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Sandra Thomas

Sandra Thomas, Major Professor

We have read this thesis
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Sara H. Shaffer

Sally M. Helton

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TOWARDS CLARIFICATION OF THE MEANING OF HEALING

A Thesis

Presented for the

Master of Science in Nursing

Degree

The University of Tennessee, Knoxville

Susan S. Jones

December 1987

ACKNOWLEDGMENTS

In the course of thesis research, a number of persons assisted and supported me. Special thanks and acknowledgment go to Dr. Sandra Thomas, Sally Helton, and Dava Shoffner, who served as my director and committee respectively. Without their encouragement, criticism and consultation, this work would not have been possible. Whatever errors remain in this work are solely my responsibility.

I also wish to gratefully acknowledge my classmates and friends who have supported me with their friendship, and shared with me their insights into healing.

ABSTRACT

The concept of healing is a widely used concept that lacks clear definition. Clarification of the meaning of this term could richly contribute to formulation of basic nursing theory. A broad literature search was undertaken in an effort to ascertain common components of meaning. The literature included sources from a variety of disciplines and cultural perspectives. Analysis of definitions was undertaken using Walker and Avant's concept analysis methodology, and effort was made to remain sensitive to the contexts in which definitions were found.

Analysis indicated that there were four generalizable attributes (components) of the meaning of healing. In summary these are: (a) a process towards a concept of health, (b) a process of integration, (c) a rebalancing process, and (d) a process involving a force beyond individual conscious control. Antecedents, consequences, empirical referents, and case models were developed in order to further clarify meaning.

Healing was concluded to be a concept of great relevance to the stated purpose of nursing science. Suggestions for further research were given. Nursing implications include the need for nurses to continue to show acceptance of diversity, in the effort to become integrating and rebalancing agents.

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CHAPTER I

INTRODUCTION

Healing is a word used with casual confidence in a great variety of situations, from wound healing to faith healing. It is said that the greater the importance of a concept, the greater the number of languages that have a term for it (Goldberg, 1981). "Heal" has roots in at least six archaic languages (Onions, 1985), and translations in at least eight modern languages (as determined by a scan of foreign language dictionaries). The phenomenon of healing is apparently of great value; yet, as perhaps is the lot of fundamental concepts, the exact nature of its meaning is unclear. It appears to be something that we can enact, yet it also takes place spontaneously. Its outcome is agreed to be positive, its presence often thought to be self-evident, but the parameters used for ascertaining its existence are widely divergent. This diversity is a natural consequence of the value-laden aspect of this concept. Even within a single culture individuals maintain disparate criteria for evaluating the presence of healing; satisfactory healing as perceived by surgeons, for example, may well be regarded as a failure to heal by the patient (Cay and Philip, 1975). Because the perception of healing is influenced by values, definitions of healing are likely to differ across belief systems (Allen, 1986). It remains

to be seen what the nature and depth of these differences are, and if, in fact, a generalizable meaning can be found. As Francis Bacon wrote:

> The idols imposed by words on the understanding are of two kinds. They are either names of things which do not exist (for as there are things left unnamed through lack of observation, so likewise there are names which result from fantastic suppositions and to which nothing in reality corresponds) or they are names of things which exist, but yet confused and ill-defined, and hastily and irregularly derived from realities (Francis Bacon, 1620, as cited by Goldberg, 1981, p.45).

The meaning of healing is of special consequence to the health care industry. It has been said that the inadequacy of our understanding of this process is an embarrassment to the scientific aspirations of modern health care (Kleinman and Sung, 1979). Study of the concept of healing is consonant with the present trend towards a salutogenic, wholistic orientation in the provision of health care. Antonovsky (1987) contended that the study of salutogenesis will yield useful new data that are substantively different from data gleaned within a pathogenic orientation. Nursing, in particular, has embraced health promotion and wholism as part of its philosophical framework (Orem, 1971; Paterson and Zderad, 1976; Rogers, 1970).

The American Nurses' Association describes nursing science as the study of human response to

actual or potential health problems. This definition demands clarification of two basic concepts: health problems (therefore health), and human response to these. Definition of the concept of healing may contribute to clarification of both of these concepts. Because healing is a value-laden term, it is enmeshed with the idea of human response. Because it connotes a positive movement towards health, it carries intrinsic implications about the concept of health. Because it is a description of a process, it addresses an interplay between these two concepts. Examination of the concept of "health" would be examination of a word with more static connotations than the process-oriented word "healing". "Health" is therefore more of an abstraction than "healing" in a universe probably best characterized by change (Rogers, 1970). It is for these reasons that "healing" is selected as a term of particular pertinence to nursing's area of interest.

The Research Question

What is the meaning of the word "healing" in relation to the idea of nursing science, namely, human responses to actual or potential health problems?

Subsidiary Questions

1. In what contexts is the word used?
2. What themes of meaning emerge?

Terms

Meaning: The signification of a word, understandable only when accompanied by consideration of the forms of life in which it is used; that is, the meaning of a word is inseparable from its context (derived from Wittgenstein's theory of meaning, as cited by Manchester, 1986).

Forms of Life: "The specific activities, goals, concerns, and theoretical and practical interests that constitute the background of productive reasoning activities in a specific community of speakers" (Manchester, 1986, p.241). For the purposes of this research, "forms of life" is operationalized as the discipline of study in which the word tends to be used.

Themes: Central attributes or characteristics of meaning that are repeated in a majority of definitions.

CHAPTER II

LITERATURE REVIEW

This literature review will present a brief overview of works which propose broad-based definitions of healing. More context-specific definitions will be noted in Chapter Four.

A comprehensive theory of the healing process was proposed in 1978 by philosopher Donald Schwartz. He conceptualized dual aspects to the meaning of healing: the attenuation of dysfunction, as in the medical model, and a psycho-physical-spiritual integration in a non-medical sense. He stated that these dual aspects are interrelated, and are derived from mobilization of a minimum of one of three dimensions: (a) intentionality, which refers to the human power to create desired circumstances; (b) the structural, energetic processes of the physical body; and (c) "Being", or transpersonal consciousness. This last dimension, Being, is the most fundamental level, and is always implicitly involved, even if there has been little deliberate intent to include it. Optimal healing takes place when more than one dimension is mobilized. Schwartz stated that the phenomenon of healing functions as a mediator of personal and transpersonal evolution. Healing, in the dimension of intentionality, involves a rearrangement of intent, such that there is will to be

healed. Healing in the energetic dimension is manipulation of energy, a sort of transfer of information, which results in improved psycho-physiological functioning. Healing in the Being dimension has to do with transpersonal consciousness; a movement towards harmonious integration between the self and what is not-self. Schwartz's work purported to lay a foundation for an integration of medical and non-medical healing, yet he noted the apparent scarcity of investigation into non-medical healing processes, and a paucity of understanding (despite research) of medical healing processes. Because of these problems, he recognized that a fully developed integral theory of healing was not yet possible. His dissertation most directly addressed the problem of arriving at a generalized definition of healing, and while providing a valuable contribution to theory, underscores the need for further research.

The idea of integration is repeated in other work. From the vantage point of extensive study in ethno-psychology, Katz (1982) described healing as a fundamental integrating and enhancing force, with a more expansive meaning than has the word "curing". He proposed healing to be a "process of transition toward meaning, balance, wholeness, and connectedness, both within individuals and between individuals and their environments" (Katz, 1983, p.494). He wrote that healing is an

infinitely renewable resource, creates empowerment, and involves transformation of consciousness (Katz, 1984). His work is based on extensive observation of healing approaches in non-western "primitive" settings, with a view towards better understanding the patterns of behavior and intent that may generally underlie human experience, possibly providing a cross-cultural paradigm for healing. His in-depth descriptions provide a vast resource for investigation, and his consequent generalized definition of healing is of great interest. Its value is limited, however, because of the necessarily small sample (hunting-gathering tribes) that is available for inferring to the very large population of all of humanity.

Kleinman (1980), an anthropologist, emphasized the culturally contingent nature of illness and healing. He described both as "semantic networks (culturally articulated systems) that interrelate cognitive categories, personal experience, physiological states, and social relationships" (Kleinman, 1980, p.364). Kleinman and Sung (1979) endeavored to translate concepts of cultural anthropology into general clinical medical application. They formulated "healing" as having dual functions, similar to Schwartz's conceptualization: the control of sickness (the purview of medicine), and the provision of meaning for the individual's experience of it. They noted this meaning-giving function to be lacking in modern western

medical practice, but a strength of indigenous healing systems. They called the first (medical) aspect the treatment of disease, and the second, the treatment of illness. Illness, they asserted, is the psychosocial and cultural response to disease. If this contention is accepted, it may provide a clarification of the function of nursing science. This science of "human responses to...health problems" could then claim "illness" as a primary focus and consequently derive much information about appropriate treatment from the study of indigenous healing practices, which, according to Kleinman and Sung, have superior efficacy in this realm. These explorations into the meaning of healing, while thought provoking, reinforce the need for research encompassing a maximally broad selection of resources with as much cultural diversity as possible, in order to substantiate, elaborate, or modify these generalizations.

Information about the meaning of healing can be extrapolated from speculations on the meaning of health and sickness, and the literature exploring these concepts is relatively abundant. There are a multitude of definitions of health derived from specific fields of study, but there have been fewer attempts to synthesize a definition that is universally applicable. Schlenger (1976, as cited by Laffrey, 1986) made such an attempt. He proposed that a comprehensive view of health must include two fundamental

aspects of human beings. These are (a) the negative feedback process which regulates equilibrium (permits the absence of disease), and (b) a positive feedback process, which has to do with self-actualization. Each process contains several dimensions, and a move toward health may take place in any of these dimensions. In this model, health could be attained in some dimensions, even though disease remained in the others.

Judith Smith (1983) undertook a comprehensive review of major concepts of health and their implications for the nursing professional. She presented four fundamental models of health, each reflective of divergent world views, treatment modalities, and fields of study. These models are: (1) the clinical model, in which health is seen as an absence of disease or symptoms, (corresponding to medicine); (2) the role performance model, in which health is viewed as the ability to perform socially defined roles, (corresponding to sociology); (3) the adaptive model, in which health is seen as the ability to flexibly adjust to changing circumstances (corresponding to ecology); and (4) the eudaimonistic model, which defines health as exuberant well-being, (corresponding to humanistic psychology). These models have a relationship of progressive expansion; that is, the narrowest, or clinical model is enveloped within the role-performance model, and these two are included within the broadest eudaimonistic model. Smith

presented these health views as open to adoption by nursing. Manchester (1986) argued for the need for further research to demonstrate the completeness of Smith's models of health. If these models are indeed exhaustive of the forms of the meaning of health, she wrote, nursing would necessarily be borrowing one of its fundamental concepts from another science. Clarification of the definition of healing could contribute to this body of knowledge about health.

Nursing's Marjorie Keller (1981) also endeavored to analyze literature on health, and from a list of 42 definitions developed a ranked list of 22 "subconcepts" of health. Her definitions were obtained from (in order of frequency): (a) physicians, (b) non-health care professionals, (c) nurses, and (d) other health care professionals. Her subconcepts varied in level of abstraction and degree of clarity. Most often mentioned concepts were "physical/biological" and "emotional/psychological", and least often mentioned were "wholism" and "self realization". She found that definitions did not vary significantly between health care professionals and non-health care professionals. Her subconcepts, or method of categorization, provide an alternative to Smith's format, show something more of the breadth of definitions, and indicate (at least for her respondents) the frequency ranking of the concepts. Her

contribution is valuable, but the inconsistent quality of her categories makes interpretation difficult. It most clearly functions to document the diversity of definitions that exist.

It is apparent even in a brief scan of the literature that there are multiple contextually derived definitions of health. Shirley Laffrey (1986), a nurse, attempted to deal with this by developing a health conception scale designed to reveal individual perceptions of the meaning of health, using Smith's four dimensions as a means of categorization. Preliminary use of her health conception scale suggested a multidimensional conception of health which was compatible with Smith's four models. Laffrey's results could not, however, support the relationship of progressive expansion of health models which Smith had postulated. Laffrey's work served both to partially corroborate and to raise more question about Smith's health models.

Analysis of concepts is fundamental to the development of theory, yet this process is often neglected (Kulbok, 1983). Walker and Avant's (1983) methodology for concept analysis has been used successfully to clarify various concepts relevant to nursing, such as "intuition" (Rew, 1986), and "hopelessness" (Campbell, 1987). A concept analysis of "healing" (or "health") using this procedure is not apparent in the literature.

Summary

Smith and Schwartz appear to have made the broadest attempts at synthesis of world views from a variety of disciplines. Schwartz himself noted the need for more research, and Smith's work appears to need corroboration. It is the intent of this researcher to supplement these efforts towards arriving at an inclusive and generalizable understanding of the meaning of healing in the service of nursing science.

CHAPTER III

METHODOLOGY

Design

This foundational inquiry necessitated a broad ranged literature search for definitions of healing. Emphasis was placed on sources which referred specifically to the word healing. Because "healing" is often defined in terms relative to the word "health", however, some sources were included which focused on definitions of health. In these cases, a definition of healing was extrapolated from the given definition of health. Because it may be significant for ascertaining meaning, note was made on which types of sources tended to refer specifically to "healing" rather than "health". The literature search was constrained by a time limit of six months for the gathering of references, and therefore was far from exhaustive. There was a goal to accumulate a minimum of fifty pertinent references. To an incidental extent, verbal definitions were also sought from peers. While acknowledging the inherent bias that arises from use only of literature available through one regional library system under these time constraints, and the elite bias that arises from using primarily published literature, it was endeavored to represent as broad a scope of belief systems as possible.

Once definitions were accumulated, the data were analyzed using Walker and Avant's (1983) strategy for concept analysis. Elements of philosophical analysis, as formulated by Manchester (1986) were also included. Concept analysis states as its purpose: to "distinguish between the defining attributes of a concept and its irrelevant attributes" (Walker and Avant, 1983, p.27). The goals of philosophical analysis are (a) "clarification of the language of a science", and (b) to "show the possible reconciliation of apparently different concepts" (Manchester, 1986, p.241). These analytical goals and the corresponding methodologies overlap and are also complementary. Emphasis in this research was placed on Walker and Avant's (1983) relatively detailed procedure for concept analysis, with appropriate augmentation from the methodology of philosophical analysis.

Sources

A total of seventy sources of definitions were used. Theoretical sources, etymological sources, and sources derived from naturalistic research were used. Definitions were accumulated from the fields of nursing, medicine, sociology, psychology, anthropology, philosophy, and religion. The order of frequency of use of each of these fields was as follows: nursing (18), psychology (16), medicine (11), anthropology (9), religion (5), etymological sources (5), philosophy (3), and sociology (3).

Procedure

Concept analysis is organized into a series of eight steps, all of which were followed in this research. These steps are: (a) identification of the concept; (b) determination of the purpose of the analysis; (c) identification of as many uses of the word as possible from reference materials, peers, and literature search; (d) determination of the common defining ("critical") attributes, or provisional criteria that reveal themselves in review of these definitions; (e) construction of a model case which incorporates all of the critical attributes; (f) construction of various other cases that illustrate meaning chiefly through contrast with the model case; (g) identification of the antecedents and consequences surrounding the occurrence of the concept; and (h) definition of the "empirical referents" for the critical attributes, which involves identification of any concrete means of measuring the existence of the concept in question. Contrasting cases (step "f") are designed to help clarify shades of meaning of a concept through comparison. "Borderline" cases are cases in which most, but not all critical attributes are included. "Related" cases are built around ideas that are similar to, but distinct from the key concept. "Contrary" cases are examples of what the key concept clearly is not. "Invented" cases show the critical attributes of the

concept at work in a fantasy context. "Illegitimate" cases are cases in which one or two critical attributes are present, but the rest are lacking. The illegitimate case is not always appropriate, and is sometimes omitted from concept analysis (Walker and Avant, 1983, p. 983).

Philosophical analysis requires that a full description be made of the occasions of use of a word, in order for there to be true comprehension of meaning; in other words, that an essential clue to meaning lies within the context in which a word is used. Concordant with this, note was made of the occasions upon which use of the word "healing" was made. These occasions were operationalized as the fields of study which tend to use the word healing (as opposed, for example, to the word "curing" or "health promotion").

CHAPTER IV

RESULTS

Definitions

"Healing", which derives from the verb "heal", can be used as verb in conjunction with another verb (e.g.: "the wound is healing"), as an adjective ("a healing wound"), or as a noun ("healing is essential"). A general dictionary definition of "heal" is (a) to restore to health or soundness, (b) to set right, and (c) to restore to spiritual wholeness (Soukhanov, 1984). An etymology dictionary defines "heal" as "to make whole; cure" (Onions, 1985), and it is derived from the word "holos" (hal) which also means holy or wholeness (Flynn, 1980). Synonyms of "heal" are cited as: cure (Webster's, 1984; Soukhanov, 1984; Steinhardt, 1980), convalesce, and mend (Lewis, 1961).

Nursing

From the vantage point of cross-cultural nursing, Spector (1985) spoke of healing as a satisfactory response to spiritual, physical, or mental crises, and a process of becoming whole. She wrote that there are four types of healing: spiritual, which is naturally effected by repentance; emotional-mental, which involves time consuming, delicate effort; physical, which can include medical treatment and/or laying-on-of-hands and other

alternative treatments; and deliverance, which involves exorcism. Some qualities that healing rituals may possess are: qualities of protection, purification, removal of agents of affliction, redemption, isolation, and restoration of balance (such as the Chinese concept of yin/yang balance, or the Hispanic concept of hot/cold balance).

"Healing", as used by Dolores Krieger (1975) refers to an energy ("prana") exchange facilitated by the touch of a healer who is able and willing to share his or her own vitality with an ill person (who has a deficit of this vital energy). She wrote that healing may occur without any intervention, but sometimes is accelerated by this laying-on-of-hands, or "Therapeutic Touch". Improved reports from medical exams, self reports of well-being, and elevated hemoglobin values were reported as various means of measuring the existence of healing.

Wiggens (1983) uses the word healing in reference to Amish rituals intended to alleviate illness. Illness in this context is usually considered the result of a breech of taboo or sin, soul loss, spirit intrusion, or intrusion through sorcery. A variety of "healing ceremonies" and treatments may be conducted to offset and rectify these problems.

Nursing offers a great variety of theories on health and therapeutics, and definitions of healing can be

extrapolated from these. Nightingale (as cited by Rosenberg, 1979; Meleis, 1985) wrote of health as order and balance in the physiological state. In this framework, the body is seen as dynamically interacting with the psychic and physical environment, and balance is maintained by the body's natural homeostatic mechanisms. Illness is caused by transgressions against the laws of balance, and nature alone heals. Progression towards health can be optimized by measures such as maintaining a clean environment with good ventilation, warmth, and quiet.

Health is not only the absence of disease, but a sense of "more-being" or becoming "more" as humanly possible, according to Paterson and Zderad (1976). Relationships with mutuality and intimacy enhance more-being. More-being is not strictly the alleviation of suffering, but includes the ability to be open to authentic experience (including suffering), and the formulation of personal meaning out of that experience.

Travelbee (1971) adopted the World Health Organization's definition of health: "Health is a state of complete physical, mental, and social well-being, and not merely the absence of infirmity" (Meleis, 1985, p.259). Nursing's role in the move toward this goal of health is to help clients prevent or relieve illness, and to help find meaning in the experience of suffering.

Health is a dynamically stable balance that manifests in effective functioning and personal goal attainment, according to Johnson (1980). Nursing, she wrote, is a "force which acts to preserve the organization and integration of...behavior at an optimal level..."(p. 214). Healing in this context may be considered rebalancing in the direction of these objectives.

The linear model of a health-illness continuum has found many supporters. Roy (1976), for example, conceptualized "peak wellness" as the extreme on the health end of this continuum. She wrote of health as essentially adaptation that enables a flow of free energy to deal with stressors, and the promotion of integrity. In this model, people adapt on an unconscious reflex level and on a cognitive level. The cognitive level is concerned with the synthesis of symbolic meanings.

The idea of adjusting to stressors is also found in King's (1981) description of health as a dynamic state which requires continuous readjustment to environmental input. Dynamic adjustment ideally results in the attainment of personal goals. Healing could be extrapolated to mean movement towards this balance, and the success of healing would be measured by an individual's goal attainment.

Rogers (1986) noted the socially defined and value-laden nature of the concept of health, and for this

reason avoided use of the term. She made no clear distinctions between health and illness. Rogers used the word "healing" in the context of "alternative forms of healing", which is contrasted with "the current mechanistic emphasis in treating human ills" (p.7-8). Any given state, she wrote, is a manifestation of a simultaneous interaction of human and environmental fields, which are continually evolving in the direction of increasing complexity in pattern and organization. Malinski (1986), in discussion of Rogers' theory of accelerating change, used the word "healing" in terms of "healing rituals" and "healing meditation" (p. 29), which use modalities such as touch, light, color, and music to influence patterning in a positive way. Meleis (1985) extrapolated from Rogers' paradigm that greater developmental coherence evolving within this theoretical framework could be equated with health, and that illness may be equivalent to disharmony or lack of integrity in human-environmental fields.

Nursing has not only theorized internally about the meaning of health, but has sought to identify the health concepts of the general population. MacRae and Johnson (1986) conducted a study in an effort to identify what people thought of as health. Their respondents were more than 6000 Canadians of various ages. They found that the most prevalent concepts of physical and psychosocial health included the idea of the experience of having enough energy

to do what one wishes, and having a personal sense of responsibility. (This "sense of responsibility", which outranked even "friendship and love", was unfortunately not elaborated upon in this study).

Health is a culturally relative term, and Leininger's (1979) compilations of ethno-nursing research provide a rich source of material about health belief systems. Berg (1979), writing of the health beliefs of the Zapotec people in Mexico, found that health problems were perceived to be caused by any of six forces: (a) social, (b) social and sorcery, (c) social and supernatural, (d) supernatural, (e) natural and God, and (f) natural. Berg maintained that health values cross-culturally center on an individual's ability to perform role tasks, but functional efficacy of this varies with specific cultures. A move towards health in this context would be a move in the direction of culturally specific enhanced role function that is facilitated by remedy of whatever is the perceived cause of the health problem.

Research into traditional Navaho health beliefs indicates that health is perceived to be the result of living in spiritual, emotional, and physical harmony with nature (Brandt, 1979). Disharmony (illness) occurs through a known or unknown transgression against expected behavior, and/or sorcery. Brandt refers to the word "healing"

specifically in conjunction with Navaho ceremonies that are aimed at restoration of this essential harmony, and the healer may be a diagnostician, an herbalist, or a singer.

Medicine

Hippocrates wrote in his Precepts that "healing is a matter of time, but it is sometimes also a matter of opportunity" (Hippocrates, circa 460-377 BC/1980). He considered illness to be a disruption of balance, and believed that the art of healing consists of imitating the healing powers of nature. Cannon (1939) formulated a biochemical model that echoed Hippocrates' principles when he referred to health as a function of homeostatic balance that is governed by the "wisdom" of the body.

Current medical definitions of healing as suggested by medical dictionaries describe healing as a process of cure (Friel, 1985), and focus on the restoration of tissue integrity and function, emphasizing biological mechanisms such as blood clotting, tissue mending, scarring, and bone healing (Miller and Keane, 1983).

Fink (1980) conceptualized health as maximum emotional, intellectual, and spiritual functioning. He referred to the word "healing" only in the context of alternative curing, such as "ancient healing systems", which he implicitly contrasted to "modern medicine" (p. 321). He advocated an expanded approach to health care, which would incorporate more types of health care

assistance and health care providers. It could be extrapolated from this that "healing" is a mode somewhat separate from the usual realm of medicine, but useful as a means towards health.

The word "heal" was used by Waddell (1970) in the context of the "body's natural tendency to heal and to balance itself homeostatically..."(p. 358). She wrote that this ability is enhanced dramatically by relaxation. This suggests that healing is a spontaneous event that is possibly interfered with by concentrated effort.

The role of the healer has been implied to be congruent with the role of the physician (May, 1983). The role images of healer include the image of parent, protector, technician, teacher, professional, bearer of power, companion in the dying process, and soldier against illness. May compared the role of physician/healer with the role of shaman/healer, both of whom fight with destructive forces and summon positive forces. Healing in this context could be extrapolated to mean a multidimensional effort (or process) that is to a significant degree a commonality in western medicine and "alternative" therapies.

Bacteriologist Rene Dubos (1978) wrote that human health has complex determinants, and because it relies on conscious choice, it transcends biological health. He contended that non-western medical systems focus more on

wholistic integration of all the aspects of being human than do western scientific medical systems. He conceptualized health as a balance that allows a free, independent life, and conversely, illness as interference with the ability to live as one chooses. He referred to the word healing as a "process of recovery of lost freedom to make choices" (p. 555). There are two types of healing, according to Dubos. Type one healing is the classic homeostatic reaction which returns the organism to its pre-illness condition. Type two healing surpasses the reversal of damage, and results in a new and enduring adaptive state. Healing, according to Dubos, could be rephrased as a restoration of balance and integrity and/or a balancing and integration that results in increased adaptability. This rebalancing and re-integration involves a complex system of factors which are not adequately addressed by western medicine. Healing of either type empowers freedom of conscious choice.

The spiritual dimension fundamentally underlies all other aspects of a person, including his/her physiological state, yet is usually neglected by contemporary medicine, according to Hiatt (1986). The spiritual dimension is the part of person which is concerned with meaningfulness; the need for understanding, not of the mechanism, but of the purpose of things (such as illness). This dimension is not tied to religion, but is involved with a sense of faith.

It is experiential, dynamic, evolutionary, and has a basically integrative function. Hiatt defines the word healing as the process of making whole, which "arises within the patient from endogenous processes that ultimately derive from the spiritual impetus for unity" (p. 742). He uses the word both in reference to the goal and practice of medicine, and in terms of "healing traditions" (as contrasted to current medical care). He wrote that healing traditions have long acknowledged the importance of belief systems upon the outcome of treatment. He advocated that medicine unite its technical expertise with this acknowledgement of the spiritual dimension.

Antonovsky (1987) considered health and illness to be concepts on a continuum, and that classification by either label is dichotomous. He referred to a "healthy pole" on this continuum, but rather than focusing on clarification of the concept of health, he focused on what was apparently salutogenic, or health-engendering. He concluded that a key factor in salutogenesis was the "sense of coherence". This sense of coherence includes three elements: (a) comprehensibility,or belief that things are predictable and explicable;(b) manageability, which involves the belief that needed resources are available; and (c) meaningfulness; which is a belief that demands are challenges worthy of investment of oneself. He related this sense of coherence directly to enhanced coping and

positive health outcomes. Healing, as a health-oriented process, may be extrapolated to be closely related to this sense of coherence.

Historical and cross-cultural conceptions of health were examined from a behavioral health orientation by Diaz-Guerrero (1984). Chinese people of the twenty-sixth century BC believed that health resulted from harmonious interaction with the natural order of the universe. Plato conceptualized health as inner harmony and achievement of high moral behavior and philosophical knowledge. The seven savants of Greece advised moderation in everything as the key to health (which also suggests the concept of harmony or balance).

After Galen, generalized conceptions of health began to be replaced by narrow-focused searches for causes of specific illnesses. Diaz-Guerrero included in his work report of a 1975 study by Osgood, May, and Myron, in which 400-500 subjects across thirty cultures were questioned on their health value systems. Health was universally ranked first among high ranking concepts ("high ranking" meant the perception of being valuable or good). Health was slightly higher ranked in wealthier countries. The concepts most closely synonymous with health were found to be (a) life, (b) growth, (c) doctor, and (d) nurse. The strongest antonyms of health were found to be (a) filth, (b) cancer, and (c) suicide (among unchosen options were "sickness",

"insane", "pain", "disease", and "death"). Healing, as extrapolated from Diaz-Guerrero's writings, could be considered a concept of universal use with a universally perceived good connotation. It appears to be broadly associated with life processes and health care, and is possibly associated with purification (as opposed to "filth").

Sociology

A critical analysis of the use of the word health was undertaken by medical sociologist Dolfman (1973). His work corroborated Diaz-Guerrero's assertion about the historical transition from broadly generalized definitions of health to narrower specialized definitions. Dolfman noted that since the World Health Organization's definition of health emerged in 1947, there has been a reversal of the trend towards narrow definitions, and that more generalized definitions are again reappearing. He wrote that although the concept is considerably older, use of the word "health" came into being around 1000 AD. Dolfman maintained that the notion of soundness or wholeness permeates all uses of the term "health". In the historical period this meant spiritual salvation and moral and mental soundness, as well as physiological function. Variations on the theme of "soundness" throughout history include the use of the word "health" as a salutation (making also an association with prosperity and well-being), the modern connotation of

"absence of disease"; the ability to function; the ability to adapt; proximity to the norm; and "high level wellness". While acknowledging that all definitions of health are value-laden, Dolfman proposed a triad of concepts that best explain the concept of health in the modern period: (a) adequate function, (b) adequate adaptation, and (c) within the range of normal. Healing in this context could be extrapolated to mean a movement towards accomplishment of these objectives.

Sociologist Parsons (1958) also emphasized the socio-cultural nature of the definition of health, and concluded that the word "health" signified the optimum capacity to fill socialized roles. In the United States, health is therefore judged by the capacity to achieve, whereas in the Soviet Union it may more likely be judged as the capacity to assume responsibility, in concordance with respective societal values.

Twaddle (1974) characterized health as a biophysical status that is normatively defined and a social status designation that is devised by individuals and status definers (such as physicians). Healing in these models could be considered a socially agreed upon movement towards a biophysical and psychological norm or role.

Psychology

The literature of psychology provides a vast resource for research into the meaning of healing. Jung (1958/1966)

wrote that psychotherapy is a "healing" art (p. 3), and that the therapeutic process is a process of "individual development" (p. 8) for both the therapist and the client. The therapist, while changing her/himself, endeavours to bring about in the client a state of being which is characterized by fluidity, change, and growth. This process must include profound respect for the individual nature of each person. In some cases healing is equated with "individuation" (p. 10); becoming what one most truly is. This individuation (healing) may occur even if neurotic symptoms persist, with the condition that the person accepts and understands the meaning of the illness. Jung tentatively described the therapeutic process as involving stages of (a) confession, (b) elucidation, (c) education, and (d) transformation. Confession is considered to be a fundamental psychic need arising in response to negative (alienating) consequences of psychic concealment. Secrets shared communally can have beneficial effects, but personal secrets can cause sickness. Confession remedies this situation by helping an individual to integrate the repressed parts of self, and thus move towards wholeness. It also serves to re-establish inter-human connections. Whereas confession serves to restore to the ego contents of the mind that should normally be conscious, elucidation aims at uncovering the sources of problems which arise from the level of the

unconscious. This elucidation of the "shadow side" of people permits more realistic and wholistic understanding of a human being, and encourages humility and personal responsibility. Education has to do with helping a person resume a normal life in terms of society, with the goal of adaptation. Transformation fills a need beyond the need for normal adaptation, since "a man can find satisfaction and fulfilment only in what he does not yet possess" (p. 70). It is a consequence of a genuinely deep interaction between a client and a therapist, and it impacts both persons. The most effective therapists remain open to their own self-transformation within the therapeutic relationship, and must themselves continually strive to meet the therapeutic goals which they set for their clients.

Groesbeck (1975) formulated a description of the essential structure of the healing process, drawing heavily upon the work of Carl Jung. He postulated that "The main process in healing at a deep level is the 'trans-subjective union' and experience of opposite poles of the archetypal image of the wounded healer" (p. 132). The "wounded healer" is an ancient image of the most powerful type of healer. This refers to healing that is homeopathic in principle (based on the principle that "like heals like") rather than allopathic in principle (involving remedies that are meant to counter the symptoms caused by the

illness). The power to wound, to heal, and the characteristic of being wounded are all intertwined in the image of the "wounded healer". Inherent within the psyche of a patient is an inner healer, and within a healer there is a wounded person (or patient). A deeply therapeutic relationship will enable both people access to the archetypal image of the wounded healer in the collective unconscious. This image is described as a "third thing" which enters the healer-healee relationship, and it is this third element which is central to the process of healing. As a result of interplay with this third thing (or archetype), the healer within the patient is integrated and activated and the patient moves toward wholeness. This process includes synthesis of a coherent meaning of the illness. The person in the healer role is also a patient in the sense that this transformative relationship cannot take place unless the healer is open enough to be able to access her/his own vulnerabilities to illness and so deeply meet the patient's wounded self. This deep and difficult involvement catalyzes the healing process, but the healer must not get so involved that he/she forgets to personally draw upon the archetypal image of the wounded healer.

Groesbeck compares the image of the wounded healer to God, the ultimate healer, who is all powerful, yet is fatally injured for the sake of the patient's life. The person in the healer role ultimately "leaves the healing to

God", since it was "God who brought the illness and hence knows the cure" (p. 134). In summary, this paradigm of healing includes the idea of a collective process towards wholeness, the making of meaning out of the illness experience, the idea of an interchange which involves sacrifice yet leads to empowerment, the idea of integration between and within persons, and the idea of accessing a force greater than self.

The image of a coming together of separate parts is repeated in the work of Carl Rogers (1965), who called therapy "the healing of the basic estrangement of man from himself, from his experiencing organism" (p. 172). He assumed that all individuals have a basically positive direction towards higher integration and effectiveness, and that this direction will emerge as conditions allow. Environments that provide empathy, honesty and unconditional positive regard tend to allow this positive growth. A person who has grown in this way will have attributes of openness, constructive coping abilities, self directiveness and self confidence (Rogers, 1961, 1965). Although Rogers wrote of the therapeutic process, the healing process could be extrapolated to mean a process of permitting a natural tendency towards increased effectiveness and integration.

The multileveled health model proposed by Maslow (1971) suggests a corresponding multidimensional model of

healing. Attainment of his level of "self-actualization" (which includes the other levels) is marked by: (a) making moment-to-moment growth choices; (b) letting the "true" self emerge; (c) taking responsibility; (d) representing oneself honestly; (e) working to actualize potential; (f) arranging for conditions that allow "peak experiences"; and (g) giving up defenses. Maslow used the word "heal" in the context of "the truth heals much" (p. 162). Healing as a movement towards health could be assumed to mean a multidimensional transition which culminates in qualities that speak of an open, dynamic balance, and integration of all parts of self. Maslow's (and Rogers') incidental use of the word "heal" also carries the connotation of a bringing together or integrating process.

Healing as a process of making meaning out of experience can be extrapolated from Frankl's (1969) formulation about the fundamental needs of humankind. He argued that the primary concern of humans is not homeostasis, but a concern for finding a sense of the meaning or purpose in personal experience. If this basic urge towards finding meaning is not fulfilled, sickness ensues in the form of noogenic (spiritual) neuroses, psychogenic neuroses, and/or somatogenic diseases. "Only to the extent to which man fulfills a meaning out there in the world, does he fulfill himself" (p. 38). If the need for meaning is fulfilled, any life experience can be

transformed into a human achievement. Frankl devised "Logotherapy" as a therapeutic modality which addresses illness arising from loss of meaning. Of primary importance in this therapeutic process is the character of the human relationship that it involves. This relationship must be one in which the therapist succeeds in understanding the client in the way the client understands him or herself. This facilitates for the client a confrontation with and reorientation towards the meaning of his or her own life, and this in turn permits a more healthy existence (Frankl, 1984). Frankl's description of the deep understanding necessary in the therapeutic relationship is similar to Jung's "trans-subjective union", and Roger's emphasis on authentic empathy.

The literature of psychology speaks of the concept of health as not only meaning-finding, self-actualization, developmental emergence, and transpersonal empowerment, but often simply as a desirable state in which an organism has unimpaired structure and function (Redlich, 1976). In terms of mental health, this desirable state manifests in gratification of needs, achievement of competence, and adherance to accepted mores; essentially a normative state. Health in this model is a relative concept, and is particularly subject to adjectives such as "minimal" and "optimal". People are assumed to be primarily motivated not by intrinsically positive forces, but by the desire to

avoid negative forces such as disease. Successful accomplishment of avoidance of disease is assumed to accomplishment of the goal of health. Healing in this context could be considered transition away from states of illness towards the norm.

Pelletier (1978) contended that a philosophical shift away from this prevalent "absence of disease" paradigm of health should take place. He argued the need for a multidimensional definition and approach to healing that incorporates recognition of the psychosomatic basis to all illness. He conceptualized health as a state in which the body, mind, and spirit function in harmonious balance. He used the word healing in the context "healing involves far more than removing the overt manifestations of a disease process" (p. 318), and wrote that the healing process is a shared responsibility of a patient and a health provider. Ideas contained in Pelletier's reference to healing are: interaction of the psyche and bodily processes in the direction of balance, mobilization of intent towards health, and a transpersonal multidimensional process.

The healer, whether a shaman or a psychiatrist, is empowered by the authority of his/her relatively high status in society, and functions as a mentor, a role model, a mediator, and a mobilizer or resources (Frank, 1973). Healing relationships that are established by a psychiatrist or a non-western indigenous healer share many

elements in common: (a) the patient has confidence in the therapist's intentions and competence; (b) there is an atmosphere of genuine acceptance of the patient; (c) there is validation of the patient's personal world view; (d) the setting of the relationship is removed from daily life and arouses the expectation of help; (e) a rationale is provided for illness and health; and (f) a treatment is prescribed. Frank maintained that healing is an integral part of a culture's world view, and that it functions as a conceptual framework for making meaning, making choices, and finding relief from symptoms. Healing ceremonies are therefore reinforcements and expressions of a shared ideology. During a healing ceremony there is emotional arousal, the concentration of attention upon the sick person, and an enhanced expectation of positive outcome. This expectation, or faith, is an important determinant of efficacy. Healers are viewed as evoking, or serving as conduits for healing forces. The outcome of healing is a restoration of harmony and organization both within individuals and within groups. Healing is not necessarily the relief of symptoms or even the preservation of life. Frank uses the word "healing" in equal terms of reference to both medical and non-medical healing (Frank, 1973).

The importance of faith in the context of healing, and the concept of healing as independent from symptom relief was noted by Pattison, Lapins, and Doerr (1973). They

found that groups who practice faith healing tended to report successful healing experiences whether or not they were accompanied by alleviation of symptoms. The perceived cause of the illness was found to determine what type of therapy a patient seeks: if the etiology was believed to be "germs", the provider of choice was a physician, and if the etiology was believed to be a violation of some sort, a faith healer was chosen. In research on religious meditation, a sense of transcendence was positively correlated with the relief of symptoms (Galanter and Buckley, 1978). It can be extrapolated from these findings that healing may or may not include medical modalities and symptom relief, and that it involves a transpersonal, non-cognitive process.

Healing as a mode of meaning-making is supported by a variety of research into indigenous healing activities. Ness (1980), studying fundamentalist churches, found that there are four generic aspects of non-medical healing: (a) members share a world view about the etiology of illness, (b) the healer has a close personal relationship with the patient, (c) there are positive expectations; and (d) special techniques are used. The shared world view may be seen as supporting and enhancing meaning. His conclusions also touch upon the idea of a healer-healee bond, the idea of faith, and the idea of ritual. Kapur (1979), conducting research on traditional healers in

India, concluded that patients were more interested in the cause of a specific illness than in its treatment. Three kinds of healers specialize in addressing various health problems. Illnesses may arise from imbalances in the three body humours (Vata, Pitta, and Kapha) or the three psychic factors (light, activity, and darkness), or there may be a hot/cold imbalance. Illness may also be caused by misdeeds. A specific healer may be called upon to act as a medium for spirits who have the power to be therapeutic. In this context, the meaning of the illness can be seen to be essential in the choice of therapy and therefore in healing. Other ideas implied in this reference to healing are the idea of rebalancing, the idea of a need for a relationship with a healer, and the idea of a healer as a conduit for a larger force.

The imperative of finding a meaning for the occurrence of illness is also referred to in Unschuld's (1980) work on Chinese demonological medicine. He wrote that societies develop paradigms in order to explain illness, and that these paradigms include: (a) the concept of illness causation through non-human persons, such as gods and demons, (b) the concept of causation through principles of correspondence between the visible and the invisible world, and (c) causation in terms of natural cause-effect relationships. These paradigms are cross-cultural, but each society modifies the explanations in specific,

individualistic ways. Even within a single society such as ancient China there can be a multiplicity of conceptual systems of health. One such individualized correspondence paradigm in imperial China was the concept that health is a state in which the organism has a regular and balanced input, unobstructed transport of resources throughout the body, intact storage capacities, and moderate consumptive tendencies (Unschuld, 1980). This explanation evolved soon after a major successful reorganization of the state's finances had occurred (therefore it is an example of an explanation of the invisible which corresponds to the visible). Illness, in this model, was believed to be a disruption of the system. Healing could therefore be assumed to mean an opening of channels, a rebalancing of input and consumption, and maintenance of functional integrity.

The field of paranormal psychology also offers some explanations of the concept of healing. Meek (1977) characterized healing as a realignment of the previously distorted pattern of an energy field. Healing will usually not begin, and will never be permanent without the patient's unilateral intention to be well. Healers engage in healing in any of three ways: (a) by facilitating the interpenetration of energy fields, which results in magnetic realignment; (b) a bioplasmic energy exchange between the patient and healer; and (c) a mind-to-mind,

soul-to-soul communion and assistance. Love and compassion are said to be the cornerstones of all health and healing. White and Krippner (1977), compiled a list of ninety-two terms for an energy believed to be fundamentally involved in the phenomenon of healing. These words were derived from many cultures, including Hindu, Chinese, Hebrew, Arab, American Indian, African tribes, and Australian Aborigines, and spanned history from before 1500 BC to 1973 AD. The list included terms such as "prana", "ch'i", "life force", "universion", "orgone", "negative entropy", and "anamorphosis" (pp. 550-555). The concept of healing within these sources includes the idea of self-will in interplay with forces that are beyond self, a realignment, and a deep transpersonal interchange.

Anthropology

Many anthropologists have contributed to the body of literature about healing. The works of Kleinman (1980) were discussed in chapter two. Murphy (1964) cited five non-western beliefs about the etiology of disease: (a) soul loss, (b) breech of taboo, (c) sorcery, (d) intrusion of foreign objects or the intrusion of spirits, and (f) natural causes. He characterized the work of an Eskimo shaman as being involved with activating beliefs about the causes and cures of illness, calling upon supernatural powers, and using any of a variety of techniques in order to heal. The therapeutic techniques are described as being

similar in essence to techniques used in western medicine. The shaman's techniques involve the gaining of acceptance, group support, creating an aura of power, making a diagnosis, and prescribing a treatment. Healing as implied by this source includes a transpersonal effort that incorporates meaning-giving, social support, treatment, and the intervention of the supernatural.

Australian Aboriginal healers derive their healing powers through dreams, other healers, and/or ancestors (Akerman, 1979). Healers have a relatively greater quantity of "maban", which is a life-giving force inherent in all people. This force has negative and positive qualities. Sick people have lost their "maban", and healers use their enhanced stores of "maban" to help determine how it was lost and initiate appropriate therapeutic treatments (often massage). Berndt (1964) concluded that native healers in Australia functioned as mediators between general humanity and the supernatural. He wrote that any adult could do healing, but only through the intervention of supernatural forces. Given access to this power, a healer's job involves: (a) identification of the cause of illness (which could include sorcery, an act of God or another human, or fate); (b) removal of the cause; (c) a struggle with evil; (d) victory over malevolence; (e) engagement of the patient's will to be well; and (f) restoration of health. In order for this

process to work, faith in the doctor or healer is a primary requirement.

Many of the same themes may be found in other anthropological research. Among the Balahis of India, illness may be self perceived and/or socially perceived, and may be caused by natural or supernatural forces. Sickness is most usually caused by the displeasure of superhuman forces in reaction to a transgression by the ill person or a member of their family. Remedy of the problem is first attempted by natural means, and if that does not work, healing by divination and/or shamanism may be sought. A diviner is a healer who ascertains the cause for superhuman displeasure and endeavors to placate whichever deity is responsible. By so doing, he/she removes psychological barriers to cure. A shaman is a healer who is possessed by a superhuman spirit and can divine and cure by the authority of this power. Cure (which in this source is equated with healing) in either case is ascertained by relief of symptoms, as personally or socially perceived (Fuchs, 1964). Hamer and Hamer (1966) concluded that among the Sidamo people of Ethiopia, an essential aspect of healing is the appeasement of spirits. These spirits also cause illness. Illness in this context is often a sign of a person's resistance to a spirit who wishes to possess this person. Healing efforts involve bargaining with such spirits, and the centering of attention upon the ill

person. Rapid recovery often takes place when the ill person becomes able to accept the role of host to the spirit. This reference to healing incorporates the idea of community support and the supernatural, and also the concept of acceptance of a new aspect of self.

The focusing of attention upon a sick person is considered an essential part of the recovery process among the Quichua of Mexico (Finerman, 1983). Although a variety of healing techniques are employed in the treatment of sickness, this idea of attention and collectivity is constant, such that separation of a patient from his/her family is considered a barrier to recovery. Another constant in Mexican beliefs is the concept of hot/cold balance, and all foods and medicines are considered to impact upon this balance that facilitates health (Finerman, 1983; Currier, 1969).

McCreery (1979) characterized Chinese therapeutic rituals as importantly involved in the synthesis of meaning for the illness experience. "Meaning" signifies an emotionally satisfying explanation that is sensitive to individual and collective perspectives. This meaning enables the ill person to respond to the illness in a positive way.

Philosophy

Questions on healing and health have apparently been subject matter for philosophical contemplation for a very

long time. Plato's (427-347 BC/1980) Temperance Dialogue referred to the need for a wholistic approach in health care:

> `...that as you ought not to attempt to cure the eyes without the head, or the head without the body, so neither ought you to attempt to cure the body without the soul; and this... is the reason why the cure of many diseases is unknown to the physicians of Hellas, because they are ignorant of the whole, which ought to be studied also; for the part can never be well unless the whole is well.' For all good and evil, whether in the body or in human nature, originates...in the soul, and overflows from thence.... And therefore if the head and body are to be well, you must begin by curing the soul; that is the first thing (Socrates as cited by Plato, 427-347 BC/1980, pp. 25-26).

It may be extrapolated from this reference to "well" and "cure" that healing is necessarily a multidimensional effort or process towards wholeness, and that the most fundamental dimension is the dimension of the soul. It appears from this, as from many more modern references (Fink, 1980; Frank, 1973; Hiatt, 1986; May, 1983; and Pelletier, 1978), that the realm of "healing" may encompass and surpass the usual scope of medicine.

The process of healing was explored in depth by Schwartz (1978). His paradigm of healing (discussed in Chapter Two), in which the realm of "Being" is said to be the most fundamental aspect of a person, echoes Socrates' assertion about the primacy of the soul.

Existential philosophy has given rise to therapeutic paradigms which stress the human need for growth, achievement of potential, and autonomy (Banks, 1985).

Healing, as suggested by this orientation, is a process of "becoming" that can sometimes be facilitated by a close human relationship or partnership with a therapist.

Religion

The idea of healing as an aspect of human spirituality is not confined to the literature of religion. Within the literature of nursing, medicine, sociology, psychology, anthropology, and philosophy there are references to healing as being connected to forces larger than, and outside of normal human experience or control. In some cases this force is referred to as "superhuman" (Berndt, 1964; Murphy, 1964), or there is a unique word for it (Akerman, 1979; White and Krippner, 1977), or it is referred to as a transpersonal force (Groesbeck, 1975; Katz, 1984), or as a "third thing" (Groesbeck, 1975), or as "nature" (Hippocrates, circa 460-377 BC/1980), or in some cases, as God (Groesbeck, 1975). In other cases, a superhuman force is merely implied by terminology that suggests subservience such as (a physician) "helps", or (factors which) "favorably influence the healing process" (Miller and Keane, 1983, p.488).

The idea of healing as being a function of supernatural force is particularly apparent in the literature derived from non-industrial, non-western sources. Although the specific reference is not to health or healing, the religious beliefs of American Indians, for

example, suggest that healing is not a mode separate from right living. Sickness arises from disrupting the balance of nature. The harmony and interconnectedness of nature is a reflection of the laws of God, and a model provided to show the way in which people should live. Various ceremonies are conducted to purify people, and such purification is life-promoting, strengthening, and can cure illness. Purification involves conscious realignment with a sense of the sacredness and interconnectedness of all life. In the Oglala Sioux ceremony of the pipe, for example, it is said:

> With this sacred pipe you will walk upon the Earth; for the Earth is your Grandmother and Mother, and She is sacred. Every step that is taken upon Her should be as a prayer. The bowl of this pipe is of red stone; it is the Earth. Carved in the stone and facing the center is this buffalo calf who represents all that grows upon the Earth. And these twelve feathers which hang here where the stem fits into the bowl are from Wanbli Galeshka, the Spotted Eagle, and they represent the eagle and all the wingeds of the air. All these peoples, and all the things of the universe, are joined to you who smoke the pipe - all send their voices to Wakan-Tanka, the Great Spirit. When you pray with this pipe, you pray for and with everything.... With this pipe the two-leggeds will increase, and there will come to them all that is good (Black Elk, 1953, pp. 5-8).

Chief Seathl (1855) of the Duwamish tribe, summarized this belief in interconnectedness when he said in reference to the white man's slaughter of the buffalo:

> What is man without the beasts? If all the beasts were gone, man would die from great loneliness of spirit, for whatever happens to the beast also happens to man. All things are connected. Whatever befalls the earth befalls the sons of the earth.

Healing in this context may be assumed to be a process of realignment with God's laws of balance and interconnectedness, as symbolized by nature.

Speaking from the context of Buddhism, Stephen Levine (1982) also wrote of healing as a coming back into balance; in this case a balance of the mind and heart. He proposed that the deepest level of healing involves leaving behind preconceptions about health and illness, so that healing may occur even if disease or death are not avoided. Healing is facilitated, not by concentrated effort, but by "allowing" it. If healing is conceptualized as being opposed to dying, a dichotomy is created which obstructs the "conduit for the healing powers always available in the universe" (p. 201).

The idea of healing suggested by American Indian beliefs is similar to what may be extrapolated to be the meaning of healing in Islam. Schuon (1981) wrote of Islam as being a religion that asserts that there are two levels of reality: the Absolute (God), and the world. The world is a reality that is contingent upon and symbolic of the reality of the Absolute. "The world is made up of forms, and they are as it were the debris of a celestial music that has become frozen; knowledge or sanctity dissolves our frozen state and liberates the inner melody" (p. 41). People were created to be receptacles for the Absolute. Suffering results from relying on the world (contingent

reality), rather than the Absolute, which is all inclusive. Because the world is a reflection of the Absolute, it must be treated with a sense of sacredness, but to become attached to it for its own sake rather than for what it symbolizes will cause affliction. Healing, if it is a movement away from suffering and affliction, could be assumed to be a process towards being able to intelligently discriminate between the created world and the Absolute, and so move towards manifesting more fully the Absolute.

Healing is referred to more specifically in the Christian religion. The Old Testament refers to God as the source of healing as well as of life and death; "...I kill, and I make alive; I wound and I heal: neither is there any that can deliver out of my hand" (Moses, circa 1451 BC/1909, 32:39). Jesus, acting upon the authority of God, was considered a great healer, so powerful that healing could be done through his name. The story of Jesus' life, death, and resurrection is very like an ultimate image of the archetype of the wounded healer, as described by Groesbeck (1975). Within this framework, faith in the healer and the will to be healed are a necessary antecedent to the healing process. Healing was ascertained by the return of bodily function to normal (John, circa 30 AD/1909; Luke, circa 31 AD/1909a; Luke, circa 33 AD/1909b; and Paul, circa 59 AD/1909).

Peers

When asked for personal definitions of healing, peers tended to not attempt to describe the essence of the process, but to name qualities of it. Among these qualities were: (a) the involvement of deep knowledge or understanding on the part of a healer; (b) the presence of love; (c) the feeling of warmth and acceptance; (d) a gift, coming only through grace; and (e) taking place within the framework of many contexts (including non-health care contexts).

Analysis

Occasions of Use

Examination of the occasions of specific use of the word healing within this selection of literature reveals that the literature in the field of medicine uses the word most often. This finding cannot be interpreted as representative of the overall true percentage of use of this word, but merely of the frequency of use found in a literature search purposely aimed at retrieving resources that focused on healing and health. "Healing" was used in nine out of eleven medical sources. In successive order of frequency, "healing" was used in eight out of sixteen psychological sources, four out of nine anthropological sources, one out of three sources derived from philosophy and sociology, five out of eighteen nursing sources, and in one out of five sources derived from religion.

Critical Attributes

Considering the uses of healing in the literature, and the meaning of the term as found in reference sources, the most generalizable attributes of healing can be defined as:

1. A progressive, potentially multidimensional, movement toward any given consensual concept(s) of health.
2. A process of integration of parts. In the case of humans, this includes a process of making a coherent personal meaning out of the health-illness experience.
3. A process of rebalancing.
4. Involves mobilization of a positive force that, to a significant extent, operates independently of an individual's normal conscious control.

Antecedents and Consequences

The primary antecedent, or event which must occur prior to the occurrence of healing is an event or state which is associated with illness. As such, identification of the antecedent is contingent on a definition of illness. Definition of illness, in turn, is bound to definition of health. Kleinman and Sung (1979) proposed (as mentioned in Chapter Two) that "illness" refers to the experiential aspect of sickness, and that healing specifically addresses illness. This proposal is corroborated by the findings of this researcher, which indicate that the meaning of healing includes a meaning-making process, and so deals with the experience of sickness. "Illness" then, rather then

"disease" (which Kleinman and Sung suggest refers simply to pathology) is the most appropriate term for the antecedent to healing. There is only one situation where the word healing is consistently used in which there is not clearly a connotation of meaning-making. This is in the case of "wound healing", as applied to animals other than humans, or in a borderline case in humans (as outlined in borderline case #2, which follows later in this chapter). In these cases, the antecedent to healing would be "injury" rather than necessarily "illness". In such instances healing maintains the attribute of integration, but has no apparent meaning-making function.

Another antecedent to the phenomenon of healing is a change event which demarks the end of one process and the potential beginning of another. An example of such a change event is the moment that an acute injury process is ended (such as the moment after an accident, when the lacerations are occurring no longer). Other examples would be "hitting bottom" in the case of an alcoholic, and/or a moment of insight that means the achievement of a fresh perspective into an old problem. A subtle, but potent change event could be the moment that a person decides to seek treatment for an illness. This is not significant because the individual is seeking treatment, but because he/she has exhibited what may be an attitudinal pivot point that indicates a will to be well. The occurrence of a

change event or pivot point does not mean that healing will follow, but it is a necessary antecedent to healing.

The predominant consequence of healing is a state that is perceived by significant persons (usually the self and others who are believed to have authority in such matters) to be more healthy than they were in the state prior to healing. Other consequences are an increased integration of parts and a condition that is perceived as being more balanced.

Various Demonstration Cases

Model case. Lucy was driving with her sister in her car when she was involved in a serious accident. Lucy suffered numerous lacerations and was hospitalized. Lucy's sister was killed instantly.

By the time she reached the emergency room Lucy had lost quite a bit of blood, and was in danger of going into hypovolemic shock. The emergency room team was able to stop her blood loss, and they supported her fluid balance with intravenous fluids and a unit of blood. Her doctors and nurses waited to see if she would respond to treatment, and were glad to see that she soon began showing signs of stabilization.

Her wounds were cleaned, debrided, sutured, and dressed. Her nurse explained to Lucy that the wound treatment was designed to augment her body's own efforts to

rebuild the damaged tissue. She explained the mechanisms that were at work:

1. Preliminary inflammation functions to increase the flow of blood (and repair materials) to the area. The pain caused by inflammation signals injury and encourages protection of that part of the body.
2. Blood clotting functions to stop the loss of more blood by: (a) forming a network that enmeshes and pulls together the erythrocytes; (b) releasing a chemical that constricts the blood vessels; and (c) forming a sticky natural adhesive to seal up the cut.
3. Tissue mending takes place under the clot. Fibrin threads contract and pull together the edges of the wound, and connective tissue (fibroblasts) functions to further repair the gap. Damaged cells are cleared away by phagocytes. Eventually, if the cut is small and clean, the gap may be repaired completely with cells of the same type as the original tissue; otherwise the fibroblasts harden into scar tissue.

The nurse explained that the wound treatment Lucy had received would help make optimum conditions for this naturally occurring repair work. In several days, Lucy's doctors decided that she was well on her way to recovery, and discharged her from the hospital.

Once home, Lucy acutely felt the loss of her sister. Although her wounds were repairing quickly and causing her

very little discomfort, she could not sleep and ate very little. She felt depressed and blamed herself (as driver) for her sister's death, and felt angry with God for allowing this to happen. She missed her sister's presence in new ways every day. Her family minister offered her counseling, and because she trusted him, she accepted this offer. Over time, and after many sessions in which she was able to express her feelings freely (and through much prayer), she somehow grew to accept the fact of her sister's death with more serenity. She was able to begin to see that, realistically, it had not been her fault, and she began to accept on faith that it somehow must fit into a plan larger than she was able to comprehend. She found that she was becoming more able to sleep, and her appetite was returning. She began to resume her normal activities, and found that although she would always miss her sister, she felt in certain ways stronger for having survived this experience.

This model case has all of the defining attributes of the concept of healing. Lucy progressed toward health within the framework of the medical model of health, as determined by satisfactory recovery from her wounds, and as evidenced by the decision to discharge her from the hospital. She also progressed towards health within a psychological and spiritual model of health. She was able to adapt to her new circumstances, resume normal

activities, and grow even stronger. Eventually she was able to reconcile her difficult experience with (her concept of) God. This example of healing incorporates movement towards not only one concept of health, but several. Although a unidimensional movement would suffice for meeting the first critical attribute of healing, it is hypothesized that the more multidimensional the process (movement towards more than one definition of health), the more effective the healing (Schwartz, 1979).

This example also meets the criteria (in the case of humans) that the healing process must include the making of a coherent meaning out of the illness experience. Lucy's experience in the hospital, although it did not address much of the meaning for her of her problem, was within her cultural context and expectations, and so it at least posed no conflict with personal meaning. The process that took place after she left the hospital more directly addressed her need for meaningfulness. She moved from experiencing a crisis of meaning towards synthesizing a new mental and emotional framework which could encompass her experience. Lucy was eventually able not only to integrate her experience into a coherent world view, but she experienced re-integration in a biological sense when her body tissues were able to repair the damage to their integrity.

Rebalancing occurred in several ways. Lucy was able to regain fluid balance with the help of medical

interventions and her own natural bodily processes. Her body was able to supply an appropriate balance of wound healing factors, so that the assault to tissue integrity was met with a well orchestrated response. She was able to recover from the irrational (unbalanced) belief that she should be blamed for her sister's death by weighing all the facts of the situation more realistically. She regained her social balance by being able to gradually resume her previous roles and functions.

This rebalancing and re-integrating process towards health was accomplished without the absolute conscious control of any person involved. Her wounds were treated appropriately by her health care providers, but they healed largely because of her body's natural ability to do so. Her minister was able to support Lucy's psychological and spiritual healing, but he did not cause it. Lucy herself did not know exactly how she managed to feel better, but was able to do so even without a cognitive overview.

Borderline case #1. John, a nine year old boy, comes from a family of traditional Native Americans. He has had a history of frequent sore throats. His family believes that John's recurrent sore throats may be related to a "bad wind" which comes upon him because of some unknown transgression against divine laws. During a routine health check, John presents to his school nurse practitioner with complaints of a sore throat and fever. She diagnoses it as

streptococcal pharyngitis, and prescribes antibiotics. She explains to John and his family that he has a bacterial infection, and that the medicine will kill the bacteria, which will then allow the body to clear out the debris, stop the inflammatory process and pain, and resume normal temperature regulation.

John takes some medicine, and experiences relief of his symptoms after a couple of days of treatment. He and his family, however, do not consider the treatment plan adequate because the nurse's explanation makes little sense to them. They believe that the original cause of the problem (the bad wind) has not been addressed and therefore that the treatment is incomplete, so they decide to seek the services of an Indian healer who will be able to properly diagnose the problem and summon powers of purification.

This case meets several, but not all of the criteria for the definition of healing. It is perhaps more representative of the concept of "cure", which is speculated to have a narrower, more symptom-specific meaning than does "heal" (Kleinman, Eisenberg, and Good, 1978; Katz, 1982). In this case there is a move towards at least one definition of health (symptom relief). There is a rebalancing in the sense that a bacterial overgrowth was effectively addressed, which enabled body systems to resume normal equilibrium. There was reliance on forces beyond

conscious control in that neither John, nor the nurse practitioner, nor the antibiotics, directly caused his throat to heal, but that his body tissues were able to heal with the help of the antibiotics. This case essentially lacks, however, the idea of integration, and the critical attribute (applicable to humans) for the making of coherent meaning. Another person, with another cultural orientation, may have made adequate meaning out of this experience, but within John's context, the fact that he experienced relief of symptoms was anecdotal, and perhaps attributed to coincidence. His need to find a culturally coherent, comprehensible explanation and treatment for his recurrent sore throats was not met by a medical approach. Although the nurse considered John to be healed, his personal perceptions and that of his most powerful social group (his family) outweigh her opinion.

Borderline case #2. Lucy sustained severe injuries in a motor vehicle accident. She was brought to the hospital in a coma. She was given meticulous and intensive care, but she remained unconscious for several weeks. During this time, her lacerations were given appropriate wound treatment, and they began to close without any complications from infection. She died without regaining consciousness.

This case includes the critical attribute of mobilization of a force beyond conscious control, since

Lucy was unconscious, and the ministrations of the health team facilitated, but could not cause her wounds to heal. This case also incorporates the critical attribute of an integration of parts, in the sense of tissue repair, and includes an element of rebalancing in the sense of achievement of a balance of local immunologic and repair processes. It lacks rebalancing in a more important sense, however, in that the homeostasis that permits life was not regained. Because of this, it presumably also lacks the critical attribute of being a movement towards a concept of health, since the maintenance of life (or at least achievement of a conscious death) is usually considered to be among the criteria in definitions of health.

Related case. Roxanne is an outdoorswoman who makes a good income by instructing others in white-water kayaking. She enjoys the setting and the challenges that her work presents, and her employer recently has shown appreciation for Roxanne's work by giving her a raise. She has a circle of close friends, some old, and some new, and she is partner in a satisfying marriage. She has strong self esteem, great vitality, and feels positively about her life in general. She finds that she needs a physical exam for insurance purposes, and makes an appointment with a nurse practitioner. She has no complaints. A complete exam, history, and lab work-up indicate no health problems, and

Roxanne and the practitioner reach agreement that Roxanne is in good health.

This case contains none of the critical attributes of healing, but exemplifies the similar concept of health, as it is often defined.

Contrary case. Frank is a veteran who is suffering from symptoms of post-traumatic stress disorder. He is having progressively more difficulty adjusting to civilian life. He has recurrent nightmares, increasing anxiety, and has recently lost his job secondary to his alcoholism. His marriage is failing due to the strains of his uncontrolled drinking problem and his emotional withdrawal. At the urging of his wife, Frank consents to visit his family physician for a complete physical exam. He complains of fatigue and a chronically infected cut from an injury sustained in a fall several weeks ago. His physician assesses from the history, physical and lab work that Frank is an alcoholic. She confronts him with this. She also reports that he shows some signs of steatosis (fatty liver) which can be a precursor to development of cirrhosis of the liver. She explains that his repeated infections could be due to immunosuppression secondary to chronic alcohol abuse. She give him appropriate wound care, and refers him to Alcoholics Anonymous. She advises abstention from alcohol, improved nutritional habits, and medical follow-up within three months. She explains that although alcohol

has calories, it does not meet his need for a nutritionally balanced diet. He is told that cirrhosis means permanent damage to his liver, which, if unchecked, could significantly impair many homeostatic mechanisms that are protective of life. His doctor emphasizes that the primary means of preventing this damage is abstinence from alcohol. His physician remains unaware of Frank's post-traumatic stress disorder.

Frank's response to this assessment and advice is anger and denial. He feels misunderstood, angry, and more alienated from society. He disregards his physician's recommendations and continues to drink heavily. He continues to have nightmares, diminished interest in his old activities, and anxiety. One year later he finds himself in the emergency room as a result of injuries related to a severe fall, and he is subsequently diagnosed as having acute alcoholic hepatitis.

This case shows what the concept of healing is not. There is no progression towards a concept of health, there is progressive disintegration in terms of body integrity, social relationships, and relations with all parts of one's self. Frank has not been able to synthesize a coherent personal meaning for his life experiences. He is progressively losing balance, in terms of bodily homeostasis, nutrient intake, gross motor balance, and social balance. Neither Frank, nor anyone around him

perceives the action of a positive force moving him towards better health.

Invented case. The Narwhalian people believe that a truly healthy person is one who reflects clear white light. In their world, people who are less than healthy have color patches, and so are not completely perceived as white light. Such people are "ill" because they selectively absorb certain wavelengths of light from the rays of the sun. The color patches are areas in which the disfavored (non-absorbed) light is reflected back.

In order to reflect more white light, or remove these color patches, a Narwhalian must sit in the warm sun and allow all of its rays to fully bathe them, without clinging to any wavelenths in particular. To help this happen, they may choose to undergo the "allowing ceremony". During this ceremony, the person must sing, for all to hear, a ballad of themselves that they composed. This ballad includes a complete story of their color patches, including how those patches came to be, and why it is time now for them to fade. The rest of the people listen with respectful attention. As the ballad progresses, the color patches pale, indicating a shift towards a more equal attitude towards all light wavelengths. As the color patches fade, the person begins to reflect more wholly the light that surrounds her/him.

This invented case demonstrates all of the defining attributes of healing. A movement towards a given concept of health that involves a force (the sun) that is beyond control is described. There is a process of integration of all wavelengths of light until there is seen the equal balance of all colors which is white. The ballad, and the social validation it receives, is another means of integration which addresses the human need for making meaning out of experience.

Empirical Referents

Empirical referents are measures designed to demonstrate the occurrence of a concept. In the case of healing, the primary empirical referent is the perception of an enhanced state of health. Because health is far from clearly defined, it is not possible to state unequivocal empirical referents. The "scientific community currently recognizes that health is an unmeasurable state of a complex, continuously adapting organism" (Kulbok, 1983, p. 127). This difficulty with measurement is compounded by the value-laden nature of the concepts of health and healing. A western attempt to objectively evaluate treatment outcome in a non-western setting would in itself impose changes in the treatment. For example, if American nurses were to record blood pressures as a means of measuring the efficacy of an Indonesian tribal healer's treatment, their presence, their equipment, and the

procedure itself would constitute a substantial alteration in the client's treatment environment. Cross-cultural measurement of healing is consequently based more often on subjective report, or an ethnographer's judgement. There are pragmatic difficulties in obtaining subjective reports cross-culturally, since clients treated by indigenous healers rend to resist follow-up interviews by westerners, and if interviewed immediately after treatment, are inherently likely to report positive results (Kleinman, 1980).

Given these considerations, only non-generalizable, partial empirical referents can be stated, and there will be as many of these as there are personal definitions of health. Some recurring ideas which could serve as measurements are: return to role function (within western culture, for example) determined by measures of the "normal" level of functioning, permanent alleviation of symptoms and signs of an illness as determined by professional clinical evaluation and lab procedures, and/or personality testing which reveals results suggesting a balanced personality that incorporates flexibility, high self esteem, creative coping, honesty, capacity for intimacy, and enjoyment of life (among other qualtities).

Even within a single culture, these examples of empirical referents serve as partial referents only, because they primarily address the critical attribute of a

movement towards health. There is even greater difficulty in devising measurement that tests for attributes such as integration, meaning making, and the involvement of an independent force. Because of this, the most inclusive empirical referent for healing appears to be that of self report, hopefully corroborated by significant others.

CHAPTER V

CONCLUSION

Discussion

However rigorous a concept analysis may be, the end result is always tentative because of the subjectivity of the analytical process, and the changing nature of our knowledge (Walker and Avant, 1983). The immense social and historical impact upon the meaning of words further limits our ability to formulate generalized definitions (Allen, 1986). Hillman (1985) in his 1964 preface to Suicide and The Soul expressed such thoughts in relation to his psychological work, and it also is appropriate to apply his words in this context:

> The truth remains uncertain, since death the only certainty does not reveal its truth. Human frailty nowhere sets more the limits to a work than in psychology. The choice then becomes: stop speaking in wisdom or speak out anyway in consciousness of folly. This book is a product of the second course.

This reminder of frailty seems particularly pertinent in an attempt to expound upon the essential nature of a notion so apparently expansive and mysterious as "healing".

As part of an attempt to limit the folly in this exposition, the critical attributes that arose out of this research were chosen very conservatively, with intent to maximize generalizability. Many other possibilities presented themselves. Among these most likely (albeit slightly less prevalent) themes was the idea of healing as

not only an event involving forces beyond conscious control, but (more specifically) an occasion involving a sort of intimate interpersonal contact. An individual functioning in the role of "healer" is often the significant other in this contact. This idea, although important, was not included as a critical attribute because although it is frequently a factor, it does not appear to be fundamentally necessary, and potentially confuses the fact that the forces of healing can and do operate independently of such interpersonal contact. Consideration was made of choice of the word "transpersonal", which does not connote interchange specifically with other persons, and so is more appropriate, but it also (at least in informal usage) lends itself to more specificity than seems wise given our present level of understanding of the forces involved in healing.

Another common idea that presents in descriptions of healing is the idea that it involves faith in some manner, especially faith in a positive outcome. This notion of faith, however, if included as a critical attribute, would exclude certain descriptions of healing such as "wound healing". In a few cases a patient's faith is seen as irrelevant (Krieger, 1975), or it is itself considered a by-product of the healing process.

The fields of study which tend to specifically employ the word healing were noted in Chapter Four, but these

results deserve further explanation. The literature from the field of medicine, although it relatively frequently uses the word, uses it for the most part in an almost incidental way, as if the meaning is obvious, or else it is used in reference to "alternative healing" modalities. The most sensitive and elaborate expositions on the nature of what is meant by the word healing were found in psychology, anthropology, and philosophy (specifically Katz, 1982, 1983, 1984; Kleinman, 1980; and Schwartz, 1978). Within a single field, psychology has apparently the greatest number of sources which seek to explore the nature of the healing process.

Identifying the peripheral characteristics of a concept is far easier than trying to identify the basic parameters of its meaning. A great variety of peripheral aspects of healing emerged from the literature encompassed by this search. Although not universally agreed upon, they are of too much interest to bypass comment. Katz (1984), for example, wrote that the powers of healing are intrinsically renewable, and ultimately derive from the community, including perhaps the community of ancestors. Other sources of healing (in addition to the ninety-two terms compiled by White and Krippner, 1977) are: (a) the endogenous impetus for unity (Hiatt, 1986); (b) dreams (Akerman, 1979); and (c) magic (Berndt, 1964).

Concrete aspects of healing efforts include: (a) diagnosis by a specialist (Fuchs, 1964; Kaplan and Johnson, 1964; Spector, 1985); (b) decontamination (Berndt, 1964; Fuchs, 1964; Kaplan and Johnson, 1964; Spector, 1985); and (c) specialized techniques (Kleinman and Sung, 1985; Ness, 1980).

A non-generalizable, but interesting concept is the idea that healing most fundamentally takes place on the level of the spirit or soul. This idea is notably referred to in Schwartz's (1978) basic level of "Being", Plato's (427-347 BC/1980) primacy of the soul, and Hiatt's (1986) formulation of spirit as a "fundamental determinant of psychologic variables which, in turn, influence physical and social processes" (p. 740). Healing as a profound transformation of consciousness was also proposed by Katz (1982). He wrote that a healing event encompasses and surpasses a "cure", and impacts not only an individual, but the group, the immediate environment, and the entire cosmos. These proposals about the primacy of the spirit pose an image that is somewhat the inverse of Maslow's image of the needs hierarchy, which formulates self-actualization as a need that is appropriately addressed after physical and emotional needs are met.

Implications

The nursing implications arising from fundamental research such as this are also necessarily fundamental, and

therefore prone to abstraction. Among the most compelling implications is the need for more research, for example: replicated concept analyses, analysis of concepts within specific cultural settings, analysis of concepts such as "meaning", and analysis of any of a multitude of peripheral aspects of healing (such as the process of "diagnosis"). It would be useful to collect verbal definitions of healing from specific groups of nurses for the purposes of concept analysis. Analyses could also be conducted using definitions derived from those nurses' patient populations. Comparison of the results of these analyses could provide valuable data about patient/provider relationships in specific clinical practices. Such comparisons could also augment the general body of knowledge about the meaning of healing, and about the nature of meaning-making itself.

The Value of the Concept of Healing in the Development of Theory

The analysis of concepts can help determine their usefulness in terms of theory development. The most useful concepts will have three qualities: (a) intersubjectivity, or general agreement regarding meaning; (b) abstractness (posessing a high degree of independence of time and space); and (c) empirical relevance, or some correspondence to objective empirical data (Kulbok, 1983). The term "healing" has a remarkable degree of intersubjectivity, considering its very broad base of usage. It also

possesses a very high degree of abstractness. It is weaker in terms of empirical relevance (perhaps this is inversely proportionate to its high degree of abstractness), yet this weakness seems on no account to diminish collective belief in its concrete existence.

Allen's (1986) explanation of the critique of essentialism (arising out of Wittgenstein's Philosophical Investigations) perhaps clarifies the problem of empirical relevance as it relates to the meaning of healing. Essentialism refers to the belief that a core set of traits can be found that will describe the "essence" of a word's meaning. A problem arises out of this assumption because the meaning of a word lies most truly in its usage by native speakers. A description of what specific things the word refers to will create distortion of its meaning; meaning is significantly independent of such named features. In other words, because of the socially determined nature of meanings, there is no essence of meaning in a word, only a "family resemblance" among usages (Allen, 1986). This property of the meaning of words perhaps most severely impacts the effort to find empirical referents, since such referents are obstensibly "objective" measurements.

Healing in Relation to Nursing Science

The critical attributes, antecedents, and consequences (family characteristics) outlined for the concept of

healing suggest that healing is, in fact, a concept of great relevance to nursing science. Healing, as a positive response to its antecedent, illness, relates directly to nursing's endeavour to study "human responses to...health problems". This idea of nursing science is as abstract and expansive an idea as is the idea of healing. Until the definition of nursing science is narrowed, the concept of healing may be the only concept that describes a positive response to illness that has equal breadth of meaning. The intent to study human response to actual and potential health problems, however difficult to operationalize, is entirely appropriate. The critical attributes of healing support the concept that it is precisely human response that is important, rather than health problems in themselves. This is apparent in the attribute that allows for diverse definitions of health, and especially in the attribute of healing that refers to the synthesis of personal meaning.

Healing as a Goal of Nursing

The human response to health problems that is "healing" also includes the idea of something beyond normal control, integration, and rebalancing. If nursing pursues promotion of healing, this would imply that nurses should aspire to achieve the very broadest possible awareness of the many layers of life's experiences. Without a continually growing comprehension and acceptance of the

many facets of human experience, it would not be possible to help enhance integration and balance in others. If, for example, a nurse is not exploring and learning to accept the multifacetedness of her/himself, it would not be possible to effectively support someone else in doing so. On a larger scale, if nursing as a profession constitutes a group of people with relatively homogenous world views, it will not be itself an example of integration and balance. As such, it would find difficulty supporting those processes elsewhere. The old adage "healer, heal thyself" is pertinent; not to imply that healers can not heal until they are healed (the "wounded healer" being the most powerful healer of all), but that in healing relationships all parties must engage in re-integration and rebalancing.

Acknowledgement of healing as involving a force somehow beyond our absolute conscious control is also essential if nursing is to be effectively identified with healing. To deny this "magical" element of healing would be to deny the perceptions of many generations of thinkers, and to assume a cause-effect mentality that would support reductionism and mechanistic thinking rather than wholism. This is not to say that nurses cannot be urgently concerned with understanding and enhancing healing, but that any complacent assumption of control over it would be disregarding the majestic complexity of existence.

The attribute of meaning-making as a essential aspect of healing demands of the nurse-as-healer an attitude of deep respect for the uniqueness of the individual. "Meaning" is not necessarily logical coherency, but "working" coherency, or a psychological and cultural "fit" (Kleinman, 1980). Meaning-making in this sense is a profoundly personal process that seems to proceed in individualized ways, yet can be enhanced or hampered by interactions with others. In order to support this meaning-making process, the nurse-as-healer would need to prioritize resources for more research into the nature of meaning-making.

The effort to remain sensitive to the individuality of the meaning-making process is made difficult without the broadest possible acquaintance with historical and cultural influences on people. As Allen (1986) wrote, meaning is an unescapable part of an individual's identity, and all action and understanding is based upon personal meaning. Meanings are deeply influenced by one's social milieu, and if there is no knowledge of that milieu, the origins of meaning remain unconscious and therefore non-amenable to change by conscious choice. An effort to effect healing must aim at synergism with these deep levels of personal belief systems. Healing efforts that are compatible with an individual's beliefs (most likely to occur within a single cultural orientation), are more often successful.

Across cultural contexts, a healer would need to be able to understand the healee's milieu well enough to help that person to recognize the sources of his/her meaning systems, and so make it possible for her/him to reexamine beliefs in order to make more conscious choices about meaning. This type of healing is the more powerful. The ability to facilitate this is also important within a single culture, because no matter how cohesive the culture is, individual meanings still vary considerably.

The deep leveled connection between a healer and healee is referred to (in other words) in sources such as Jung (1958/1966), Groesbeck (1975), and Rogers (1961, 1965). It is also echoed in the recurrent idea arising from ethnographic research that a healer delves into deep, dark, powerful realms that are usually inaccessible to others, and from this vantage point is enabled to diagnose and treat the problems of the healee.

When the sources of meaning remain unconscious, people are most vulnerable to loss of autonomy. This is a factor that is apparent in health care systems as it is in all social systems. The modern biomedical approach has perhaps molded western civilization's conscious understanding of the definition of health (popularly reported to be concerned with concepts such as function, adaptation, and the norm, according to Dolfman, 1980), and this approach undoubtedly synergizes with a portion of our unconscious

meaning, or it would not have gained such prominence. It is possible, however, that the apparently increased interest in alternative forms of healing may be evidence that other parts of the collective psyche have been neglected. In other words, although our society has created and is also largely controlled by a prominent bio-medical mode, other, perhaps deeper levels of consciousness that engender meaning have not been addressed, and are often denied by this mode of thinking. Powerful healing, then, as a force of integration, needs to include recognition and acceptance of all aspects of meaning needs.

If nursing science continues to define itself so expansively as it has, and if it follows that healing is the concept which describes nursing's goal, then the task is to incorporate into nursing care a great deal of consciousness and sensitivity towards, and embracement of, cultural diversity. Leininger (1979) is notably an articulate advocate of this, and argued the need for incorporation of transcultural nursing into nursing curricula. "Generic" programs in nursing could augment the internal diversity of nursing. In line with recognition of the symbolic nature of the material world (Black Elk, 1953; Schuon, 1981) perhaps nursing should, for a time, prescribe for its ranks uniforms of every design, and every color of the rainbow, to symbolize a celebration of diversity. One

day, only when full consciousness of all colors is achieved, nurses could resume wearing white (the combination of all colors), as a symbol of unity within diversity.

Nursing is clearly in a time of great developmental change. The direction of the change is not yet clear, and it appears that there are a great many choices to be made. During times of great change there is usually a need felt to hang on to something that will be constant; something tangible and specific. There are, however, very few specifics that are truly reliable supports. For example, there is an enormous amount of specific modalities which are believed to be "healing", but these techniques are not stable across time or cultures, and often appear to have little or no intrinsic value. They endure only to the extent that they prove to be good culturally coherent vehicles for enhancing healing. Perhaps the most important implication for nursing, during this struggle to establish identity, is that there should be avoidance of clinging to specifics in the effort to achieve security. The most sensitive explorations into the "healer" role indicate that the role of being a healer is a role that is powerful, and therefore dangerous; dangerous for both the healee and the healer her/himelf. Healers often have to undergo various initiations and confrontations with frightening forces. It is therefore a role that demands courage and perseverance

in the face of loss of control and the unknown. It would appear that ultimately the most stable course for a profession aspiring to heal, and for nurses as individual healers, would involve learning (and so being able to teach others) about ways to "allow" healing. The nurse-as-healer could so become a role model who shows the courage and the compassion to fully embrace the diversity between and within human beings.

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VITA

Susan Sylvia Jones was born in Seattle, Washington on April 27, 1951. She attended elementary schools in that city and was graduated from Ballard High School in June 1969. The following year she entered Washington State University, transferring after one year to the University of Washington in Seattle. She received a B.A. in Fine Art in 1973 from the University of Washington. In 1978-79, she did graduate work in Art Therapy at Antioch University in Seattle. She entered the University of Tennessee at Knoxville in September of 1985, and graduated with an M.S.N. in December of 1987.