates conventional medical interventions and spiritually-based healing modalities. The decision on which healing interventions to use doesn't have to be an either-or choice. Unlike pharmaceutical, surgical, and other medical interventions, spiritually-based healing modalities do not require consideration of unfavorable interactions with other medications, have no adverse reactions, do not depend on any religious dogma, and do not predetermine expectations of specific outcomes in order to be deemed effective. Anyone can use spiritually-based healing modalities, and in many cases, they can be performed independently without the involvement of a healing practitioner. As a result, spiritually-based healing modalities are well suited to be used as complementary interventions in conjunction with more conventional interventions. While doctors and scientists argue that their methods are the only methods that can heal, Dr. Masters quoted Albert Schweitzer, who once

said, “It is the role of the physician to amuse the patient long enough to give nature ‘God’ the time to do the actual healing” (Masters *Mystical Insights* 149).

Ironically, while it can’t be confirmed statistically by EBR, there seems to be a growing consensus that spirituality, though not necessarily religion, plays an essential role in health, well-being, and overall quality of life, particularly as people age and begin to come to terms with their own mortality. It stands to reason, then, that the practice of medicine needs to adopt a more holistic approach to treating patients, relying less on the belief that the human body can be likened to a living machine and more on the belief that human beings are much more than the sum of their anatomical parts. It seems disingenuous to claim to value and practice patient- or person-centered care when the industry relies on extrapolating the findings of carefully designed clinical research studies rather than considering individual patients' spiritual needs.

There are several ways in which conventional medicine can make conscious choices to expand and demonstrate their understanding of the role of spirituality and spiritually-based healing modalities to patients for whom these factors are important: incorporate ways to acknowledge the role of spirituality in the healing process during clinical research studies; place more value on the role of empirical evidence gathered from actual practitioners who are seeing healing occur in patients using spiritually-based healing modalities; incorporate training on the role of spirituality in affecting patient outcomes in medical education and support physicians and other clinical staff in expressing more empathy and consideration for patients’ spiritual needs; and given the increasing levels of anxiety, stress, depression, and other mental challenges faced by children and teens today, support the integration of stress management techniques into school curricula at all levels.

Though the deck may currently be stacked against acknowledging the effectiveness of spiritually-based healing modalities, all hope is not lost. Arguably, Emoto offers the most profound and demonstrable evidence of the existence of a Universal life force in *The Hidden Messages in Water.* In a series of groundbreaking experiments, Emoto captured microscopic images of frozen crystals formed in water collected from a wide variety of sources around the world and exposed to diverse environments. The digital images clearly show stark differences between the crystals formed by water exposed to positive words such as "gratitude" and "love" and those created by negative words such as "stupid." Emoto's research also discovered that when exposed to classical music, the crystals were beautifully formed, while water exposed to heavy-metal music created crystals that were fragmented or otherwise deformed. These findings are instructive because human bodies are composed primarily of water, and Emoto's research confirms that words (and intentions) do matter. If exposing water to different words, environments, music, and more can profoundly affect water crystals, it only stands to reason that even more remarkable transformations within the human body are possible with positive intention.

In closing, the increasing acknowledgment of the role of spirituality in health and well-being, the growing popularity and integration of DHI, and increasing skepticism eroding public trust in medical, pharmaceutical, and even governmental entities resulting from the handling of the global COVID-19 pandemic, are all indications that a renaissance in the acceptance and integration of spiritually-based healing modalities is underway.

The goal of implementing a holistic approach to conventional medicine by welcoming spiritually-based healing modalities as viable options for those patients that want to use them

should extend beyond the theoretical. Patients need to be educated about the benefits of DHI so they feel empowered to utilize them without fear of being belittled by their doctors. Schools should include strategies to integrate readily available and cost-effective modalities such as meditation, yoga, earthing, and Qigong to help decrease mounting depression, anxiety, and even suicidal inclinations to support the health and well-being of all students. Physicians need to demonstrate more of the expansive thinking that has led to incredible technological breakthroughs by applying quantum theory to exploring the reality that the world is much grander than that we can see or measure with technology.

Modern medicine and metaphysics can co-exist. Individuals in need of healing and the global community as a whole will benefit as a broader understanding of “healing” allows space to acknowledge spirituality's vital role in health and well-being.

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