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*EXTENDING THE NON-CONTACT HEALING PARADIGM TO  
EXPLORE DISTANT MENTAL INTERACTION EFFECTS OF PAGAN  
HEALING SPELLS*

Submitted for the Degree of  
Doctor of Philosophy  
At the University of Northampton

2016

Charmaine Marie Sonnex

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*It is the responsibility of Science to confront all areas of knowledge irrespective of the difficulty involved, and not to shirk investigation because the areas in question do not lend themselves to the best-honed experimental tools presently at hand.*

*Roger Walsh*

## DECLARATION

This dissertation is the result of my own work and includes nothing, which is the outcome of work done in collaboration except where specifically indicated in the text. It has not been previously submitted, in part or whole, to any university or institution for any degree, diploma, or other qualification.

Signed:\_\_\_\_\_

Date:\_\_\_\_\_

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## ABSTRACT

Paganism is a burgeoning belief system in the UK, which has received little attention from psychological researchers. Healing is a key aspect of modern Pagan practice, yet it too receives little attention from those investigating distance healing practices. Given the growth of Paganism in recent years these omissions from the literature should be addressed by researchers. This thesis investigates the healing practices of modern Paganism using a mixed methods approach across three phases.

The first phase is a meta-analysis of existing non-contact healing research. There has been much research investigating the efficacy of various forms of non-contact healing which has resulted in reviews and meta-analysis which suggest that non-contact practices can have some positive effect upon the recipient's wellbeing; however they also raise the issue of low study quality in this area. The most recent comprehensive review of this subject area was published in 2000; much more research has been published since then and the legitimacy of some previously published research has since been questioned. Also, such reviews focus on 'whole' human participants who might be susceptible to expectancy effects or benefit from the healing intentions of friends, family or their own religious groups. To address these issues an up to date, comprehensive meta-analysis was conducted that included healing studies that involved biological systems other than 'whole' humans (e.g., studies of plants or cell cultures) that were less susceptible to placebo-like effects and investigated the impact of study quality.

Phase two employed interviews with practising Pagans regarding their spell casting practices. Eight Pagans from a variety of traditions were interviewed using semi structured interviews and the data were analysed using thematic analysis. Six major themes and 16 subthemes were extracted from the data and used to inform the design of phase three.

Phase three is a randomised controlled trial of Pagan healing spells. The trial utilised a delayed intervention design. Various aspects of the trial design were informed by phase two interviews, such as the choice of outcome measure, the use of spell request forms, participant pictures and items, and scepticism measures.

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# CONTENTS

<b>1 INTRODUCTION.....</b>	<b>1</b>
1.1. INTRODUCTION.....	1
1.1.1 CAM use and the evidence .....	1
1.1.2 Paganism and Healing.....	4
1.1.3 Rationale .....	7
1.2. THESIS STRUCTURE AND CHAPTER OVERVIEW .....	7
1.2.1 Chapter two.....	7
1.2.2 Chapter three .....	8
1.2.3. Chapter four.....	8
1.2.4. Chapter five.....	9
1.2.5 Chapter six.....	9
1.2.6. Chapter seven.....	9
1.2.7. Chapter eight.....	10
1.3 SUMMARY .....	10
<b>2 META-ANALYSIS LITERATURE REVIEW .....</b>	<b>12</b>
2.1. INTRODUCTION.....	12
2.2. TYPES OF HEALING .....	12
2.3. INTERCESSORY PRAYER .....	16
2.3.1 Summary.....	21
2.3.2 Evidence .....	21
2.4. THERAPEUTIC TOUCH .....	26
2.4.1 Evidence .....	28
2.4.2 Criticisms of TT review and Meta-analyses.....	31
2.4.3 Summary.....	32
2.5. REIKI & JOHREI .....	32
2.5.1 Reiki .....	33
2.5.2 Johrei .....	38
2.5.3 Evidence .....	39
2.5.4 Summary of Johrei and Reiki .....	43

2.6.IDIOSYNCRATIC/OTHER TYPES OF HEALING .....	43
2.6.2 <i>Summary</i> .....	47
2.7. SUMMARY OF ALL THE EVIDENCE .....	47
2.8. ISSUES OF RESEARCH .....	49
2.8.1 <i>Appropriateness of the RCT design</i> .....	50
2.9. OVERCOMING THE ISSUES.....	58
2.9.1 <i>The issue of pure control groups</i> .....	58
2.9.2 <i>The issue of outcome measures</i> .....	59
2.9.3 <i>The issue of expectancy and Placebo</i> .....	59
2.9.4 <i>The issue of ethics</i> .....	60
2.10 SUMMARY .....	60
<b>3 META-ANALYSIS METHODOLOGY, RESULTS, AND DISCUSSION.....</b>	<b>62</b>
3.1 INTRODUCTION.....	62
3.2 BENEFITS OF THE META-ANALYTIC APPROACH .....	63
3.3 OVERCOMING CRITICISMS .....	64
3.3.1 <i>Apples and Oranges</i> .....	65
3.3.2 <i>A question of quality</i> .....	65
3.3.3 <i>Publication bias</i> .....	65
3.3.4 <i>The influence of variables other than the IV</i> .....	66
3.4 SUMMARY .....	66
3.5 CONDUCTING THE META-ANALYSIS .....	67
3.5.1 <i>Inclusion/Exclusion criteria</i> .....	67
3.5.2 <i>Search Strategy:</i> .....	68
3.5.3 <i>Quality assessment</i> .....	70
3.5.4 <i>Moderator Variables</i> .....	74
3.5.5 <i>Statistical analysis</i> .....	75
3.6 NON-HUMAN SAMPLE RESULTS .....	76
3.6.1 <i>Results of Meta-analysis</i> .....	76
3.6.2 <i>Influence of moderator variables</i> .....	78
3.7 WHOLE HUMAN META-ANALYSIS .....	79
3.7.1 <i>Influence of moderator variables</i> .....	80
3.8 DISCUSSION.....	82
3.9 SUMMARY .....	86



3.10 RECOMMENDATIONS FOR FUTURE RESEARCH.....	87
<b>4 INTERVIEW INTRODUCTION.....</b>	<b>90</b>
4.1 HOW DOES ONE STUDY PAGAN HEALING PRACTICES? .....	90
4.1.1 Consistency and standardisation .....	91
4.1.2 Outcome measures .....	92
4.1.3 Summary.....	92
4.2 CURRENT RESEARCH INTO PAGAN PRACTICES .....	93
4.2.1 The role and creation of Pagan ritual .....	93
4.2.2. Pagan healing .....	98
4.3 ISSUES WITH THE CURRENT LITERATURE .....	100
4.4. SUMMARY .....	102
<b>5 INTERVIEW METHODOLOGY.....</b>	<b>103</b>
5.1. INTRODUCTION.....	103
5.2 RATIONALE .....	103
5.2 .1 Mixed methods Research .....	103
5.2.2 Semi-Structured Interviews .....	105
5.3 METHOD.....	105
5.3.1 Participants.....	105
5.3.2. Materials and procedure.....	109
5.3.3. Data Collection.....	113
5.4. ANALYSIS.....	115
5.4.1. Thematic Analysis .....	115
5.4.2. Conducting the analysis.....	116
5.4.3. Quality and validity.....	119
5.5. REFLEXIVITY .....	124
5.6 SUMMARY .....	127
<b>6 INTERVIEW ANALYSIS AND DISCUSSION.....</b>	<b>128</b>
6.1 INTRODUCTION.....	128
6.2. SPIRITUAL ANARCHISTS AND SPIRITUAL TRADITIONALISTS.....	130
6.2.1. Spiritual Anarchists.....	130
6.2.2. Spiritual Traditionalists .....	135
6.3. “ALWAYS HAVE THE BEST INTENTIONS FOR YOURSELF AND OTHER PEOPLE” .....	138
6.3.1. “The monkey’s paw” .....	139
6.3.2. Perfect Love .....	148

6.3.3. <i>“Your conscience doesn’t lie to you”</i> .....	151
6.4. BELIEF.....	154
6.4.1. <i>“If you’re going to resist it, it’s not going to work”</i> .....	155
6.4.2. <i>“You’ve got to believe that you can do it”</i> .....	160
6.5. THE PSYCHOACTIVE RITUAL.....	166
6.5.1. <i>The space between worlds</i> .....	166
6.5.2. <i>“We do what we do in symbol and in miniature”</i> .....	170
6.5.3. <i>Ritual as Bespoke</i> .....	182
6.6. HOLISM .....	183
6.6.1. <i>The interconnected macrocosm</i> .....	183
6.6.2. <i>The interconnected microcosm</i> .....	186
6.7. THE ENERGETIC BEING .....	192
6.7.1. <i>Personal Energy Reserves</i> .....	195
6.7.2. <i>Spells as energy transference</i> .....	198
6.7.3. <i>External energy</i> .....	202
6.7.4. <i>Grounding</i> .....	204
6.8. CONCLUSIONS .....	205
6.9. IMPLICATIONS .....	207
<b>7 SPELL CASTING TRIAL .....</b>	<b>209</b>
7.1 INTRODUCTION.....	209
7.2 METHOD.....	212
7.2.1 <i>Design</i> .....	212
7.2.2 <i>Participants</i> .....	214
7.2.3. <i>Materials</i> .....	216
7.3. PROCEDURE .....	223
7.4. ETHICAL CONSIDERATIONS.....	224
7.4.1. <i>Participants</i> .....	224
7.4.2. <i>Practitioner</i> .....	226
7.5. RESULTS .....	226
7.5.1. <i>The hypotheses</i> .....	230
7.6 DISCUSSION.....	233
7.6.1 <i>Inadequate stage duration</i> .....	233
7.6.2. <i>The complication of meditation</i> .....	234

7.6.3 Demand characteristics .....	235
7.6.4. Low sample numbers.....	236
7.7 SUMMARY .....	236
<b>8 CONCLUSION.....</b>	<b>237</b>
8.1 INTRODUCTION.....	237
8.2 PHASE ONE.....	237
8.2.1 Chapter two.....	237
8.2.2 Chapter three .....	238
8.3 PHASE TWO .....	241
8.3.1 Chapter four.....	241
8.3.2 Chapter five.....	241
8.3.3 Chapter six.....	242
8.4 PHASE THREE .....	245
8.4.1 Strengths.....	245
8.4.2 Limitations .....	246
8.5 RECOMMENDATIONS FOR FUTURE RESEARCH.....	246
8.6 CONCLUSION .....	247
<b>9 REFERENCES.....</b>	<b>249</b>
<b>10 APPENDICES .....</b>	<b>266</b>

## LIST OF TABLES

TABLE 2-1 SUMMARY OF THE REVIEWS AND META-ANALYSES.....	25
TABLE 2-2 RESULTS OF VITALE (2007) .....	35
TABLE 5-1 REACH OF SOCIAL MEDIA SITES.....	107
TABLE 5-2 PARTICIPANT INFORMATION .....	108
TABLE 5-3 INTERVIEW SCHEDULE .....	111
TABLE 5-4 EVOLVING GUIDELINES FOR PUBLICATION OF QUALITATIVE RESEARCH STUDIES IN .....	121
TABLE 6-1 THEMES AND SUB-THEMES FROM INTERVIEWS WITH EIGHT PAGANS .....	129
TABLE 7-1 MANOVA RESULTS FOR INDIVIDUAL DOMAIN CHANGES .....	230
TABLE 7-2 MANOVA RESULTS DIFFERENCE SCORES ALL OUTCOMES T1- T2 .....	231
TABLE 7-3 MANOVA RESULTS DIFFERENCE SCORES ALL OUTCOMES T2- T3.....	232
TABLE 7-4 SCEPTICISM –OUTCOME CORRELATIONS .....	233

## LIST OF FIGURES

FIGURE 3-1: FUNNEL PLOT OF EFFECT SIZE BY LOG N FOR NON-WHOLE HUMAN SAMPLE	77
FIGURE 3-2 FUNNEL PLOT OF EFFECT SIZE BY LOG N FOR WHOLE HUMAN SAMPLE .....	80
FIGURE 5-1: RECRUITMENT ADVERT .....	109
FIGURE 7-1: DELAYED INTERVENTION RCT DESIGN .....	213
FIGURE 7-2: PARTICIPANT RECRUITMENT POSTER .....	215
FIGURE 7-3: SCEPTICISM QUESTIONNAIRE .....	216 <b>ERROR! BOOKMARK NOT DEFINED.</b>
FIGURE 7-4: WHOQO-BREF FACETS WITHIN THE FOUR DOMAINS .....	218
FIGURE 7-5: SPELL REQUEST FORM .....	220

## LIST OF ABBREVIATIONS AND ACRONYMS

CAM Complementary and Alternative Medicine

IP Intercessory Prayer

RCT Randomised Controlled Trial

WHOQOL BREF World Health Organisation abbreviated quality of life scale

IV Independent variable

DV Dependent variable

## LIST OF APPENDICES

APPENDIX 1 META-ANALYSIS DATABASES .....	267
APPENDIX 2 ORIGINAL SIGN50 SCALE .....	277
APPENDIX 3 AMENDED SIGN50 SCALE.....	279
APPENDIX 4 EXAMPLE OF A CENSORED METHODOLOGY .....	281
APPENDIX 5 META-ANALYSIS CALCULATIONS .....	282
APPENDIX 6 INTERVIEW INFORMATION AND CONSENT FORM .....	283
APPENDIX 7 CODING LIST.....	286
APPENDIX 8 INTERVIEW THEME SUMMARY.....	291
APPENDIX 9 RCT PARTICIPANTS INFORMATION AND CONSENT FORM .....	295
APPENDIX 10 RCT PRACTITIONER INFORMATION AND CONSENT FROM .....	300
APPENDIX 11 LIST OF PRESENTATIONS AND PUBLICATIONS .....	304
APPENDIX 12 COPY OF “TWO META-ANALYSES OF NONCONTACT HEALING STUDIES” .	307
APPENDIX 13 COPY OF “NONCONTACT HEALING: WHAT DOES THE RESEARCH TELL US?” .....	308
APPENDIX 14 COPY OF “PSI HEALING RESEARCH” .....	309
APPENDIX 15 2015 IMAGES OF RESEARCH ENTRY (3RD PLACE WINNER) .....	310
APPENDIX 16 TABLES DESCRIBING STUDIES INCLUDED IN PHASE ONE META-ANALYSIS .	312

# 1 INTRODUCTION

## 1.1. Introduction

It is the aim of this thesis to investigate Pagan healing spells as a form of distant healing, which falls under the remit of complementary and alternative medicine (CAM). CAM is defined by the National Institutes of Health as “a group of diverse medical and healthcare systems, practices, and products that are not presently considered to be part of conventional medicine.” (Ventola, 2010 p. 461) and includes a wide range of interventions such as acupuncture, homeopathy, dietary supplements, prayer and Reiki (Ventola, 2010, p. 461).

### 1.1.1 CAM use and the evidence

In the UK 44-58% of people will use CAM in their lifetime (Posadzki, Watson, Alotaibi & Ernst, 2013) with £1.6bn being spent annually on CAM interventions in the UK (Ernst & White, 2000). Given the prevalence of CAM use it is the duty of researchers to test the safety and efficacy of these interventions (Ernst & White, 2000; Mason, Tovey & Long, 2002). In most cases CAM interventions are not available on the NHS (NHS, 2016) with the National Institute for Health and Care Excellence (NICE) only recommending CAM interventions in limited circumstances such as acupuncture for lower back pain (NHS, 2016).

One variety of CAM is that of distance healing. This type of intervention is known by a range of terms (Benor, 2001, p. 5) but the terms that I shall be using (interchangeably)



throughout this thesis are “distance healing” and “non-contact healing” to emphasise that the interventions being examined do not involve direct contact, the term “spiritual healing” is used when discussing interventions that may or may not involve direct contact. Distance healing is described as “[the] interaction between one individual (the healer) and a second (sick) individual with the intention of bringing about an improvement or cure of the illness.” (Ernst, 2003, p 214) and it incorporates practices such as Intercessory Prayer (Praying on behalf of another person), Reiki (a Japanese healing tradition in which energy is channelled through the hands of the healer to the recipient), and Therapeutic touch (a western healing method), which are all predicated on the healer cultivating a positive intention for the recipient and share a holistic view of health. There has been a plethora of research into the various forms of distance healing with many conflicting results, which has in turn spawned reviews and meta-analysis of the evidence.

The most recent and comprehensive of these reviews is by Astin, Harkness and Ernst (2000) who conducted a systematic review of various forms of distance healing which had to include random assignment, placebo or “other adequate control” (Astin, Harkness & Ernst, 2000). In total 23 trials (n=2774) were included in their review. The impact of methodological quality was assessed by measuring quality using the Jadad scale and correlating those results with effect sizes. It is important to investigate the impact of methodological quality as many researchers in the field of CAM have noted the poor methodological rigor with which studies are conducted (O’Mathúna, 2000; Powell, Shahabi & Thoresen, 2003; Vitale, 2007; Winstead-Fry & Kijek, 1999), which thus reduces the reliability and validity of the findings.

Out of 23 studies, 13 (57%) found statistically significant healing effects, nine showed no effect over control interventions, only one showed a negative effect. The overall quality of the papers was fairly high (3.6/5) however the researchers state that “the methodologic [sic] limitations of several studies (such as inadequate power, failure to control for baseline measures, and heterogeneity of patient groups) make it difficult to draw definitive conclusions” (p.907) mirroring concerns raised by other researchers. Despite the reservations of the researchers there was no correlation between effect size and quality ( $R = -0.15$ ;  $P > 0.2$ ) suggesting that the results seen are not due to extraneous variables and, given the need for control conditions, cannot be explained in terms of expectancy or placebo.

Astin, Harkness and Ernst (2000) concluded that “[as] approximately 57% (13 of 23) of the randomized, placebo-controlled trials of distant healing that we reviewed showed a positive treatment effect, we concur with the summary conclusion of the Cochrane Collaboration’s review of prayer studies that the evidence thus far warrants further study” (p.910) .

This call for further research has been answered, and in the years since its publication there has been much more research published. However there has not been another review of the literature published that has been as comprehensive despite the fact that there has been new research and that the legitimacy of some of the research included in previous reviews has since been called into question (Flamm, 2004). It is vital if we are to get an accurate overview of the state of the new research, to see if methodologies have improved, and if the positive healing effect seen the Astin, Harkness, and Ernst (2000) review is still reflected in the more recent research.

Ernst has since rejected the findings of this paper after conducting an update in 2003 (Ernst, 2003). However the update does not use the same methods as the original review; there are no effect size calculations, the studies included are not subject to methodological quality measurement such as the Jadad scale used in the original paper, nor are any correlations made between effect size and methodological quality. The update is more akin to a narrative review than it is a mathematical one. The conclusions of the original are grounded in much stronger evidence than those of the update which has no statistical basis; therefore the update will not be considered further when discussing the original review.

Healing practitioners have raised concerns about the adequacy of existing research designs, stating that commonly used outcome measures are too narrow to capture the non-specific effects of healing and that many studies lack ecological validity (Richardson, 2000; Mason, Tovey & Long, 2002; Verhoef et al, 2005; Zick & Benn, 2004). These criticisms can be addressed by consulting with practitioners about their practices and adjusting study designs accordingly (Vickers, 1996; Mason, Tovey & Long, 2002; Carter, 2003; Verhoef et al, 2005). To that end, interviews with Pagans about their spell casting practices were conducted.

### 1.1.2 Paganism and Healing

The forms of spiritual healing examined in the existing research all share a holistic view of health and well-being, and feature the practitioner cultivating positive intentions for the recipient. These features are likewise present in Pagan healing spells and yet it has been neglected in research to date.

Paganism is a belief system that is growing in popularity; the number of people identifying as Pagan in the UK census doubled between 2001 and 2011 from 42,262 to 80,153 (Office for National Statistics, 2001 & 2012).

Pagan is used as an umbrella term for a number of different nature based religions inspired by the native pre-Christian religions of (mainly) Europe (Clifton & Harvey, 2004, Jones, 1998, York, 1995). The Pagan Federation, an organization dedicated to promoting a positive profile for Paganism, use the following three principles as a general outline of Pagan beliefs;

Love for and Kinship with Nature. Reverence for the life force and its ever-renewing cycles of life and death. The first principle of the Pagan Federation emphasises the importance of love and respect for nature in Paganism. It recognises that human beings are part of nature and that our lives are intimately interwoven with the web of life and death.

A positive morality, in which the individual is responsible for the discovery and development of their true nature in harmony with the outer world and community. This is often expressed as 'Do what you will, as long as it harms none'.

Recognition of the Divine, which transcends gender, acknowledging both the female and male aspect of Deity. This principle encompasses a range of Pagan understandings of divinity including, but not restricted to, pantheism, all forms of polytheism including duotheism, Goddess-recognisant monotheism, and animism. It requires us to acknowledge that where the divine is understood as deity or deities having gender, it must include a Goddess or Goddesses as well as a God or Gods. (The Pagan Federation, 2013)

The Pagan cosmology includes a Goddess (or multiple Goddesses) who is the avatar of the moon and a God who is the avatar of the sun. The Goddess is often represented as a *triple aspect* Goddess who cycles through the forms of

maiden, mother, and crone, mirroring the phases of the moon (waxing, full, waning) and the three phases of womanhood (childhood, menarche, menopause). The God is often depicted as the consort of the Goddess who is born at Yule (winter solstice), comes into adulthood through spring and summer, and dies at Samhain (Halloween) to be re-born again at Yule. The Pagan cosmology also includes other non-human entities such as elemental beings, fairies and angels. The sacred days of Paganism are days of astrological or agricultural importance known as *Sabbats* and are celebrated with ritual workings that pay homage to the period of the year on which they fall. Some Pagans also mark each full moon with a ritual working, known as an *Esbat*. Paganism is essentially a nature-worship religion that celebrates the cycle of life, death and rebirth seen in nature throughout the year.

The rise of modern Paganism is attributed to Gerald Gardner (1884-1964) who wrote the book “Witchcraft today”, published in 1954 after the repeal of the Witchcraft and Vagrancy Acts in 1951 (Hutton, 1999). In this book Gardner claimed to be revealing the secrets of a coven which was following a genuinely ancient religion which had survived into modern day. This claim of pedigree (known as the “witch cult myth”) has been dismissed by many scholars (Hutton, 1999). This religion was called Wicca, and since its introduction to the public, it has developed many different traditions and spawned the increasing interest in other forms of Paganism.

Healing is a central aspect of Paganism; for many Pagans the history of healers and the history of Paganism are intertwined. Orion (1995) describes the archetype of the historical witch as a “culture-heroine” of Neo-Paganism, a figure that many neo-Pagans both identify with and celebrate. She is seen as the victim of encroaching bureaucracy, her role in the community as healer usurped by “state-endorsed religious and medical professionals” (Orion, 1995). Likewise Luhrmann (1989) noted that the modern British Pagans that she observed were “moved by the affect” of the idea of ancient witch practices (P45). Hutton (1999) explains that historical witches fell into three categories: the mythical witches, creatures in the same ilk as fairies rather than humans, though still firmly believed in. The second category tended to be victims of circumstance, rumoured to be witches despite their denial. The third category comprised of those who admitted to using magic either to garner an elevated reputation or those who admitted to using magic for the benefit of others. The most skilled of these were the cunning folk who could provide cures for both human and animal maladies, break malignant spells, or

find lost or stolen property and so on (Hutton, 1999). Hutton points out that of the historical witch categories it is the cunning folk that modern Pagans most strongly identify with. These academic observations are supported by the Pagan texts: In their book on Pagan healing practices, Farrar, Farrar & Bone (1999), also frame the history of modern Pagan healing practices in terms of the cunning folk and state that despite Gardener not placing much emphasis on healing in Wicca, its importance in Paganism has grown as the religion has developed. Morwyn (in Clifton, 1994, p. 69) states “It is an unwritten law of Wicca that Witches be healers. In former times they were the herbalists, the Old Wives to whom country folk, villagers and city dwellers alike flocked for cures for what ails them.”

The influence of the image of cunning folk as spiritual predecessors is seen in modern Pagan spell craft activities as healing makes up a significant proportion of spell work conducted. Orion (1995) refers to healing as a significant feature of the Neo-Pagan movement and when Willin (2007) asked British Wiccans “what form does [spell craft] take [in your practice]?” 50% responded with the word ‘healing’. Almost every commercially produced spell book has a section on healing spells (e.g. Buckland, 1998; Webster, 2004; Johnstone, 2006) and the anthropological and sociological investigations of modern Pagans often include an account of a healing spell being conducted (Orion, 1995; Magliocco, 2004). The kinship that modern Pagans feel with folk healers of history, the idea that their practices have evolved from those of the cunning folk, and the emphasis on healing spells seen in magical practice all demonstrate just how key the concept of healing is in the Pagan belief system. Despite the importance of healing in Paganism, these practices have not been subject to the same empirical investigation as other approaches.

The research that has been conducted into distance healing has looked at both religious practices such as intercessory prayer (IP) (Byrd, 1988) and secular ones such as Therapeutic touch (Gasson & Bouchard, 1998) and Reiki (Baldwin & Schwartz, 2006). Pagan spell work for healing has similarities with both types of practice. It is similar to IP in that it occurs in what could be called a religious context; healing has as a central role in Paganism as it does in other religions especially Christianity (Willin, 2007), and spells for praxis (rituals to mark the sacred days) and spells for purpose (to achieve specific aims) share many features, as do intercessory prayers and other forms of prayer. Spell work is similar to secular healing modalities as (unlike IP) it is believed to be the

healer themselves who instigates changes, not a deity, also there is much discussion of transference of energy in spell casting as there is in healing modalities such as Reiki and Therapeutic touch.

It becomes apparent that Pagan healing practices deserve to be represented in the research when we consider the similarities between Pagan healing spells and both the religious and secular forms of healing that have already received much attention from the research community, and when we consider the central role that healing practices have in this growing belief system.

### 1.1.3 Rationale

This thesis aims to assess the current state of distance healing research to establish if distance healing is sufficiently effective to warrant further study and to identify criticisms of the research methods used. It also aims to gain an understanding of Pagan practices from a psychological perspective to bring a new awareness of these practices and to inform the design of a randomised controlled trial of their efficacy. The randomised controlled trial aims to introduce Pagan healing practices into the distance healing paradigm and, through novel design informed by practitioners, to address the criticisms of existing distance healing research designs identified in the meta-analysis.

## 1.2. Thesis structure and chapter overview

This thesis will introduce the reader firstly to the existing distance healing literature, to explore what distance healing entail, how it has been researched and what the current state of the research is. Then readers will be introduced to Paganism and more specifically Pagan ritual, its role in Pagan practice and how it is created. Finally these two areas will brought together in a novel RCT looking to test the efficacy of Pagan healing practices and to see if the efficacy of other forms of distance healing is reflected in Pagan spells. This thesis has three distinct phases, each with its own aims and methodology.

### 1.2.1 Chapter two

Chapters two and three of this thesis comprise phase one. Phase one is an updated and comprehensive meta-analysis of the existing literature exploring the impact of distance healing practices and investigating the impact of methodological quality in this field. The aims of this phase are to provide an up to date overview of the current state of

distance healing research, to assess the methodological quality of such research, and to determine if the positive healing effect seen in previous research is still reflected in the more recent research, to establish if the *prima facie* case this provides for distance healing still remains.

Chapter two is a narrative review of the existing literature around spiritual healing, including a brief introduction explaining the diverse processes, philosophies, advantages and drawbacks of distance healing approaches. This is followed by a discussion of the research into their efficacy and an exploration of the various issues to be considered when conducting research in this controversial field and how these issues can be addressed.

### 1.2.2 Chapter three

Chapter three describes the meta-analysis methodology, results, and discussion. Meta-analysis allows one to combine findings from multiple studies giving increased statistical power, a more accurate reflection of the size of an effect and reconciling results when reports differ. Firstly meta-analysis will be introduced with its benefits, drawbacks and how to address them. Then the methodology will be described including the selection criteria and search strategy for papers, the quality assessment process and which other variables will be investigated. Finally the results of the meta-analysis will be presented and the results discussed.

The meta-analysis is not only an update of the previous meta-analyses in this area but also an innovation as it will comprise of two parts, one using research that utilizes human samples and one using research using “non-whole human” samples (i.e. plants, animals and cells in vitro). Non-whole human samples are, by their very nature, not susceptible to placebo or expectancy effects and therefore give a more accurate reflection of the distance healing effect (if any). The inclusion of a meta-analysis of the non-whole human research shows an original contribution to the distance healing research.

### 1.2.3. Chapter four

Chapters four, five and six make up Phase two which is interviews with practicing Pagans about their spell casting activities. The aim of this phase is to identify the common features of Pagan practice that need to be incorporated into the design of the

randomised controlled trial in phase three in a bid to avoid the research issues associated with this research discussed in chapter two. Phase two also acts as a stand-alone study aiming to introduce Pagan practices to psychological examination. This allows us to see what can be learnt about this relatively new spiritual path when examining it from a different perspective and to introduce a previously overlooked population to psychological study.

Chapter four is a review of the Pagan literature, discussing how the lessons learnt from the distance healing literature review can be applied to Pagan spell casting research, exploring the features of ritual spell work already discussed in the current literature and the importance of healing in modern Pagan practice, to provide further context for the randomised controlled trial in phase three.

#### 1.2.4. Chapter five

Chapter five discusses the methods for interview data collection. The use of both quantitative methodologies (in the meta-analysis and the randomised controlled trial) and qualitative research in this thesis is considered a mixed methods approach. Mixed methods research will be introduced in chapter five with a discussion of the features, uses and approaches. The specific method of data collection will then be introduced and discussed in detail. The semi structured interview method will be introduced and participant recruitment methods will be outlined as will the development of the interview schedule, any ethical considerations in this research and the data collection process. The process of thematic analysis (Braun & Clarke, 2006) will be explained in detail, with a description of quality assurance and validity measures followed by a reflexivity section.

#### 1.2.5 Chapter six

Chapter six presents the resulting themes and sub themes; introducing each theme, presenting participants quotes and discussing these alongside the extant literature.

#### 1.2.6. Chapter seven

Phase three of the thesis is comprised of chapter seven which describes the randomized controlled trial (RCT) methodology, results, and discussion. The aim of this phase is to empirically test the efficacy of Pagan healing spells as a form of distance healing.



In an RCT participants are randomly assigned to either receive the intervention or be part of the control condition. This design is considered the “Gold standard” for assessing the effectiveness of an intervention (Utts, 2003, in Jonas & Crawford, 2003, p.244; Walach, 2001). This is because randomization to groups controls for differences at baseline meaning that any change observed in outcome measures can be attributed to the intervention being tested rather than differing group characteristics at baseline. In response to the criticisms of existing healing research raised in phase one the exact details of the design such as the outcome measure will be informed from the findings from phase two.

The specific methodology is the delayed intervention design. In this design participants are randomised to receive either the active treatment or a control treatment in the first stage, with those assigned to the control treatment receiving the intervention in the next stage (Velengtas, Mohr & Messner, 2012).

Two hypotheses will be tested in this trial:

Group A (i.e. those who received healing in the first stage) will show a greater improvement on all outcomes at the end of the first stage, compared with group B (those who received healing in the second stage).

Group B will show a greater improvement on all outcomes at the end of the second stage, compared with group A.

### 1.2.7. Chapter eight

The thesis as a whole is concluded in Chapter 8, recapping the aims and findings of each chapter and presenting the recommendations for future research.

## 1.3 Summary

Research suggests that distance healing interventions do result in improvements beyond placebo effects, however practitioners criticise this research for being reductionist and lacking ecological validity. These criticisms can be overcome by consulting with practitioners prior to designing research to ensure that the research design adequately reflects real life practice.

Pagan healing practices haven't been subject to empirical research despite sharing many common features with other forms of distance healing.

This research aims to address all of these points by conducting a meta-analytic review into the current state of distance healing research and interviewing Pagans about their practices prior to designing an RCT investigating their efficacy.

## 2 META-ANALYSIS LITERATURE REVIEW

### 2.1. Introduction

The aims of this chapter are to introduce the reader to the different types of healing, to establish the current state of the research in this area and to show the various issues to be considered that are specific to this research topic. This chapter will discuss the different methods of distance healing with a brief introduction explaining their processes and philosophies and the advantages and drawbacks of each approach followed by a discussion of the research investigating their efficacy. This will be followed by an exploration of the various issues to be considered when conducting research in this field.

### 2.2. Types of healing

There are many different approaches to healing and the casual observer of different forms of healing may be forgiven for thinking that there are few differences between them: many types of healing involve the healer running his or her hands over the body of the client (Benor, 2001, p.3) however the underlying philosophies to each approach differ greatly. Healers from different traditions have differing conceptions of where the healing comes from, whether or not the healing energy needs to be directed by the healer, and what training or preparation one has to accomplish in order to become a healer.

A number of researchers have attempted to group the various healing methods into categories, LeShan (n.d cited in Cooperstein, 2003) conducted observations of healers (Benor, 2001, pp145-146) and from his findings developed the following typology:

Type 1 healers enter an altered state of consciousness and, with a caring loving focus, merge with the healee to become a single entity.

Type 2 healers do not enter altered states but perceive and manipulate flows of energy with the express intention to heal the client.

Type 3 healing involves spirit possession and physically invasive surgical procedures.

Type 4 involves spirit possession also but treatment involves procedures on the non-physical body (e.g. the aura or Etheric body).

Type 5 healing is an offshoot of type 1 healing with a few differences: healers experience a unitive state of consciousness but maintain an individual consciousness at the same time, and major physical changes can occur within the healee as a result of this type of treatment.

(LeShan, n.d. cited in Cooperstein, 2003)

The usefulness of this typology is questionable as few healing approaches would clearly fit into these categories. Shamanic healing is a clear example of type four healing: Shamanic healers believe that both physical and spiritual factors are associated with illness however their focus is not on curing the physical illness but on improving the patient's experience of their illness (Vuckovic, Gullion, Williams, Ramirez, & Schneider, 2007). This improvement of client's experience of illness usually occurs in one of two ways: either by restoring a part of the spirit that has been lost or by removal of an external negative spirit or energy that has attached itself to the patient's soul (Vuckovic et al., 2007). This is done by the healer entering an altered state of consciousness in which they can enter *non-ordinary reality* to effect these changes, a process known as *shamanic journeying* (Vuckovic et al., 2007). The healing method developed by LeShan himself fits into type one; the LeShan method is a meditation technique which allows the healer to unite with the healee altering their consciousness to allow the healee's own self-healing abilities to be triggered and improved (Benor, 2001, p.143; Greyson, 1996, p. 449). However it would appear that the majority of healing methods are a combination of type one and type two. Therapeutic Touch involves healers using their hands to manipulate the flow of energy (type 2) but this is preceded by the healers *centring* themselves which could be considered an altered state of consciousness (type 1). Both Reiki and Johrei (another healing tradition from Japan, though one that is part of a larger spiritual/religious tradition) also involve healers channelling energy through their hands (type 2) however the energy is not manipulated

by the healers (type 1) (all of these healing methods will be discussed in greater detail later in the chapter). This typology also does not include any category that could accommodate Intercessory prayer the method of healing that has received the most attention from the research community.

Levin (2011) identified four major categories of energy healing:

An East Asian tradition. This category includes Reiki and Johrei. The healing traditions that fall into this category are quite distinct. However, they share geographical origins and many have in common a belief in the concept of Qi energy: “a circulating subtle energy or life force that flow along specific channels known as meridians.” (Levin, 2011, p.15)

A Western professional tradition. This category includes Therapeutic Touch. Traditions within this category share not only a geographical lineage but also roots within conventional medicine.

A bioenergy tradition. Originating mainly from Eastern Europe. Healing methods within the bioenergy system emphasise the “intimate connection and inseparability of the spiritual or ‘higher’ psychoenergetic dimensions of human life and the biochemical and biophysical components of a human being.” (Levin, 2011, p. 16)

A contemporary metaphysical tradition. The most diverse of the four traditions, described by Levin (2011) thusly “most, but not all use language that reveals an affinity to the new age movement. Most are associated with specific healers who developed their respective brands of healing out of an eclectic mix of backgrounds, training and expertise...other than their shared eclecticism, these healers have little else in common in terms of theory or practice.” (p. 17).

(Levin, 2011, p. 14-17)

It would appear that the majority of these groupings are a result of shared geographical origins with other forms of healing being grouped together into the latter category. This is likely because a shared geographical origin also means shared cultural understandings and concepts such as that of Qi seen in healing methods within the East Asian tradition. However the usefulness of these groupings can be disputed as not all methods within the categories do share philosophies: for example Johrei falls within the East Asian Tradition (Levin, 2011, p.15) however Johrei does not ascribe to the concept of Qi

energy and its underlying philosophy includes elements of not only Buddhist beliefs and traditional Chinese philosophy but also elements from Christianity— a western religion. Like LeShan's typology this method of categorisation also does not include Intercessory prayer.

Cooperstein (1990, cited in Cooperstein 2003, in Jonas & Crawford, 2003) conducted research into the phenomenology of healers from which he developed six types of healers which he believes fall “along a continuum from those most dependent on ordinary (or near-ordinary) consciousness...to those in which consciousness is extensively altered and metaphysical (spiritual, religious) beliefs are emphasized.” (p. 193).

Class I use ordinary or near ordinary states of consciousness and understand healing to work by quasi realistic constructs such as energy, prana, or qi. Healers within this class acknowledge that subconscious operations may be involved in the healing process and use tools such as their hands or crystals to focus or enhance their healing treatments.

Class II understand healing to work through a combination of realistic, quasi-realistic, and metaphysical explanations. These healers aim to utilise unconscious processes as part of the healing treatment. When healing, they are less likely to use tools than class I healers and access a less ordinary state of consciousness, which borders on a transegoic state of consciousness.

Class IIa place more emphasis on spiritual and physical realities than group II. Non-ordinary states of consciousness are key within this class who understand healing to work through “merging” with the client's consciousness “as an extended, non-local entity” (Cooperstein, 2003, p. 195).

Class IV healers access transegoic states of consciousness when healing and use spiritistic and mediumistic concepts such as spirit guidance for treatment or diagnosis.

Class V also use transegoic states of consciousness and understand healing to work by a combination of quasi-realistic and metaphysical concepts.

(Cooperstein, 2003 pp. 193-195)

Cooperstein's categories are the more appropriate way to group methods of healing of the three typologies; as these categories are on a continuum they are more fluid than Leshan's (ND) which is useful given the overlap between various aspects of some

methods e.g. the use of hands to guide or channel energy. The categories also use less shallow common factors than those used in Levin's (2001) taxonomy taking into account the states of consciousness entered into by the healer, the tools or procedures used in the healing sessions and the ways in which healers understand their abilities to work rather than focusing on geographical commonalities. However whilst Cooperstein's taxonomy benefits from taking into account the philosophies and understandings behind different approaches to healing it is done in too broad a manner to be truly useful as often the differences between how the individual traditions understand healing to work are very nuanced, and his use of the terms "quasi realistic" and "metaphysical" are somewhat ambiguous. This taxonomy also appears to have no place for intercessory prayer.

This lack of consensus regarding categories of healing is indicative of our lack of understanding of what healing is and how it works. The following sections of this chapter will describe the most common forms of healing that have been researched empirically, and how adherents to those traditions believe their practices to work. They are divided into their separate traditions for two reasons: the first being that there is no definitive way of categorising healing methods in any other way, the second being that although many traditions have similar procedures or understandings about how healing works the underlying philosophies are specific to each group so it stands to reason that they should be discussed individually. The final method of healing to be discussed is similar to Levin's (2003) contemporary metaphysical tradition and is labelled as *idiosyncratic healing*. This is a label that has been created by the researcher to describe healing conducted by individuals who are considered gifted or who work mainly through intuition and have received no specific training and follow none of the existing traditions of healing so cannot be included in the other methods discussed.

### 2.3. Intercessory Prayer

The form of distance healing that has received the most attention from the research community is that of Intercessory prayer. Intercessory prayer (IP) is defined as the act of petitioning a higher power on behalf of someone else (Dossey, 1993, p. 7). One of the reasons that IP is so widely researched is the sheer number of people who practise it: In a 2002 survey of American adults the CDC found that 62% had used complementary

and alternative medicine (CAM) in the last 12 months of those 24.4% used IP making it the second most popular form of CAM after prayer for one's own health.

The investigation of IP has specific issues surrounding it that are not present when researching other forms of healing such as the issue of impure control groups (to be discussed in section 2.9.1). This is because IP unlike Therapeutic Touch, Reiki, and Johrei (which will all be discussed later in the chapter) has various underlying philosophies and various ways of practising. It is likely for this reason that IP does not fit easily into any of the categories in the taxonomies discussed in the previous section of this chapter. Prayer is a part of almost every major religion in the world (Andrade & Radhakrishnan, 2009; Benor, 2001; Masters, 2005; Masters, Speilmans, & Goodson, 2006; Roberts, Ahmed, Hall, & Davison, 2009) how one prays and to whom/what depends not only on one's religious or spiritual orientation but also on one's personal preference. As Dossey (1993) concisely puts it

“Prayer may be individual or communal, private or public. It may be offered in words, sighs, gestures or silence. Prayer may be a conscious activity...it may also flow from the depths of the unconscious. Prayer may even emerge in dreams, completely bypassing our waking awareness.” (p. 8.)

It is this idiosyncratic nature of prayer that is the root of one issue of research specific to IP; whether intercessors should use directed or nondirected prayer. Directed prayers are prayers in which intercessors ask their Higher Power to make manifest specific objectives. An example of this type of prayer can be seen in a study conducted by Byrd (1988) in which intercessors prayed for a “rapid recovery and for preventions of complications and death, in addition to other areas of prayer they believed to be beneficial to the patient.” (p.827). Nondirected prayers are prayers which ask for the will of a Higher Power to be made manifest (whatever that will may be) or prayers that ask for whatever is best for the intercessee such as “Thy will be done” (Dossey, 1993, pp. 99-100).

There are strengths and weaknesses to both approaches; directed prayer appears to be the most sensible approach to take from a research perspective informing intercessors what they should pray for means that researchers can ensure that intercessors are petitioning for changes in the areas of health and well-being that are being measured. Directed prayer also improves the validity of research by ensuring that all intercessors are providing the same “treatment” and allowing for other researchers to replicate one's



methodology more completely. However prayer is a very personal activity and so to homogenise it for the sake of research may actually be counterproductive. Directing intercessors how to pray may result in inauthentic prayers as people may not feel the same connection with the divine that they feel when praying normally. Not only could this reduce the ecological validity of the study (as intercessors may not be praying in their usual fashion) it could also influence the efficacy of the practice as intercessors may not feel comfortable with the style of prayer prescribed to them, or may just be distracted by conducting a familiar activity in a new way, conceivably resulting in reduced concentration or absorption in prayer.

The nondirected prayer approach appears to have similarities to Reiki and Johrei as the healer is not manipulating the healing intervention to their will, but allowing it to work unhindered. Some intercessors may feel more comfortable with this approach as it could be considered presumptuous for a person to dictate to a Higher Power what form an intervention should take. One drawback to this approach is that when prayer is nondirected one is even less certain how the intervention will manifest leaving open the possibility that it will present by unmeasured means resulting in a type II error. Another possible shortcoming of this approach is described by Dossey (1993) “what is best for the individual may sometimes involve death, not life, as in the case of someone with a horribly painful condition that is clearly beyond cure” (p. 135).

So what approach should future researchers take when investigating IP? Dossey (1993) points out that both approaches have given significant results (p. xviii & p. 133) but suggest that the personality type of the intercessors may hold the key to deciding which approach is most suitable. Dossey (1993) proposes that extroverts, being “outer-directed and action oriented” (p. 126), are more inclined towards directed prayer and conversely introverts, being “inner-directed and contemplative” (p. 126), are more inclined to nondirected prayer.

The prevalence of IP causes difficulties in research especially within those studies that utilise clinical samples; participants who are ill are extremely likely to have friends or family members praying for them. Even if they do not many people say intercessory prayers for people around the world who are sick or suffering (Roberts, Ahmed, Hall & Davison, 2009, p.3; Cohen, Wheeler, Scott, Edwards & Lusk 2000, p.41; Masters, Spielmans & Goodson, 2006, p.21) this means that even those who are in the control group are likely to be in receipt of IP resulting in a “contaminated” control group which

could likely result in the true effect of IP being masked. However Cohen, Wheeler, Scott, Edwards and Lusk (2000) state that so many people pray for those who are sick or suffering that “this background level of prayer should be evenly distributed to the two intervention groups through the process of random allocation.” (p.3) suggesting that the issue of contamination is not necessarily an important one.

That IP involves petitioning a higher power is another origin of many of the IP specific research issues. The issue of whether or not healing interventions can be deemed effective or not through outcome measures is a universal issue of research of distance healing (and will be discussed in more detail later in this chapter) however it is made even more complex within IP research given the addition of the possibility of a divine power. Cohen, Wheeler, Scott, Edwards and Lusk (2000) explain that prayer is more than just a way of placing an order with God, and that apparent non-fulfilment of requests made in prayers, as evidenced by non-significant changes in outcome measures, does not necessarily equate to inefficacy of prayer: “They [prayers] come not simply to a more powerful person who has what they need...but before the One who is the source and end of their existence...Certainly they present themselves as needy but they do not come solely to get their needs met, at least in the sense of a list of petitions and intercession for which they pray. They come to meet their most fundamental need as theists perceive this-the need for God.” (p.42). This view is seconded by O’Laoire and Jonas (2003, in Jonas & Crawford) “The scientist in us wants to define ‘successful prayer’ as that which impacts a dependent variable in the desired direction but the mystical literature always avers that successful prayer is that which aligns us with the ineffable ground of our being.” (p. 24). Whilst these arguments make sense when one is discussing regular personal prayer the same cannot be said for intercessory prayer the whole point of which is to request an intervention on behalf of someone else.

It has been suggested that spiritual healing should not be investigated scientifically as there is no current plausible explanation for its mechanism (Andrade & Radhakrishnan, 2009; O’Mathúna, Prymachuk, Spencer, and Matthiesen, 2002). This point is made even more complex within IP research given the addition of deity: is it the influence of the actions of those praying or is it the intervention of the divine being to whom the petitions are addressed? The majority of researchers conducting investigations into this area would state that it is the former and not the latter given that we do not know the exact mechanism by which IP appears to be effective (Aviles et al., 2001 pp1198; Benson et al., 2006, pp. 942; Dusek & Sherwood, 2003 in Jonas & Crawford, p. 258;

Harris et al., 1999, pp. 2277; Palmer, Katernahl & Morgan-Kidd, 2004, pp. 445). The primary concern of many investigators within this field is to first establish whether or not an effect exists rather than to try to prove the mechanism. As Halperin (2001) discusses it is possible to test to see if an intervention has an effect and to then investigate the means by which it works once its efficacy has been established. He goes on to point out that this is common within medicine and cites the use of aspirin, digitalis, radiotherapy, and oophorectomies as examples (p. 794.)

Halperin (2001) also discusses the arguments against the study of IP that to study IP is, by default, to test God and is therefore offensive to religion. To reinforce the suggestion that testing God is offensive Halperin (2001) quotes a number of bible passages in which it is stated that God must not be tested by man. Paul (2008) agrees with the point that to test IP is to test God: if petitions to a deity on behalf of someone else, without their knowledge, are proven to be successful then many would, justifiably, interpret those results as evidence of the existence of a higher power (p. 18). Andrade and Radhakrishnan (2009) also agree stating that as IP studies usually involve intercessors having no contact with and very little identifying information about the intercessees then it is up to the omniscient deity being petitioned to intercede for the correct target. Pande (2000) also concurs: in response to the paper by Harris et al. (1999) Pande states “If the intent of the study was to determine whether God answers prayer, then God’s will and His existence were also being tested de facto, since the prayer was directed to God for the healing of 466 patients in the prayer group.” (p. 1873). Harris et al. (1999) would likely argue that they were not attempting to determine if God answers prayer, only the effect which is elicited as a result of Intercessory prayer, which may or may not be the actions of God; “It was intercessory prayer, not the existence of God, that was tested here.” (Harris et al., 1999, pp. 2277). Masters (2005) asks that if it was not the intention of Harris et al. to test whether or not God answers prayers why then did they specify that intercessors had to believe in a personal God who responds to intercessory prayer (p. 271)? An answer to this may come from Walach (2007), who believes that the most important influence on the efficacy of any type of healing is the belief of the therapist/healer that their mode of healing is effective; whether or not this belief is correct is inconsequential. Benor (2001) and Levin (2011) also support the theory that it is the healer that is the most important aspect of healing and not the methods they

utilise. Thus suggesting that it is entirely possible to study IP without the intention to test God, whilst still requiring true believers to participate as intercessors.

I agree with Halperin's (2001) point that before one can discuss the mechanism behind an effect one must first establish conclusively that there is an effect, and then investigate the scope and limitations of that effect. Discussions regarding the mechanism behind effects that have not been conclusively established to exist appear to be somewhat premature.

### 2.3.1 Summary

Prayer is one of the most common forms of healing to be utilised and yet is one of the most difficult to study empirically. This is because it is personal and idiosyncratic in nature thus making the action of prayer difficult to standardise without affecting ecological validity. Because prayer ascribes to the concept of a sentient supreme being questions of mechanism (whilst possibly being premature) become not only a question of physics but also a question of theology.

### 2.3.2 Evidence

Despite the difficulties involved there has been much IP research conducted. The large number of studies has prompted a succession of reviews and meta-analyses allowing an overview of the current state of research with assessments not only of the results achieved so far but also an appraisal of the quality of the research to date.

Powell, Shahabi and Thoresen (2003) conducted a review of research investigating the impact of various religious and spiritual practices on physical health to evaluate the plausibility of various theories about the connection between the two. To be included in the review studies had to conform to stringent methodological criteria to ensure that only the most valid evidence was used. Only three studies investigating the efficacy of IP conformed to the criteria for inclusion. All of these studies provided mixed evidence for the efficacy of IP with the majority of significant effects being seen in subjective measures of health, rather than the physical measures. All of the studies in the review were given a quality rating of "B" meaning that they were generally methodologically sound but had at least one flaw that could have influenced the results such as inadequate control for confounds, or failure to control for multiple tests. Powell, Shahabi, and Thoresen conclude that "there is some evidence to support the hypothesis that being

prayed for improves recovery from acute illness.” (p. 48) and emphasise the importance of well controlled flaw-free study designs in future research.

Hodge (2009) conducted a meta-analysis of empirical research into IP. Meta-analysis is the drawing together of research on one specific topic and subjecting it to analysis to give an overall effect size. Seventeen studies conformed to the inclusion criteria. Hodge analysed the omnibus effect size using both a random effects and a fixed effects model as he believes that both are appropriate for this research. The fixed effects model works on the assumption that “there is one *true effect size*...which underlies all the studies in the analysis and that all differences in observed effects are due to sampling error.”

(Borenstein, Hedges, Higgins, & Rothstein, 2009, p.61). Conversely the random effects model assumes “that the true effect could vary from study to study...because the studies will differ in mixes of participants and in the implementations of intervention”

(Borenstein et al., 2009, p.61).

Both models showed a small significant effect for intercessory prayer (random effect:  $g = -.171$ ,  $p = .015$ , fixed effects  $g = -.095$ ,  $p = .006$ ). The analyses were also conducted without the inclusion of a paper by Cha, Wirth, & Lobo (2001), the legitimacy of which has been questioned<sup>1</sup>. Once this study had been removed only the, more conservative, fixed effects model showed a significant small effect ( $g = -.077$ ,  $p = .031$ ) the random effects model was non-significant ( $g = -.109$ ,  $p = .062$ ). Hodge acknowledges that “the synthesis of outcomes across studies produced small, but significant, effects for intercessory prayer.” (p.182), but concedes that given the many issues around successfully applying IP as an intervention (such as the possible impact of the type prayer to be used, the type of intercessor used, the amount, duration and frequency of prayer, and the appropriateness of the RCT design for the study of spiritual phenomena) that some may not consider the results enough evidence to justify using IP as a clinical intervention.

Roberts, Ahmed, Hall, and Davison (2009) conducted a review of randomised controlled trials investigating the efficacy of IP for the Cochrane collaboration. Thirty three various possible complications were included across the studies as possible outcomes; of these only three showed any significant influence of IP. Fewer participants receiving IP suffered cardiac arrest (3 studies,  $N = 2174$ ,  $RR = .46$ ,  $CI 0.21-0.99$ ), fewer participants required Swan-Ganz catheter (1 study,  $N = 990$ ,  $RR 0.80$ ,  $CI 0.66-0.98$ ), and fewer participants required major surgery (2 studies,  $N = 1383$ ,  $RR 0.69$ ,  $CI 0.51-0.95$ ).

There were no significant differences between groups on the other outcome measures of mortality (6 studies,  $N=6784$ ,  $RR.077$ ,  $CI\ 0.51-1.16$ ), clinical state (5 studies,  $N = 2705$ ,  $RR\ 0.98$ ,  $CI\ 0.86-1.11$ ), change in attitude (1 study,  $n= 38$ .  $RR\ 0.94\ CI\ 0.73-1.21$ ), readmission to hospital (2 studies,  $N = 1155$ .  $RR\ 0.93\ CI\ .071-1.22$ ), admission to A & E (1 study,  $N=1789$ ,  $RR\ 1.28$ ,  $CI\ 0.73-2.24$ ) or leaving the study early (8 studies,  $N = 7.38$ ,  $RR\ 0.75\ CI\ 0.43-1.31$ ). Length of stay in hospital and length of stay in CCU were found to be equivocal and statistics are not given.

While these findings may appear bleak for proponents of IP Roberts et al. (2009) do not discount the possibility of an effect of IP. They point out that certain aspects of the methodologies of the studies included in the review such as blinding, concealment, and randomisation processes were not well described and that these weaknesses are sufficient to disguise a tangible benefit effect. Roberts et al. (2009) conclude that “the evidence presented so far is interesting enough to support further study.” (p.16) although they recommend that IP research is not given priority over other types of treatment research.

Masters, Speilmans and Goodson (2006) conducted a meta-analysis of 14 studies investigating the effect of distant intercessory prayer using human participants. They searched through one psychology and one bio-medical database which yielded 14 studies that fit their criteria. Masters et al. found no significant effect for intercessory prayer overall ( $g = .100$ ), however when using participant health as a moderator variable they found a small significant effect in studies that used a sick population ( $g = .169$ ), but still no effect for studies using a healthy population ( $g = -.061$ ). Unfortunately this result was largely influenced by the inclusion of a paper conducted by Wirth whose work has been rendered suspect as a result of a number of fraud charges and concerns regarding the methodology of the study in question (Flamm, 2004)<sup>2</sup>. When this study was removed Masters et al. found no significant effect for intercessory prayer in studies using a sick population ( $g = .066$ ) the results for studies using healthy populations remained unchanged. They also investigated the impact of random assignment and frequency of prayer on effect size. The impact of random assignment was investigated as randomisation is considered good practice to ensure that experimental and control groups are comparable, allocation without the use of randomisation can result in a bias between groups which can influence results. The impact of the frequency of prayer was investigated to assess the possible influence of the “dosage” of prayer. It was found that

neither random allocation ( $Q = .038, p = .85$ ), nor frequency of prayer ( $Q = .33, p = .57$ ) had significant correlation to effect size (Masters et al., 2006).

Astin, Harkness, & Ernst (2000) conducted a systematic review of empirical studies of many forms of distance healing, which they separated into three groups for analysis: therapeutic touch (which will be discussed later in this chapter), Prayer and other distant healing. To be included, studies had to conform to strict criteria the aim of which was to ensure that only the highest quality studies were included in the review.

Effect sizes were measured for each of the three groups despite the researchers not taking a meta-analysis approach due to heterogeneity of the studies. Both medical and psychological research databases were searched resulting in five studies of IP eligible for review. The combined effect size was  $d = 0.25$  ( $p = 0.009$ ) which is considered to be small but significant.

Although this finding supports the efficacy of IP Astin et al. point out that a number of the studies in the review (not just those in the IP group) showed methodological limitations; including insufficient statistical power, heterogeneous patient groups, inadequate control of baseline measures, and insufficient blinding (their recommendations for controlling for these confounds are discussed in the ‘Previous Distance healing meta-analysis’ section of the methodology chapter). These limitations were however were not significantly correlated with effect size ( $R = -.15, p = >.02$ ) suggesting that the positive results found are not the result of artefacts.

Astin et al. conclude that their “findings are in basic agreement with a recent Cochrane collaboration systematic review...and found no clear evidence for or against the incorporation of prayer into medical practice.” (p.908) and call for further more rigorous research.

#### 2.3.2.1. Summary

Table 2.1 shows a summary of the reviews and meta-analyses

**Table 2-1 Summary of the reviews and meta-analyses**

Researchers	Date	Method	N of studies	Quality assesment	Conclusion
Powell Shahabi & Thoresen	2003	Review	3	Generally sound but with some flaws that can influence findings	Some evidence to support IP, future research needs to be more rigourous
Hodge	2009	Meta-analysis	17	N/A	inconclusive
Roberts, Ahmed, Hall & Davidson	2009	Review	10	All studies show at least some methodological weakness	Enough evidence to support further investigation though should not be a priority
Masters, Speilmans & Goodson	2006	Meta-analysis	14	N/A	This evidence does not support IP further research not recommended
Astin, Harkness & Ernst	2000	Meta-analysis	5	All studies show at least some methodological weakness. However they are not significantly correlated with effect size	Inconclusive, further research required

The research that has been carried out in this field has been of varying quality and has produced varying results, but is nonetheless suggestive of some effect of IP thus justifying further research whilst also exemplifying the importance of rigorous study design in this area. Future research needs to address the shortcomings identified in the reviews and meta-analyses discussed by using random allocation or to sufficiently control for influencing factors such as demographics. Adequate blinding and concealment are also important as is ensuring adequate statistical power.



## 2.4. Therapeutic touch

Therapeutic touch (TT) can be understood as a standardised version of *Laying-on-of Hands*: an ancient healing practice which involves healers placing their hands on, or above the patient with the express intent of bringing about healing (Krieger, 1975; Benor, 2001). The practice was developed by Dolores Krieger a professor of nursing at New York University, and Dora Kunz a healer and clairsentient in 1972 (Benor, 2001; Levin, 2003; Pumpkin Hollow Farm, 2004). Krieger (1975) defines the process as “the simple placing of the hands for about 10-15 minutes on or close to the body of an ill person by someone who intends to help or heal that person.” (p 784) Krieger states that the intention to heal is critical (p 786). Whilst she acknowledges that the concept of healing by laying on of hands is both ancient and universal (p 784) Krieger understands the mechanism behind TT from a Hindu perspective stating that TT works through an exchange of *prana*: a Sanskrit word which can loosely be translated as vigour or vitality (p 786). According to Krieger “Eastern literature states that the healthy person has an abundance of prana and the ill person has a deficit...Prana can be activated by will and can be transferred to another person if one has the intent to do so.” (p 786). According to TT practitioners this process of energy exchange involves 5 steps:

Centring: becoming still and reaching for a focused state

Assessment: moving hands over the body to identify imbalances or obstructions in the energy field

Unruffling: moving hands to facilitate the free flow of energy through the body (this is generally done with the hands above the body but can also involve direct physical contact [O’Mathúna, 2000, p. 280])

Directing and modulating energy: energy is directed to areas of the body that are detected to be blocked or congested in order to restore balance

Stopping: when energy balance has been restored

(Krieger, 1979, cited in LaFreniere, et al., 1999, pp 368)

Benor (2001) considers TT to have many strengths most of which are based around TT’s strong links with allopathic (conventional) medicine; the majority of TT practitioners are those with a foundation in allopathic medicine (e.g. doctors and nurses) and the fact that Krieger herself is a nursing professor is evidenced in the symptom-oriented approach: TT involves the assessment phase, which aims to identify the

specific issues or illness a client is suffering from. This combined with its grounding in research makes it possible to be taught to medical practitioners “without stretching their belief systems” (Benor, 2001 p. 145). Despite the fact that TT is symptom oriented it is still a holistic approach and it emphasises the importance of the practitioners being centred and in good health themselves (Levin, 2003 p. 15). Benor (2001) also praises the “well-delineated guidelines” ( p. 145) which allow for standardised training and certification though he points out that there is no formal structure for supervision once certified (p. 145). The limitations of this approach are few, but are, like the benefits, related to TT’s grounding in allopathic medicine: Benor (2001) points out that there is a risk of practitioners becoming too focused on physical symptoms and neglecting the more holistic aspects of healing such as emotional or spiritual health, or aiding recipients to “find their highest potential” (p. 145). Research has provided strong evidence for the efficacy of TT whilst this is a strong indicator of its effectiveness it can also lead to some practitioners becoming discriminatory of other less well evidenced forms of healing and thus lose sight of the fact that TT is still considered to be a form of distance healing.

TT appears to successfully balance both the allopathic and holistic approaches to medicine: the element of “diagnosis” involved in the assessment stage dictates, to some extent, the “treatment” stage of directing and modulating energy thus allowing conventional medical practitioners to relate to and understand an approach that may otherwise be considered counter to their training and understanding of health and medicine. That TT works with “energy” and emphasises the importance of an all-encompassing approach to health is an indicator of its holistic foundations. The disadvantages of this approach are not directly related to the method of healing itself, but to the practitioners: as the majority of practitioners are conventional medical professionals they may be at risk of neglecting the holistic aspects of the approach and of becoming arrogant and dismissive of other spiritual healing methods. One could argue that this is a further strength of TT as it is the practitioners and not the practice that is flawed. However it has been suggested that regardless of the approach the healer is integral to the success or failure of the healing method (Brown, 2000: Walach, 2007). Therefore a flawed healer may administer flawed healing.

### 2.4.1 Evidence

Like IP there is a large body of research into the efficacy of TT. This has resulted in reviews and Meta-analyses which provide a broad view of the results found so far and an evaluation of the methodological quality of the existing research.

Peters (1999) conducted a meta-analysis of therapeutic touch studies published between 1986 and 1996. Nine studies found were eligible for inclusion, and subjected to quality assessment using the 'quality of study' instrument (Smith & Shullenberger, 1991, cited in Peters, 1999, p.53). The studies ranged in quality from a low 1.27 to a medium 2.70 with an average of 2.13.

Peters separated the analysis into between group effects and within group effects for psychological and physiological outcomes in an effort to analyse homogenous outcomes. The effect size for the physiological between group measures was  $d = 1.20$ , which is a large effect. This effect size was largely influenced by two studies of poor methodological quality. Once they had been removed the effect size reduced to a medium  $d = .61$ . The effect size for within groups physiological measures could only be calculated using two studies of high methodological quality; the effect size was a large  $d = 1.22$ . The within group psychological measures showed a medium effect size of  $d = .72$  once a low quality outlier had been removed. The between group psychological measures showed a medium effect size of  $d = .48$ .

Overall the meta-analysis provides evidence to support the efficacy of TT as a healing intervention: even with methodologically weak studies removed a medium effect size is seen across all outcomes and designs. That the removal of weak studies resulted in a decrease in effect size however suggests that the effects seen are not purely the result of the TT interventions, but could be the results of artefacts created by poor study design. Poor blinding or concealment, for example, can result in participants or researchers discovering group allocation which in turn can result in expectancy or placebo effects. Another aspect that further reduces the impact of these findings is the fail safe  $n$ — a calculation that estimates how many unpublished studies with non-significant results would have to exist to render the results of a meta-analysis non-significant (Clark-Carter 2010). The fail safe  $n$  for the physiological outcomes was twenty and for the psychological outcomes was only one. These are very low numbers, which serve to reduce confidence in the findings reported.

Peters (1999) states that further research into TT needs to address four main weaknesses: randomisation procedures, intervention practice, practitioner skill, and underreporting of data. However all of these weaknesses are the result of insufficient information within the study reports. As most of the studies in the review used convenience sampling (p.59) Peters stresses the importance of random group assignment, but points out that within the majority of study reports assignment practices were not clearly outlined thus raising questions about the results. The underreporting of data specifically presents in two ways: an underreporting of demographic information, and an under reporting of statistics for non-significant findings. Underreporting of demographics means that the impact of these factors cannot be established and therefore controlled for to get an image of the true effect. The underreporting of statistics for non-significant findings means that the results cannot be pooled into meta-analysis to give a more accurate effect size. The lack of detail regarding the intervention practices (e.g. was touch used or not) makes it difficult to establish if direct contact has an impact on treatment outcome, or even to establish if different studies are measuring the same intervention. Finally the lack of detail given about the practitioners and their interaction with the participants makes it difficult to draw conclusions about the impact of these variables. Given that it has been suggested that the practitioner is a vital aspect of any healing practice (Brown, 2000; Walach, 2007) this is especially important. All of these issues can be addressed by researchers explicitly reporting these aspects of their research in study reports.

Despite finding a medium effect size for both physiological and psychological outcomes across study designs even after removing low quality studies the extremely low fail safe ns and the lack of detail within the studies reviewed led Peters to conclude that

“it is impossible to make substantive claims about the TT research base from this initial meta-analytic review...more rigorous research still needs to be done to establish a solid body of evidence that supports the effectiveness of TT as a nursing intervention.” (p.59)

Winstead-Fry and Kijack (1999) conducted an integrative review and meta-analysis of therapeutic touch studies conducted between 1979 and 1997. They found 38 articles for review of which 13 fit the additional criteria for inclusion in the meta analysis, which was that studies used human participants and reported the means and standard

deviations of both groups. The meta-analysis revealed a moderate significant effect of  $d = .39$ .

When reviewing the standard of the studies reviewed Winstead-Fry and Kijack concur with points Peters (1999) makes: the demographics of participants are not sufficiently reported to allow for control of their possibly confounding effect, and an “inadequate presentation of exactly what researchers mean when they say they are following the Krieger-Kunz method.” (p. 63) means that it is difficult to establish if the same intervention is being assessed across studies. Winstead-Fry and Kijack also question the ecological validity of studies using healthy populations and those in which the treatment time is limited to five minutes. The latter especially given that Krieger and Kunz suggest the average treatment time is twenty minutes (p.65). If interventions do not have ecological validity it is not possible to generalise research findings to real life situations thus limiting the application of the research results.

Like Peters (1999) although this meta-analysis produced an overall moderate effect, the methodological weaknesses of the studies included lead Winstead –Fry and Kijack to conclude that “there is a need for more research on TT efficacy.” (p. 66)

In their review of distant healing studies Astin et al.(2000) found eleven studies investigating the effects of therapeutic touch, the average effect size of which was a moderate  $d=.63$  ( $p=.003$ ). As noted in the previous discussion of this paper (in the Intercessory prayer section of this chapter) the studies included are subject to certain methodological weaknesses that result in the researchers advising their results be interpreted with caution (p.908). Like Peters (1999) and Winstead-Fry and Kijack (1999) Astin et al. conclude that “additional studies of distant healing that address the methodological issues outlined...are now called for to help resolve some of the discrepant findings in the literature and shed further light on the potential efficacy of these approaches.” (p.910)

The findings of these reviews are, like those of IP, somewhat inconclusive: whilst they all show a moderate effect of TT the issues around study design are raised by all the researchers and serve to reduce confidence in the strength of the results. Despite evidence to show that quality only has a limited influence on effect size.

#### 2.4.2 Criticisms of TT review and Meta-analyses

O'Mathúna (2000) warns about accepting the information presented in reviews of TT at face value. He looked at reviews of TT published between 1994 and 1998 and compared the statements made in them to the findings of the studies they reviewed as well as comparing the general conclusions reported with a broad range of TT studies. He found that the literature reviews were often cherry-picking results and only reporting those that were favourable towards TT, and some reviews misrepresented unfavourable research as being favourable. O'Mathúna stated "every review examined had at least one significant mistake concerning how research studies were presented." (p.279)

In a later paper O'Mathúna et al. (2002) discuss the state of TT research. They advocate the removal from reviews of all studies that contain methodological flaws, stating that "the antecedent plausibility of TT is sufficiently low that any methodological flaw in a study will always provide a more plausible explanation for any positive findings." (p.170). Given that we do not know the mechanism behind TT this assumption is understandable however it is not supported by the evidence; although Peters (1999) found a reduction in effect size after removing low quality studies a moderate effect still remained, and Astin et al.(1999) found that effect size was not significantly correlated with study quality. Both suggesting that a TT intervention does have an influence on outcomes. O'Mathúna et al.(2002) criticise Winstead-Fry and Kijack (1999) for not evaluating the quality of the studies they included (p.170) however they also criticise Peters (1999) and Astin et al.(2000) for using measures of quality that are deficient (p.170). O'Mathúna et al.do not suggest any alternative quality measures that may address this issue. There is debate as to the importance of study quality on effect size with some researchers believing (as O'Mathúna et al. do) that only papers of the highest quality should be included in meta-analysis (Slavin, 1986) and others such as Glass (1976) stating that results differ so little between low and high quality studies that analysis would not benefit from their removal, and in fact to eliminate papers based on quality could be detrimental to the analysis. It seems the best way to satisfy proponents of both sides of the argument is to (as Astin et al. [2000] and to some extent Peters [1999] have done) include both low and high quality papers and to assess the impact of quality on effect size. Given that these assessments showed little to no influence it would appear that study quality does not have an impact on effect size.

O'Mathúna et al. (2002) also criticise the choice of papers used in the reviews. Whilst they do not suggest that these three reviews have cherry-picked results as seen in earlier reviews (O'Mathúna, 2000) they do criticise the researchers for limiting their searches to published papers stating that “complementary medicine journals publish a preponderance of studies with positive results ... which raises the possibility that publication bias is responsible for the favourable effect sizes associated with TT.” (p.171). Whilst this is a legitimate concern few of the studies reviewed in any of the papers were from CAM journals: of the thirteen studies reviewed by Winstead-Fry and Kijack (1999) only one was from a CAM journal the remaining 12 were either from Nursing journals or Dissertation abstracts international—a database of all the doctoral and some masters theses from the US and Canada as well as some theses from other countries. Studies from dissertation abstracts international are not subject to publication bias as it is a comprehensive bibliography rather than a peer reviewed publication. Of the nine studies reviewed by Peters (1999) again only one was from a CAM journal—the controversial study conducted by Wirth et al. (1993). Peters (1999) conducted the analysis both with and without this paper. Astin et al. (2000) reviewed eleven TT studies of which only four came from CAM journals. The low number of papers from CAM journals reviewed suggests that the publication bias within these journals is not wholly responsible for the effects reported. The issue of publication bias is discussed in further detail in section 2.8.1.5 of this chapter.

### 2.4.3 Summary

TT seems to contain aspects of both allopathic and alternative medicine and has been widely researched within the academic nursing community. The research that has been carried out in this field has been of variable quality with inconsistent results however a number of reviews have shown an overall moderate effect.

Like IP further more rigorous research and reporting is required before there can be a definitive conclusion made as to the efficacy of TT.

## 2.5. Reiki & Johrei

Two further approaches to healing are Reiki and Johrei, which will be discussed here in combination as they are forms of healing that share many common aspects. Both approaches share a geographical heritage, originating from Japan, they also (like TT but

unlike IP) involve the projection of healing energy through the hands of the healer. Both Reiki and Johrei practitioners understand the energy administered to be an external universal energy as opposed to the personal reserve of energy utilised in TT. Likewise both Reiki and Johrei practitioners understand this energy to be self-directing, and do not (as occurs in TT) manipulate or influence the flow of the energy. Finally one of the key similarities' between the two approaches is that one must receive blessings or *attunements* to be able to channel the healing energy. The processes and specific philosophies involved in each method will be presented along with discussion of the advantages, drawbacks, and empirical evidence for each.

### 2.5.1 Reiki

Reiki was introduced to the west in 1937 by Hawayo Takata (1900-1980) who had been taught by Dr Chujiro Hayashi (1878-1940) who in turn had been taught by Dr Mikao Usui (1865-1926) who developed the system (Singg, 2004). The word Reiki is translated to mean universal life force or energy, which describes the energy believed to be channelled by the practitioner through their hands or at a distance, during a healing session (Singg, 2004). Reiki appears to be similar to TT in that it involves healers placing their hands on or over the body to influence a change in the client's energy field. However there are key differences between the two approaches:

Unlike TT Reiki practitioners do not transmit their own energy to healees. Rather they claim to act as "conduits" for the universal life energy that is believed to be in all things and which is believed to be "an intelligent energy that reaches the part of the body that needs it." (Singg, 2004 p. 236). This reveals another difference between Reiki and TT; the Reiki approach can be seen as being a more holistic approach than TT as it is not symptom driven at all. Unlike TT there is no assessment phase within Reiki or an attempt to "fix" depletions or blockages of energy. As a result practitioners do not need to know the clients symptoms or diagnosis to administer an effective healing treatment.

Another difference between the two approaches is that Reiki is not taught in the traditional sense as TT is. Rather students receive attunements from Reiki Masters. These attunements are "a form of initiation that prepares one's body for channelling the universal life force." (Singg, 2004, p. 239). As Reiki uses specific hand positions and gestures to channel the flow of energy students are also given manuals showing these various hand positions, which are also practiced during classes (Singg, 2004).



There is no standardised curriculum for Reiki training however there are three “levels” of achievement which are universal within Reiki; “Reiki I teaches laying-on of hands healing; Reiki II teaches distant healing. Reiki III is an induction to Master level.” (Benor, 2001, p.143). Training to the level of Reiki Master can involve anywhere between three and ten stages depending on the training techniques and association of the Master who is teaching (Singg, 2004). The various hand positions used within a healing session can also vary according to the Master who is teaching (Vitale, 2007). Such variation in teaching methods may result in questions regarding the validity of using a single term to describe what could be a variety of practices, however, with regards to the hand positions used, Dr Usui the founder of Reiki concluded that because the energy channelled during a Reiki session is intelligent and self-directing it will go to where it is most needed regardless of the hand positions used (Vitale, 2007). With regard to the number of stages that training is divided into; “the ultimate goal at every level is a series of attunements.” (Singg, 2004 p. 239) meaning that the main outcome of all of the teaching methods is the same. Dr. Usui empowered sixteen Reiki masters in his lifetime; “It appears that each master was empowered with individual gifts which may differ from those of other masters in subtle or substantial ways” (Benor, 2001 p. 142) which accounts for the diversity in training techniques and emphasises their shared lineage and underlying philosophies.

The fact that all training results in students receiving attunements at the three levels, the underlying philosophy is the same regardless of teaching technique, and the variations can be traced back to a shared lineage, suggests that the similarities within Reiki are more important than the differences. Reiki healers will all be accessing the same theoretical energy when healing and it is this energy which is believed to be the “active ingredient” of Reiki healing. One could liken it to the difference between paracetamol tablets and capsules rather than the difference between paracetamol and aspirin: the delivery may differ slightly but it is essentially the same treatment.

Benor (2001) believes that recent Reiki masters may not have been as selective as earlier masters when offering level III attunements resulting in Reiki masters with less experience or fewer abilities than in the past. He also criticises the large sums of money charged for level III training, which may account for the lack of discrimination when offering this service. Benor (2001) does describe many strengths of the Reiki method of healing: it is a holistic approach and so encourages emotional and spiritual healing as

well as physical. This holistic approach often extends to the practitioner with some masters encouraging their students to work on themselves to facilitate their healing abilities (Benor, 2001). Because the universal life force is considered to be intelligent healers do not manipulate the energy or direct it in any way (Benor, 2001) meaning that healers own biases or possible lack of knowledge regarding allopathic medicine or the healee's personal situation cannot result in ineffective healing. This is doubly beneficial when taking into account the fact that Reiki training is open to anyone (Benor, 2001). Finally Benor (2001) points out that there have been many research studies supporting the efficacy of Reiki.

#### 2.5.1.1 Evidence

Like TT and IP Reiki healing has been investigated in a large enough number of papers to necessitate reviews and meta-analysis into the area. Reviews and meta-analyses provide a summary of the findings of the existent research often with an appraisal of the calibre of the methodologies used.

Vitale (2007) conducted an integrative review of Reiki research. Sixteen papers in total met the inclusion criteria, which were grouped for review by study area, the results of which are shown in table 2.2:

**Table 2-2 Results of Vitale (2007)**

Study area	N of studies	Significant negative results	Significant positive results	non-significant results
Stress/ Relaxation or depression	4	1	0	3
Pain	4	2	0	2
Biological measures	3 <sup>1</sup>	2	0	0
Wound Healing	1	0	0	1
Anxiety/well being	1	0	0	1
Chronic illness	1	1	0	0

<sup>1</sup> One of the studies used Reiki in conjunction with other CAM modalities so the impact of the Reiki intervention alone could not be established.

Although Vitale (2007) did not measure study quality empirically she does state that methodological issues exist within the studies included in the review similar to those identified in other reviews and meta-analyses of spiritual healing research, such as lack of sufficient blinding and randomisation, insufficient sample sizes, lack of detail regarding intervention protocol, insufficient control of extraneous variables or interaction effects and lack of placebo/control conditions. Vitale recommends future researchers to take a mixed methods approach as she believes that RCTs are not a suitable design for research in this field (p.174). The appropriateness of the RCT design for healing research is discussed in section 2.8 of this chapter.

Vitale makes no conclusions about the efficacy of Reiki based on the research reviewed but she does call for further research that does not use the RCT design; “This author believes now is the time to call for leadership from nurse scientists to explore alternative paradigms of inquiry most suitable for nursing science to ‘connect with’ and establish evidence for those evolving humanistic practices.” (p.178)

VanderVaart, Gijzen, de Wildt, and Koren (2009) conducted a systematic review of the empirical evidence for Reiki. Twelve studies in total fit their criteria and were included in the analysis. VanderVaart et al. subjected the eligible studies to quality assessment of both their methodology and their reporting.

In their analysis of reporting quality VanderVaart et al. found that randomisation, concealment, and group allocation (important features when trying to establish a placebo/expectancy effect) were not reported adequately. Only eight of the studies adequately reported their primary outcome measure. It is important for researchers to establish their primary outcome measure a priori lest they be accused of cherry picking results when a number of outcome measures are reported as is the case here; between twelve studies thirty one different outcome measures were reported. VanderVaart et al. emphasise the importance of explicit detailed reporting in the field; "In order to be accepted as true scientific evidence adequate reporting of future Reiki RCTs or mixed methods RCTs is crucial. Of the items that were not reported adequately all of them were reported adequately in at least one study, indicating that it is possible to report

adequately." (p.1168). In their analysis of methodological quality, eleven of the papers received a "poor quality" rating on the Jadad scale and the remaining study was rated as "good quality".

Nine of the twelve studies reported significant outcome measures in favour of the Reiki intervention on at least one outcome measure. The remaining three reported no significant differences between the groups. None of the studies reported negative findings. VanderVaart et al. concluded that "based on the poor quality of studies and their reporting it is currently impossible to draw definitive conclusions about the efficacy of Reiki." (p.1168)

Lee, Pittler, and Ernst (2008) conducted a review of RCTs investigating the efficacy of Reiki. Nine studies were included in the review. Once identified studies were subject to quality assessment using the Jadad scale, studies ranged in quality from two to five out of a possible five. The average quality score was 3.1 which is considered "good quality".

Only four of the studies described their randomisation processes, five reported blinding and only two reported allocation concealment methods showing a similar lack of detail as found by VanderVaart et al. (2009). This lack of information means that "it is therefore impossible to tell to what extent the therapeutic response (if any) is due to specific or non-specific effect." (p.952).

The studies included in the review reported a mix of non-significant results and significant results in favour of Reiki across a number of different outcome measures. These conflicting results combined with the methodological and reporting issues within the studies led Lee et al. to conclude "the evidence is insufficient to suggest that Reiki is an effective treatment for any condition. Therefore the value of Reiki remains unproven." (p.953).

The state of the evidence for the efficacy of Reiki as a therapeutic intervention is similar to that of IP and TT; whilst the research suggests that there is some effect the lack of methodological rigour and inadequate detail in research reports means that no definitive conclusions can be reached.

#### 2.5.1.2 Summary

Following what appears to be an emerging pattern within healing research the evidence provided by studies of Reiki is suggestive of some effect.; However the poor

methodological quality of those studies or lack of detail within reports, or a combination of both, means that no conclusions can be drawn regarding the efficacy of Reiki as a clinical intervention. Further, more rigorously designed and explicitly reported research is necessary before a true effect of Reiki can be established.

### 2.5.2 Johrei

Johrei is a less well known form of healing with fewer research studies investigating its efficacy than Reiki. Johrei healing is one aspect of an entire philosophy of living that originated in Japan developed by Mokichi Okada in the 1920s (British Johrei Society, 2010). According to this philosophy, what occurs in the spiritual body is reflected in the physical body and vice versa. Followers of Johrei see physical illness or psychological suffering as a reflection of the purification process that occurs in the spiritual body when “clouds” within the spiritual body (caused by negative words, actions, thoughts, or physical pollutants) become too “dense” and need to be eliminated (British Johrei Society, 2010; Reimei Church, 1997; Johrei fellowship, 2002). The act of Johrei healing helps to aid this elimination process by helping to purify the spiritual body through the “transmission of divine light through the palm of the administrator to the body of another person.” (Reimei church, 1997). To be able to practice Johrei one must undergo a basic or foundation course and receive the *Ohikari*, meaning sacred focal point. This allows one to receive the divine light of purification and to channel it (Izunome Kyodan United Kingdom, 2012; Jinsai.org, ND) rather like the attunements one receives at each of the three levels of Reiki training. There is little information about what precisely is involved in the basic courses offered and how homogenous the teaching is among the various organisations offering it. A session of Johrei healing customarily involves the healer and healee facing each other, whilst the healer points their cupped palm towards the upper body of the healee. It is believed that the divine light of purification is channelled through the hand of the healer to the healee (Laidlaw, 2006; Reece, Schwartz, Brooks, & Nangle, 2005)

Because the aim of Johrei is not to cure specific illnesses but to purify the whole spiritual body, practitioners do not manipulate the energy or direct it in any way. This is a strength of Johrei healing because it means that, as with Reiki, the biases of the healers or their possible ignorance regarding allopathic medicine or the healee’s psychological state need not result in diminished healing efficacy, which is especially

important considering Johrei, like Reiki training is open to anyone. Another strength of Johrei is that it is a holistic approach, considering emotional and psychological difficulties/ illnesses, like physical illnesses, to also be a result of the purification of clouds from the spiritual body. This means that like Reiki, and unlike TT, these aspects of well-being are not neglected or ignored in favour of treating physical ailments only: the transmission of divine light helps to restore balance to the person as a whole. A further strength of Johrei is that research has shown that those who administer Johrei benefit from increased well-being as well as the healees (Reece, Schwartz, Brooks, & Nangle, 2005). The Johrei philosophy takes elements from Christian and Buddhist beliefs as well as traditional Chinese philosophy (Okada, 1949, cited in Jinsai.org, ND). Within Johrei it is believed that Satan exists and that he has the power to influence people's lives in a negative way. The Christian concept of the Judgement day is also accepted within Johrei, with Johrei healing seen as a way to become purified in preparation for the judgment day (Okada, 1949, cited in Jinsai.org, ND). It is also believed that the divine light that is transmitted during Johrei healing is the same energy that was used by the Bodhisattva Cintamani-cakra Avalokitesvara to bless people in times of need (Okada, 1949, cited in Jinsai.org, ND). Johrei also uses the traditional Chinese philosophical concepts of Yin and Yang: believing the spirit to be associated with Yang and the body with Yin. It is this combination of both elements that makes us human and that it is important to acknowledge both aspects when treating people (Okada, 1949, cited in Jinsai.org, ND).

It could be argued that this mix of concepts from diverse traditions is a weakness of the Johrei approach as one could consider it to be a "hodgepodge" of beliefs that lack coherence. However it could also be considered to be strength as the mix of traditions can be seen as being inclusive and accessible to a wide range of people from different faiths.

### 2.5.3 Evidence

The practice of Johrei healing has been the subject of fewer research studies than the other forms of distance healing that have been discussed previously in the chapter and so, to date, has not been the subject of any reviews or meta-analysis. However there is still sufficient research available to establish whether or not there is enough evidence to suggest an effect and to assess the general quality of the research being conducted in this area.

Reece, Schwartz, Brooks, and Nangle (2005) researched the effects of Johrei on the well-being of both healers and healees. Two hundred and thirty six participants took part filling out the Johrei subjective experience scale (which measures emotional states) and the Arizona Integrated Outcomes Scale (a measure of well-being) before and after giving or receiving a session of Johrei. Healees ( $N=150$ ) reported a significantly greater decrease in emotional distress than the healers ( $N=86$ ) ( $F[1,234] = 8.968, p = <.003$ ). Both healers and healees reported significant increases in positive emotional state ( $F[1,234]=178.93, p = .001$ ). The increase in positive emotional state in the healers was significantly higher than that of the healees ( $F[1,234]=4.786, p = <.003$ ). The same was seen in the overall well-being scores ( $F[1,228]=207.48, p = <.001$  and  $F[1,228] = 6.047, p = <.015$  respectively)

This study provides evidence to support Johrei as an effective form of healing. The evidence suggests that Johrei works in two ways: reducing negative state and increasing positive state. Healees showed a greater reduction in negative state than healers—their pre intervention distress scores were higher than those of the healers suggesting that Johrei may be more effective for worse conditions. However as this study did not include a control or sham condition it is possible that the findings are the result of placebo or expectancy effects especially considering all participants were recruited from a Johrei centre.

Brooks, Schwartz, Reece, and Nangle (2006) conducted research into the effects of Johrei on substance abuse recovery. Participants were 21 people in a residential rehabilitation programme, 12 of which were randomly assigned to receive three 20 minute sessions of Johrei per week for five weeks from a number of practitioners. The remaining nine were assigned to a waiting list control group. The outcome measures were the Johrei subjective experience scale and the Arizona Integrated Outcomes Scale. These scales were completed before and after every healing session. The Global assessment of Individual Needs-quick scale, the PENN Craving scale, Profile of Moods state and the General AA tools of recovery scale were administered after the 5 week intervention period. During the intervention period, positive emotional state, energy and well-being showed significant improvement for the Johrei group compared to the control group ( $t = -7.49, p = <.001$ ,  $t = -5.38, p = <.001$ , and  $t = -13.6, p = <.001$  respectively). Stress/depression and physical showed significant decrease ( $t = 12.71, p = <.001$  and  $t = 6.29, p = <.001$  respectively). After the intervention, depressive

symptoms, traumatic symptoms, externalising behaviours, vigour, and practice of the 12 steps showed significant improvement for the Johrei versus control group (due to the small sample size significance was set at  $p < .01$ ) ( $F(1,17) = 8.20, p < .011, F(1,17) = 3.26, p < .089, F(1,17) = 3.14, p < .093, F(1,17) = 4.52, p < .048$  and  $F(1,18) = 7.09, p < .016$  respectively) .

This study provides some evidence for the efficacy of Johrei as a healing intervention showing Johrei to have an impact not only on well-being and emotional states but also on adherence to 12-step recovery programmes. However as this was a pilot study the sample size was small and the significance level lower than in conventional studies. This study also suffers from lack of blinding and placebo control therefore leaving the results open to placebo or expectancy effects.

Gasiorowska et al. (2008) investigated the effects of Johrei on chest pain not caused by cardiac problems. Thirty nine participants completed a base line diary of chest pain frequency and severity, for two weeks (participants had to experience three episodes per week to be eligible for the trial) as well as scales measuring demographics, symptoms, stress and anxiety. Participants were randomly allocated to either the intervention ( $n=21$ ) or wait list control ( $n=18$ ) group. A two week diary was completed by participants at the end of the study period as was the quality of life scale. Participants in the intervention group received eighteen 20 minute sessions of Johrei treatment over six weeks. As patients in the intervention group saw the practitioner and those in the control group did not, there was no blinding. The Johrei group showed significantly reduced symptom intensity after treatment (20.28 vs. 7.0,  $p = 0.0023$  (23.06 vs. 20.69 respectively,  $p = \text{N.S.}$ ) the control group did not. (23.06 vs. 20.69 respectively,  $p = \text{N.S.}$ ). No other statistically significant differences were identified between the groups.

This study also provides evidence to support the efficacy of Johrei healing however without a placebo or sham control group it is not possible to eliminate placebo or expectancy effects.

One of the more methodologically rigorous studies into Johrei is that conducted by Laidlaw (2006). They investigated the effects of Johrei on Lab stress. Thirty Three participants took part. The study used a counterbalanced cross over design so all participants acted as their own controls. Participants were randomly assigned on a double blind basis to receive the Johrei intervention after either completing a laboratory



stressor task for the first time or for the second time. Laidlaw. (2006) utilised the Paced auditory serial addition task as a stressor (PASAT) this task is described as

an auditory recording of a series of 70 single digit numbers paced so that each number is presented at 3-s intervals followed by a further 70 digits paced 2-s apart. The participants must add the last two numbers heard, while ignoring the distraction of the sum that s/he has said aloud (Laidlaw, 2006, p. 128).

Participants completed the PASAT task and then completed ten minutes of either receiving Johrei healing (intervention condition) or sitting quietly (the control condition) after which point saliva samples were taken and mood questionnaires completed. After a rest period of 30mins participants again completed the PASAT task then 10 mins of the intervention or sitting quietly. Participants did this twice; the first time was to acclimatise them to the lab environment so that when the data was taken during the second visit it was not influenced by possible additional stress caused by being unfamiliar with the procedure or lab environment. During the Johrei intervention the participants sat in a chair with their eyes closed and one of three experienced Johrei practitioners would administer Johrei from behind without touching the participants. During the control conditions the practitioner would still sit behind the participant but would not administer Johrei. Stress hormone levels showed no significant differences between Johrei and control conditions (cortisol  $z = 1.14$ ,  $p = ns$ , DHEA  $z = 1.10$ ,  $p = ns$  and IgA  $z = .93$   $p = ns$ ) but the Johrei intervention did have a significant positive effect on mood when compared to control condition ( $F(1,32) = 8.35$ ,  $p = .007$ ) (Laidlaw, 2006).

This study lends support to the efficacy of Johrei as a healing intervention; although no physical changes were manifest the changes in mood resulting from the Johrei intervention show an improvement in wellbeing. This is a well conducted study with researchers designing the study to control for the added stress of being in a lab environment and using double blind measures to counteract any placebo/expectancy/bias arguments.

#### 2.5.3.1 Summary

Overall the evidence for Johrei is in a similar condition to the other forms of distance healing discussed. There is evidence to suggest that Johrei does have a healing effect however methodological issues such as lack of placebo sham or even control conditions,

small sample sizes, and lack of blinding mean that alternative counter hypotheses cannot be ruled out.

#### 2.5.4 Summary of Johrei and Reiki

As has been shown in the research into other forms of Distance healing, there is evidence to suggest that both Reiki and Johrei have a tangible effect on health and well-being, however these findings are tempered by poor methodological rigour, which appears to be almost inherent within Reiki and Johrei research.

### 2.6. Idiosyncratic/other types of healing

There are a number of studies using an unspecified method of healing, usually simply called “spiritual healing” (Sundblom, Haikonen, Neimi-Pynttari & Tigerstedt, 1994; le Gallez, Dimmock & Bird, 2000), “Healing with intent” (Bunnel, 2002), “Distant Healing Intent” (Radin, Machado & Zangari, 1998) and so forth. These studies were grouped together and labelled as *idiosyncratic healing*, as they often have no established underlying framework or philosophy.

The majority of idiosyncratic healers understand their healing to work from an energy medicine perspective, sending “healing energy” or “Healing intentions” to the healee (Sundblom, Haikonen, Neimi-Pynttari, & Tigerstedt, 1994; Dixon, 1998; le Gallez, Dimmock, & Bird, 2000; Radin, Machado & Zangari, 1998; Guerrerio & Slater, 2004). The transmission of the energy or intentions can vary, sometimes being projected from the hands (Dixon, 1998; le Gallez, Dimmock, & Bird, 2000; Loveland-Cook, Guerrerio, & Slater, 2004) and sometimes being an act of will on the part of the healer (Beutler et al., 1988; Radin, Machado, & Zangari, 1998).

#### 6.1 Evidence

There has been a large amount of research conducted using healers who are not affiliated with any specific tradition. Whilst some of this research has been included in reviews and meta-analysis it has generally been analysed with data from studies of other more standardised forms of healing such as TT and Reiki, and so the impact of the idiosyncratic forms of healing alone cannot be established. However in their review of distant healing studies Astin et al. (2000) reviewed seven studies, that they labelled as “other distant healing”, independently of the other types of healing. This group included studies of “distance or distant healing”, “paranormal healing” and “remote mental

influence” amongst others (p.906). Of these seven trials four showed significant positive results in favour of the healing intervention the remaining three showed no significant differences between the groups. Five of the seven studies could be included in effect size analysis which showed an average effect size of  $d=.38$  ( $p = .073$ ). As discussed previously (in the Intercessory prayer and therapeutic touch sections) Astin et al.(2000) identified certain methodological weaknesses within all of the studies they reviewed resulting in their recommendation that one exercise prudence when drawing inference from these findings.

Whilst there have been no more recent reviews or meta-analyses of these types of healing alone it is possible to ascertain if this trend of supportive evidence with some methodological weaknesses has continued by looking at some of the individual studies in the area that have since been published.

Gerard, Smith and Simpson (2003) investigated the effect of spiritual healing on restricted neck movement. Fifty three participants were randomly assigned to either the experimental group or the waiting list control groups. Those in the experimental group received three weekly sessions of spiritual healing. The healing was conducted by a healer with 14 years’ experience who used the same guided visualization and verbal explanation for all participants. Participants were asked to keep their heads completely still during the healing session. There was no touching of the volunteer during the healing process other than the healer’s hands being lightly placed on the volunteer’s shoulders to signify the beginning and end of the sessions. Sessions lasted between 10 and 15 minutes at a private complementary medicine suite. Measurements of neck movement and pain, and health and well-being scales were taken at baseline, during treatment, and after. Data analysts were blinded to the conditions.

After treatment the experimental group had significantly improved rotation and flexion-extension compared to the control group (mean [SD]: 26.3 degrees [21.0 degrees] versus 2.1 degrees [15.1 degrees]  $p < 0.001$ , and 20.7 degrees [23.0 degrees] versus -0.03 degrees (15.2 degrees)  $p < 0.001$  respectively), though lateral flexation showed no significant differences. Those in the experimental condition did show significantly decreased pain scores compared to those in the control condition (median change from baseline [range]: -2.25 [-8, 2] versus 0 [-6, 4],  $p = 0.030$ .) and also showed significantly improved physical function (median [range]: 5 [-10, 73] versus -2.5 [-20,45]  $p = 0.001$ ) and energy and vitality within the health questionnaire (median [range]: 10 [-20, 55]

versus -2.5 [-30,20]  $p < 0.001$ ). There were no other significant differences between the groups.

This study provides evidence of the efficacy of spiritual healing for both the subjective mood/wellbeing and physical aspects of health. Given the methodology blinding was not possible meaning that the results could be interpreted as placebo or expectancy effects, also as there is no mention of blinding of data analysis it could be argued that researcher bias may have been a factor.

Bunnell (2002) conducted research into the effects of “healing with intent” on asthma. Forty eight participants took part, 22 with asthma and 26 without. Peak flow measures (a measure of the amount of air flowing in and out of the lungs) were taken before and after each session. In the first session participants received 10 minutes of healing in the next session, one week later, they received sham healing (i.e. the healer was present but did not try to administer healing and instead read an article without the participant’s knowledge). Genuine healing involved the healer sitting behind the participant and entering a meditative state which is believed to affect the participant. The study was conducted double blind meaning that participants did not know when they were receiving genuine healing and when they were receiving sham healing, nor did the researchers. The non-asthmatics showed no significant differences in peak flow scores after receiving healing or when comparing healing results to the sham control results. The asthmatics showed a significantly improved peak flow after the administration of healing ( $p=.009$ ), which continued to be present after one week ( $p=.003$ ). Peak flow performance did not improve more after the control session.

The results of this study lend support to the efficacy of healing for those with an illness. The asthmatic participants showed an improvement but the non-asthmatics did not. This is an interesting result and suggests that healing may have specific effects for certain ailments. The double blind aspect of this study means that expectancy, bias and placebo effects are minimised and are unlikely to be responsible for the results shown. That the healer was occupied during the sham healing sessions means also that it is unlikely that any inadvertent healing occurred (though this would only serve to reduce the differences found if it had happened).

Abbot et al. (2001) conducted research into the effect of spiritual healing on chronic pain. They conducted their research in two parts. In the first part ( $n=50$ ) participants were divided into two groups; either face to face genuine healing ( $n=25$ ), or face to face

sham healing ( $n=25$ ), where the sham healer mimicked the hand movements of the genuine healer but silently counted backwards from 1000 to prevent any unwitting healing. The second part ( $n=55$ ) used spiritual healing in which healers sat in a wooden cabinet with a one way mirror allowing them to see the participant without their knowledge. In the genuine healing condition ( $n=28$ ) the healer was in the cabinet and projected healing energy to the healee, in the sham condition ( $n=27$ ) the cabinet was unoccupied but the chair inside was moved occasionally by an automatic device to give the impression of the healers presence.

In both parts of the study, healing or sham healing took place once a week for eight weeks with each session lasting 30 minutes. Participants were randomly allocated, on a double blind basis, into part one or two of the experiment and then into either the experimental or control group. Five healers of different techniques administered the healing in both parts of the study. The sham healing in the first part was administered by five volunteers. The main outcome measure was the inter-group difference of the total pain rating index score of the McGill Pain Questionnaire, which was administered at initial interview and just prior to first treatment (to establish two baselines), at the mid-point and end point of the trial. There were no significant differences found between groups in either part of the study for the main outcome measure.

The results of this study do not support the efficacy of spiritual healing given that no significant differences were found between the groups. The results are even more damning when one takes into account the rigorous methodology: participants were randomly allocated on a double blind basis, and a sham condition was used meaning that the influence of expectation or bias effects are minimised. As the sham condition involved sham healers keeping their minds occupied it is implausible that they could have been administering healing unintentionally, and statistical power calculations were conducted to ensure an adequate sample size. Despite being a very rigorous study, there are still flaws within this study. The lack of a control condition (i.e. standard care) means that it is not possible to say that healing has no effect. The use of the wooden cabinet in part two means that the study lacks ecological validity. Whilst this is a criticism of any study that does not involve healing being conducted within a normal environment, such as a healing centre, the use of the wooden cabinet in part two of this study is so out of the ordinary that it may have plausibly influenced the results by

confounding demand characteristics in participants or by distracting healers possibly resulting in diminished healing capacity.

### 2.6.2 Summary

Although the title of idiosyncratic healing is given to a mix of different approaches the evidence suggests that the results of research into this type of healing do have similar outcomes, not only to other studies of idiosyncratic types of healing but also to the other types of healing discussed within this chapter. The results are somewhat inconclusive with some studies providing evidence for an effect and some not. However as with the other research discussed there is evidence of methodological weaknesses within the studies such as lack of statistical power, lack of placebo or control condition, and inadequate sample sizes.

## 2.7. Summary of all the evidence

Multiple reviews into the major forms of healing have resulted in the same conclusions: despite finding a small to moderate significant effect of healing interventions poor methodology, poor reporting, or a combination of the two has meant that no definitive conclusions can be drawn and that further more rigorous and well reported research is needed.

IP is the most widely practised form of spiritual healing and the method that has inspired the most research, which has resulted in evidence to suggest an effect (Powell et al., 2003; Roberts et al., 2009.). However methodological weaknesses such as insufficient randomisation, blinding and concealment, and inadequate controlling for influencing factors all serve to reduce confidence in the results found. The inclusion of the concept of deity within IP further strengthens the arguments of those who state that spiritual healing should not be researched because of its “impossible” mechanism (Andarade & Radhakrishnan, 2009; O’Mathúna et al., 2002)

Therapeutic touch is an approach that could possibly work to counter those arguments, given its grounding in allopathic medicine. Like IP there has been much research into TT which has generally provided evidence to support its efficacy (Peters, 1999; Winstead-Fry & Kijack, 1999.). Unfortunately the methodological weaknesses seen in IP research are also present in many of the TT studies.

Research of both Reiki and Johrei has also produced findings that support their efficacy (Reece et al., 2005; Brooks et al., 2006, Viatle, 2007; Gasiorowska et al., 2008; Lee et al., 2008; VanderVaart et al., 2009) although the results of the Reiki studies tend to be more mixed than those of Johrei. Within Reiki research the methodological weakness that appear to be commonplace in spiritual healing research as a whole seem to be particularly inherent this is typified by the fact that in his review of spiritual healing studies the highest quality rating Benor (2001) gave to Reiki research was three out of a possible five. It would be of interest to examine whether this acute lack of methodological rigour in Reiki research has an influence on the results. Whilst this issue is not so extreme within Johrei research it is still common for Johrei research to suffer from some of the same methodological weaknesses seen in other research in this area, such as lack of placebo control, lack of blinding, and small sample sizes.

Like Reiki studies of idiosyncratic approaches to healing have shown mixed results with some non-significant results (Abbott., 2001; Gerard., 2003) and some showing evidence for an effect (Astin et al., 2000; Bunnell, 2000). As with the other types of healing discussed many of the studies investigating this type of healing suffer from methodological weakness that could result in artefacts.

Overall the results of the previous research into various types of spiritual healing suggest that there is some effect however the poor methodology and lack of reliability means that one cannot definitively state that the results seen are the effect of spiritual healing and not some other artefact.

It is the aim of this research to not only conduct an up to date and inclusive meta-analysis, which includes studies which have been conducted up to 2011, but also to investigate the influence of quality factors. Methodological quality is an issue that has been raised by the majority of reviewers of this research (Peters, 1999; Winstead-Fry & Kijack, 1999; Astin et al., 2000; Powell et al., 2003; Vitale, 2007; Lee et al., 2008; Roberts et al. , 2009; VanderVaart et al., 2009) however there has been some evidence to suggest that these flaws may not have a significant influence upon effect size (Astin et al., 2000). Within the meta-analysis included in this research the quality of the studies will be assessed using an in depth measure of the various different aspects of methodological quality and correlations will be conducted to investigate the strength of their influence on effect size.

## 2.8. Issues of research

Many claim that spiritual healing and quantitative scientific methods are incompatible (Andarade & Radhakrishnan, 2009; O'Mathúna et al., 2002) but why is this? What are the aspects of healing that make it unsuitable for scientific inquiry? Conversely what are the aspects of empirical research design that make it an inappropriate method to test healing? It is the aim of this section to investigate the various issues one must try to address when conducting healing research.

Healing research could be considered an area of frontier science as it struggles to achieve acceptance from the mainstream research community. Hufford (2003, in Jonas & Crawford) states that research into spiritual healing is not considered credible by mainstream science for a couple of reasons: the first is that healing is anomalous from the point of view of mainstream science; there is no apparent physical mechanism behind the changes elicited as a result of healing making it appear to be impossible. Healing through intention alone was disregarded as superstition as early as the enlightenment period a view which has persisted to the present day: healing is seen as the domain of religion and metaphysics and not science. As Hufford (2003, in Jonas & Crawford) explains "The contemporary consequence of this is the view of spiritual healing as non-rational, and therefore, presumably, not scientifically investigable." (p. 297). A view which Benor (1995), an eminent researcher in the field, agrees with; "Sadly, the prevailing reductionistic belief systems in Western society view spiritual healing as an alien belief system, and until recently, have rejected the methods and practitioners of healing." (p.235). Joyce and Welldon (1965) point out that this view, whilst common, is contrary to the supposedly objective nature of scientific enquiry "refusal to apply modern methods of assessment to a potential form of therapy on the grounds that it is not a conventional medical treatment replaces scientific objectivity with medical trade unionism." (p. 368). Refusing to investigate a phenomenon on the grounds that it appears to be outside of our present understanding seems, at best, supercilious, and at worst, ignorant it also seems to contradict the whole purpose of scientific enquiry.

Even when healing research is associated with science Hufford (2003, in Jonas & Crawford) argues that it is generally associated with parapsychology; an area of research that is also much maligned by the mainstream research community. According to Hufford (2003, in Jonas & Crawford) these associations mean that often healing



research is not published in mainstream peer reviewed journals, but in smaller (less credible) journals or in popular magazines and books with no peer review process at all, further reducing the standing of the research. This is known as publication bias, and is discussed in greater detail later in this section. Hufford (2003, in Jonas & Crawford) points out that this is not a hopeless situation for those interested in healing research; many of the issues mainstream science raises against healing research can be overcome through exacting and meticulous research. He also explains that as public interest in alternative medicine is growing, so too is interest in the research within this field (2003, in Jonas & Crawford, p. 305). It would appear that this is the case as spiritual care is becoming an increasingly important aspect of allopathic medicine (Puchalski, 2001; Brunt & Short, 2005; McSherry, 2010), and more studies of spiritual healing are being published in biomedical and nursing journals as well as psychology and dedicated CAM journals.

### 2.8.1 Appropriateness of the RCT design

The majority of the research papers published investigating spiritual healing take the form of randomised controlled trials (RCT) but is this the most suitable method of studying this phenomenon? The use of blinding and control groups is intended to ensure objectivity, to guarantee that the biases or expectations of the participants and the researchers do not influence the results of the interventions being assessed thus assuring that the results one finds are genuinely the effect of the experimental intervention. RCTs have long been considered to be the “Gold standard” of research methodology within the medical research community (Utt, 2003, in Jonas & Crawford, 2003, p.244; Walach, 2001) so it stands to reason that, when investigating the efficacy of practices designed to increase health and well-being, a medical research method is adopted. However a number of researchers question the validity of RCTs as a method of investigating spiritual healing given that we do not yet understand the mechanism by which it works (Vitale, 2007).

#### 2.8.1.1. The problem of the Placebo

Within RCTs an intervention is considered to be effective if it results in improvements in outcome measures greater than those seen in placebo interventions. Walach (2001) explains that whilst this is accurate, and important, within pharmacology research (where the possible negative side effects of drugs need, not only to be identified but also

to be justified by the efficacy of the intervention) it is not so important within spiritual healing research. Walach (2001) proposes that the placebo effect can be a useful tool, and may in some instances, actually form an integral part of the spiritual healing process. He suggests that spiritual healing works in a non-local and non-specific fashion to stimulate the body's own ability to self-heal, similar to the placebo effect; "what if a therapeutic intervention is better than anything else but not better than placebo because the intervention is an exemplification of placebo processes namely of the self-healing capacity of the organism? What if 'placebo' has completely different meanings depending on the context it is used?" (Walach, 2001, p. 217). This suggestion has been mirrored by other researchers; O'Laoire and Jonas (2003, in Jonas & Crawford) state that "we may need to build expectation and beliefs into our methodologies." (p. 215). If this supposition is correct then it may be necessary to re-evaluate how useful RCTs are when assessing the efficacy of such interventions. Kaptchuk (2001) explains that the design of RCTs can actually influence the placebo effect; "it appears that the certainty of receiving a drug maximises a placebo effect, and that the introduction of doubt as to whether or not one has received a real treatment diminishes the effect...complete concealment dramatically changed pharmacological effects." (p.545). If it is the case that placebo forms a component of spiritual healing and that RCTs can, by their very design, impact the placebo response then the validity of RCTs as a method of researching spiritual healing is called into question.

The mechanism behind distance healing is still as yet unknown so the theory of spiritual healing working through an enhanced placebo effect is still speculation. Indeed research into spiritual healing using plants, animals and cells in vitro (i.e. samples not subject to placebo responses), have shown an effect suggesting therefore that this is not the case. So RCTs still seem to be the best method for research that is focused on investigating efficacy rather than agency.

#### 2.8.1.2 Outcome measures: hit or miss?

Another aspect of RCTs that some researchers consider questionable when investigating spiritual healing is that of outcome measures: successful interventions must demonstrate an effect on the specific outcome measures established by the researchers at the design phase. However some researchers and healers argue that as we do not know how spiritual healing works the use of specific outcome measures or clinical endpoints may not actually capture the effect of spiritual healing thus resulting in type II error.

Whilst the precise mechanism behind spiritual healing is unknown it is widely accepted that it is a holistic intervention, aimed at bringing balance to the whole person rather than just specific ailments (Benor, 1995; Walach, 2001; Laskow, 1992; Mason, Tovey & Long, 2002). As Targ (2002) states “Some healers have voiced the concern that research cannot test or study the subtle effects of their treatments.” (p.29). This is supported by Walach (2001) who states that “their way of achieving efficacy is nonspecific, although they use very specific theories and interventions.” (p.214). This means that illness specific outcome measures or clinical end points may be unsound measures of the success of the interventions as they may be too narrowly focussed to fully capture broad non-specific effects.

Long, Mercer and Hughes (2000) point out that it is important to consider whose definition of a successful intervention is used. Generally researchers define what would make an intervention successful and select an outcome measure accordingly. The healer’s or the healee’s definition of a successful intervention may be different to those established by the researcher. Long et al. (2000) state that, despite evidence to suggest their importance many of the outcome measures commonly used do not measure “key features of the interaction between therapist and therapy user and the underlying philosophy of health and healing and CAM.” (p.27). As a result of, what they believed to be, inadequate existing outcome measures they sought to develop a CAM specific outcome measure. Providers and users of CAM interventions were interviewed and CAM providers participated in focus groups data from which were used to inform the creation of an outcome measure questionnaire. From their research Long et al. (2000) identified four main areas to be measured in the questionnaire:

- Aspects of the relationship between provider and recipient as a partnership
- The process of uncovering the nature of the condition i.e. underlying causes
- Elements surrounding the healing process and recipients role within that process
- The role of time and change

A pilot version of the Holistic Practice Questionnaire was produced but has not been developed beyond the pilot stage. Long (2004) believes that by investigating the first three areas the effects of CAM currently considered to be non-specific could become specific and that “if the full effect of a CAM intervention is to be uncovered, each dimension must be assessed.” (p.787)

Long (2004) does not state that existing outcome measures are wholly inappropriate measures of the success of CAM interventions, but emphasises the importance of establishing how practitioners and users of CAM would define the success of the intervention before being able to ascertain the appropriateness of those existing measures (p.782.)

Bishop, Barlow Walker, McDermott and Lewith (2010) worked to develop an outcome measure specifically for spiritual healing by taking into account the views and experiences of healees. They used focus groups and interviews to generate questionnaire items. Participants were recruited from an on-going study into the effect of spiritual healing on breast cancer and from a spiritual healing sanctuary. From the focus groups and interviews, seven dimensions of healing outcomes were identified:

1. Existential outlook (i.e. outlook on life)
2. Energy levels
3. Overall health
4. Self-perception (i.e. self-confidence, self-esteem, inner strength etc.)
5. Relationships with others
6. Emotional balance
7. Coping ability

The resulting questionnaire was piloted, using participants who patronised the healing sanctuary, and then developed further. The final questionnaire (The Harry Edwards Healing Impact Questionnaire or HEHIQ) uses twenty items to assess outcomes over five domains: Outlook, Energy, Health, Relationships and Emotional balance. Bishop et al. concede that their small sample could limit the generalizability of the themes found and point out that two of the five subscales (outlook and relationships) show little sensitivity to change. Though they explain that this low sensitivity to change could be the result of these factors being less likely to change over time, or that it could be because these changes only make minimal contributions to the overall change assessment. Bishop et al. (2000) recommend that “future trials should use the HEHIQ in combination with a disease-specific outcome measure, to provide a comprehensive yet concise evaluation of patient centred outcomes that can result from spiritual healing.” (p.361)

Verhoef, Vanderheyden, Dryden, Mallory and Ware (2006) conducted a survey of CAM researchers to identify which outcome measures CAM researchers currently use, how

those measures are assessed, where they are sourced, perceived barriers to finding outcome measures and outcome domains of importance. One hundred and sixty four responses were received, of which 48.2% stated they were currently conducting research, 78% of those respondents used outcome measures within their research. Ninety two different specific outcome measures were identified; 63 were identified by name, the remaining 23 were biological measures or general concepts such as satisfaction. The most common barrier to finding outcome measures stated by respondents was that appropriate and relevant outcome measures don't exist. Respondents also indicated that the lack of definition of concepts important to CAM, lack of psychometric data on existing tools, and lack of a common resource of outcome measures were other barriers. Important domains of outcome measures acknowledged by respondents were (similar to those identified by Long [2004]) different perspectives of outcome measures such as the patient perspective, or the provider perspective as well as serenity, body image, awareness, integration, holism, and ability to relax. Some respondents indicated the need to measure aspect of treatment other than outcomes such as context, meaning and process.

From the data Verhoef et al. (2006) created a framework of nine outcome domains.

“Outcomes can address *physical, psychological, social and spiritual* aspects of the intervention. Holistic outcomes encompass each of the physical, psychological, social and spiritual domains. Quality of life encompasses any two of the physical, psychological, social and spiritual domains. Individualized measures assess unique patient-centred outcomes for each research participant...The context of healing and the process of healing are not outcomes *per se* but were identified as being of such importance to CAM research that, for completeness, they are included in our framework.” (A framework of outcome domains important in CAM research section, para. 1)

Verhoef et al. (2006) used this framework as a basis for a CAM outcome database ([www.outcomesdatabase.org](http://www.outcomesdatabase.org)). This database allows researchers to find appropriate existing measures within each of the domains and can help to overcome the barrier created by a lack of a common resource.

Whilst the suitability of ailment specific outcome measures has been called into question it is important to consider that one of the important reasons for conducting research into this area is the fact that the public utilise these services often for the

treatment of physical and psychological ailments. That people use these services to treat specific problems means that it is important that the effects of spiritual healing on such specific ailments are not neglected in favour of looking at the, possibly beneficial but still hypothetical, non-specific effects of the intervention. One must also consider that the reason that some illness specific measures may not show any effect of spiritual healing is there may not be one. This need not necessarily mean that spiritual healing does not work at all it may simply mean that spiritual healing only works for some illnesses and ailments; as Dossey (1993) explains “according to healers who routinely employ prayer, it is more effective for some problems than others. This should not be surprising. Penicillin is a miracle drug for strep throat but is worthless for tuberculosis.” (p. 4). If this is the case it is just as important for scientists to establish the limitations of this phenomenon — what aspects of health and well-being are not affected by spiritual healing — as it is to establish the benefits. Therefore it is suggested that existing outcome measures are not completely worthless when investigating this phenomenon. Indeed Long et al. (2002) state that existing outcome measures are not totally inappropriate, and the database of outcome measures developed by Verhoef et al. (2006) is comprised of existing outcome measures. It is recommended that future research should use them but in conjunction with measures of other aspects of the intervention that could be considered to have an impact on the success of the treatment as suggested by Bishop et al. (2006).

#### 2.8.1.3 Are RCTs measuring what they should be?

RCTs are also criticised as a method of inquiry into the effects of spiritual healing because they lack model (a.k.a. ecological) validity. Model validity is an aspect of external validity that “takes into account (1) patient and provider preferences and knowledge; (2) skills, training, or accreditation of provider or treatment center(s); and (3) feasibility of treatment center(s) or study site to represent “real-life” environments.” (Khorsan & Crawford, 2014). In other words, model validity is the extent to which experiments reflect how phenomena occur in real life. Model validity is especially important when using RCTs in CAM research as standard RCTs often conform to the conventional, Western medical model but CAM healing practices usually differ from the conventional Western medical model in their conceptions of pathogenesis, diagnosis, and illness (Jonas & Linde, 2002). Therefore CAM RCTs must take specific healing models into account to ensure model validity.

#### 2.8.1.4 A question of ethics

Some researchers posit that the study of distant spiritual healing practices by the use of any clinical trial, whether RCT or not, is in essence unethical. As the mechanism behind distant spiritual healing is unknown, so too are the possible risks involved in receiving such an intervention. As a result participants in clinical trials of distant spiritual healing are exposed to possible unknown harm (Hobbins, 2005; Paul, 2008).

It would appear that many researchers in this area do not acknowledge the possibility that distant spiritual healing could be harmful (Dossey, 1994; Hobbins, 2005; Paul, 2008) however Krieger (1979,1993, cited in O'Mathúna et al., 2002, p.172) has stated that an "overdose" of energy can result in a number of negative symptoms and there is evidence to suggest that other forms of healing may also result in harm to patients (Benor, 1986, cited in Dossey, 1994). Even if this evidence did not exist one would have to consider that if distant spiritual healing does have an influence on one's health and physiology that influence is unlikely to be restricted to only being positive. Indeed studies that use in-vitro cell and animal samples often test healers capacity to heal by inhibiting cancer cell growth (Bengston & Krinsley, 2000; Smith & Laskow, 2000; Yu, Tsai & Hwag, 2003): surely the same could be done to normal healthy cells also? The unknown mechanisms behind distant spiritual healing also means, some argue, that participants are unable to truly give informed consent, as the researchers themselves are ignorant of the risks and so are unable to inform the participants of them (Hobbins, 2005).

The point of scientifically testing spiritual healing practices is to establish not only if these practices have an effect but also exactly what the effect is: its benefits, its limitations, its duration and its possible side effects. Part of informed consent is acknowledging that the full scope of effects is unknown at present, which by its very definition means that those effects could be positive or negative. It would not be possible to establish the effects of spiritual healing on humans without human trials. Given that human trials are common in pharmaceutical research, part of the point of which are to establish if treatments have negative side effects, it seems unreasonable to state that research into spiritual healing should not occur for this reason. Particularly when also calling for studies of spiritual healing to conform to the methods and standards of pharmaceutical research such as using the RCT methodology. It should

also be noted that these practices are already being used as treatments, so it is the duty of researchers to ensure that those who are already utilising these treatments are safe.

Hobbins (2005) points out the difficulty of monitoring practitioners' interventions in trials of distant spiritual healing; many studies, especially those of IP and distant Reiki, involve practitioners administering healing from great distances making it impossible for the researchers to monitor their practices and therefore ensure that practitioners are administering healing as required, or even to adequately protect their participants from possible negative intent by practitioners.

The idea of healers within trials applying perfunctory healing or using negative intentions appears spurious; often studies in this area specify the use of professional healers or those who have previous experience of healing, it seems unlikely that people whose work, spare time or personal spiritual practice involves healing others, would then choose (when their abilities are being tested) to intentionally harm another. Especially considering that such people would have a vested interest in demonstrating that distant healing is beneficial. However if this were a concern one could be utilised to require healers to keep a log of their healing practices in future research, to ensure healers satisfy the requirements of the study is.

It appears that the concerns raised about the ethicality of research into spiritual healing are not adequate enough to warrant the cessation of research on this area. Although there may be the possibility of negative side effects, it is necessary to establish if they exist and if so, what they are. The idea of unsupervised healers actively acting to reduce the benefits of healing or even to intentionally harm participants, whilst being improbable, can be controlled for with the use of logs.

#### 2.8.1.5 Publication Bias.

Publication bias is an issue within CAM research and not just in CAM journals:

Schmidt, Pittler and Ernst (2001) looked at clinical trials published in three CAM journals in 2000, they found that only 5% of those published showed negative findings and 44% showed neutral results. Sood et al. (2007) looked at CAM clinical trials published in high impact general medical journals from 1965 to 2004, they found that in American journals equal number of positive and negative outcomes were reported but in European journals positive results were significantly more likely to be published (76% in European journal compared to 50% in American, OR = 3.15,  $p < .0001$ ). Both of these findings suggest that clinical trials of CAM interventions are more likely to be



published if they show favourable results thus confirming O'Mathúna et al.'s (2002) argument that positive results seen in reviews of TT papers are a result of publication bias. The cause of this publication bias could actually be another form of publication bias; Resch, Ernst and Garrow (2000) conducted a randomised controlled study of reviewer bias against unconventional therapies and found that there is a significant bias against unconventional treatments. They do not believe however that this bias puts authors of unconventional papers at a "large enough disadvantage to preclude publication in peer-reviewed orthodox journals." (p.167). Although Resch et al. (2000) do not suggest that all CAM studies are rejected outright by mainstream journals their findings do suggest that CAM research is significantly more likely to be rejected by these journals than more orthodox research. It is feasible that once rejected by mainstream journals, authors of these papers then submit their research to other less prestigious journals and there is evidence to suggest that it is these journals that are more inclined to publish favourable studies. Pittler, Abbot, Harkness, and Ernst (2000) investigated the influence of journal type on outcomes reported in CAM research, they found that "non-impact" and "low-impact" factor CAM and mainstream medical journals) were more likely to publish positive findings than "high-impact" mainstream medical journals (no CAM journals were classified as high-impact). Thus suggesting that where a paper is published influences the likelihood of bias due to result direction. Ways in which researchers can address issues of publication bias when conducting reviews and meta-analysis are discussed in the "overcoming criticisms" section of the methodology chapter.

## 2.9. Overcoming the issues

Whilst there seems to be many barriers to effectively researching spiritual healing, many of the issues of research can be overcome through the use of non-whole human samples. Non-whole human is a term that has been devised to describe samples such as plants, animals and cells in vitro, which may or may not be human cells hence the term non-whole human.

### 2.9.1 The issue of pure control groups

As discussed by Astin et al. (2000) control over conditions is unsatisfactory. Sick participants are likely to have others sending them healing intention thus obscuring the effect of the intervention. Research using non-whole human samples can counter the

influence of impure control groups. When studies use sick populations, especially those in hospital, it is almost certain that a large number of those participants will more than likely be the subject of some kind of healing intention, even if the participants are unaware of it (Roberts, Ahmed, Hall, & Davison, 2009, p.3; Cohen et al, 2000, p.41; Masters, Spielmans, & Goodson, 2006, p.21). The fact that participants may be unaware means that it is incredibly difficult to effectively control for this during group allocation. Random allocation will likely result in equal numbers of participants in both groups receiving healing intention. However that does also mean that some members of the control group will be receiving some kind of healing, thus rendering it impure and possibly lessening the effect of the studied healing intention when comparing the two groups. Non-human targets such as plants, animals and in-vitro cell cultures will not receive healing intentions from sources other than those involved in the studies. The control groups in those studies contain only targets that are not receiving any form of healing intention and the experimental groups contain targets only receiving healing intention from one source therefore the control groups in those studies are pure.

### 2.9.2 The issue of outcome measures

Health outcomes are typically multivariate and complex especially within the biomedical papers. Health within humans is a multifaceted concept: the World Health Organisation defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” (WHO, 1948). Many of the outcome measures used in research into health reflect this by being comprised of various subscales with each focusing on a differing aspect. Also it has been argued that conventional outcome measures do not fully capture the effect of spiritual healing (Long et al., 2000; Targ, 2002; Walach, 2001, p.21).

Again, the use of non-human targets within research can help to offset this as not only do they tend to utilise single straightforward outcome measures (for example size of tumour in rodents inoculated with cancer or height of plants), but also because factors such as the relationship with the healer, or the targets outlook on life are unlikely to exist let alone have any influence of the outcome measure.

### 2.9.3 The issue of expectancy and Placebo

Inadequate blinding within spiritual healing research is an issue that has been raised by many of the reviewers of research in this area, and even when carried out well, blinding

does not fully control for expectancy effects. Due to the necessity of informed consent human participants are usually aware that they are taking part in a study investigating the effects of healing, which could influence the outcome. Once more the use of non-human targets in research reduces the impact of expectancy effects as they are unaware of their inclusion within a study and so are not subject to expectancy effects. The use of non-human targets can, of course, only help negate subject expectancy effects not experimenter expectancy effects, which have been shown to have a moderate but significant influence on results (Rosenthal, 1994). The influence of experimenter expectancy effects can be tempered by double blinding (i.e. both participants and researchers are unaware of group allocation until after data analysis has occurred).

Lack of placebo control groups or inadequate sham procedures are other methodological flaws common to spiritual healing research. This too is an issue that can be addressed through the use of non-whole human samples; as these target systems have no awareness of the concept of healing and no expectations they are not subject to placebo effects and so sham conditions are not necessary.

#### 2.9.4 The issue of ethics

The ethical concerns raised regarding human trials (informed consent and risk of side effects) do not apply to non-whole human samples. Some may argue that the use of animals in research itself is unethical (Olson, Robinson, & Sandrøe, in Hall & Schapiro, 2010, p.25) and many may question the practice of inducing illness and disease in animals to then attempt to heal them. However as Benor (2001) states “we decry the use of animals for healing studies, but must appreciate that the intention is to help people with cancer and other illnesses, when human research has not been possible.” (p.308). It should also be pointed out that non-whole human samples involve plant and in vitro cell research also which, to the researcher’s knowledge, hold no ethical considerations.

#### 2.10 Summary

Spiritual healing research is an area of research that is beleaguered with issues; the very concept of spiritual healing is dismissed offhand by many in the scientific community as it does not fit the current scientific paradigm. Research that has been conducted often suffers from methodological weaknesses that make it easy for detractors to criticise the

research and discount the many positive and significant findings that do not fit the current paradigm. Some proponents of spiritual healing believe that it's holistic and subtle nature make the existing standard medical methodology (the RCT design) unsuitable to fully capture the effect.

Many of the methodological issues can be addressed through the use of non-whole human targets, which can help to counter arguments of placebo, poor blinding, and inadequate randomisation and so on.

The most recent comprehensive review of this research was conducted in 2000; since then new research into the area has been conducted and previously published studies have been rendered suspect. A new, comprehensive review of the data is overdue.

This meta-analysis aims to give clear and up-to-date overview of the present research. The human and non-whole-human research were considered separately so that the possible influence of placebo and expectancy could be assessed and the methodological quality of each paper was judged to investigate the possible influence of methodological quality the effect.

<sup>1</sup>. In 2001, a study by Cha, Wirth & Lobo, claiming to double the efficacy of IVF through intercessory prayer, was published in the Journal of Reproductive Medicine. The study was criticised for its overly complicated procedure and lack of informed consent (Flamm, 2004). There were also questions regarding the authorship, as it emerged that Rogerio Lobo had only become aware of the study six to twelve months after its completion, and was not an author but had only helped with editing and publication (Flamm, 2004). Much of Wirth's previous work had been conducted through Healing Sciences Research International an organisation of which Wirth was the head. Investigation into the organisation revealed that the only way to make contact was through a PO Box in the US (Flamm, 2004. Harris, 2004), raising further questions about the legitimacy of his research. A year after the publication in the Journal of Reproductive Medicine Daniel Wirth was arrested for a number of fraud and conspiracy charges to which he later pleaded guilty and was sentenced to five years in prison (Harris, 2004. Flamm, 2005).

# 3 META-ANALYSIS

## METHODOLOGY, RESULTS, AND DISCUSSION

### 3.1 Introduction

This chapter will introduce meta-analysis as a method of research, discussing its benefits and drawbacks and the processes involved when conducting a meta-analysis. The results of the meta-analysis of distance healing research conducted will also be presented and discussed.

Synthesis of empirical evidence is often used when research questions have generated a vast quantity of research with inconsistent results. This integration of research can occur in three ways: Narrative review, meta-Synthesis or meta-Analysis.

Traditional Narrative reviews consist of an extensive discursive summary of the research around a certain topic without discussing details of quantitative findings or answering a specific research question. Narrative reviews do not include detailed descriptions of how research papers were found or selected (NHS, 2009) leaving them open to criticisms of bias sampling and questionable reliability due to lack of replicability (Hemingway & Bereton, 2009). The role of a narrative review is to provide a précis of the current state of a given research area.

Meta-Synthesis and meta-Analysis are both forms of systematic review, the difference being meta-synthesis uses qualitative data and meta-analysis uses quantitative data. The key elements of this method are that reviews are carried out with the intention to answer a specific research question rather than to provide an outline of the existing research and that the literature search and inclusion and exclusion criteria are methodical, unbiased, and explicitly reported to allow for replication (Hemingway & Bereton, 2009; Lipsey & Wilson, 2001). There are other benefits to using the Meta-analysis approach over the narrative review approach:

### 3.2 Benefits of the Meta-analytic approach

Meta-analysis subjects existing research findings to further statistical processes in order to establish the effect size. This means that the true magnitude of effects found in studies are taken into account and not just the P value. Statistical significance is influenced by the sample size and statistical power in each study and can therefore be misleading (Rosenthal & DiMatteo, 2001; Lipsey & Wilson, 2001). Effect size however is not affected by sample size; it gives information regarding the extent of the effect, rather than the more simplistic “significant” or “non-significant” results that the P value gives. Some studies with a small sample size may report non-significant findings. However, if we then convert their statistical results to an effect size, we may see that there is a small, medium, or even large effect size. While the P value would suggest that the IV has no bearing on the DV, the effect size could provide evidence for the opposite conclusion and the same is true vice versa; highly significant results may only show a small effect size. So although a study may show a significant relationship between the IV and the DV the magnitude of that effect may be so small as to render the influence of the IV less important than the P value would suggest.

This emphasis on effect size rather than P value means that no studies are discarded due to non-significant results alone thus giving a more representative picture of the current state of the research topic. This point is best set forth by Rosenthal and DiMatteo (2001)

“two results at  $p=.06$  are much stronger evidence ( $p=0.014$ ) against the null hypothesis than is one 0.05 result; and ten results at  $p=0.10$  are stronger evidence ( $p=0.000025$ ) against the null than are five at  $p=0.05$  ( $p=0.00012$ ). Meta-analysis thus provides the opportunity for even small and non-significant

effects to contribute to the overall picture of the results of a research enterprise.” (p.63).

As we can see from this example studies that report non-significant findings can, when combined, show significant results and so to discard these studies from the data pool could skew the results. It is also further evidence that statistical significance is not necessarily the best way to assess effects. The addition of studies that find non-significant results also produces an increased sample size which in turn improves the accuracy of the effect size measure.

The process of meta-analysis requires that researchers become much more familiar with the research than is required in a narrative review (Rosenthal & DiMatteo, 2001). All aspects of the methods involved in potential research papers must be scrutinised to ensure that the research fits into the inclusion/exclusion criteria. It is also necessary to extract the statistical information to be able to calculate effect sizes. The statistical information required to calculate effects sizes is not always explicitly reported (especially in bio-medical research where it is common place for only the P value to be reported and to omit the specific statistical value e.g. *F* or *t*). As a result the researcher must find the necessary information such as sample size, degrees of freedom, or statistical analysis used from areas within the report other than the results section.

Meta-analysis allows for a more detailed examination of the precise interaction between research results and features of the studies e.g. sample populations, types of treatment or quality of the research methods used; these features are known as “moderator variables”. Part of the process of meta-analysis is to code the various characteristics of each study. Studies are then grouped together according to these characteristics and effects sizes for those groups are calculated. This examination of the effects of moderator variables allows researchers to identify important correlations and effects which are less likely to have been discovered through traditional narrative review, and so can help to drive theory advancement (Rosenthal & DiMatteo, 2001; Lipsey & Wilson, 2001).

### 3.3 Overcoming Criticisms

The use of moderator variables within Meta-analysis is especially advantageous as it allows researchers to overcome the major criticisms of the method;

### 3.3.1 Apples and Oranges

The first major criticism, known as the “apples and oranges argument”, is that studies that are not direct replications of one another are too different to be able to get any meaningful results from synthesis of their findings (Rosenthal & DiMatteo, 2001; Lipsey & Wilson, 2001). It can be countered that studies which exactly replicate one another have limited generalizability (Rosenthal & DiMatteo, 2001), so by increasing the breadth of studies which can potentially be analysed one can increase the representativeness of one’s findings. Moderator variables also work to overcome this argument by separating the studies by their component variables into groups of ‘apples’ and ‘oranges’, as it were, and investigating the impact of the differences, if any.

### 3.3.2 A question of quality

The second major criticism, similar to the apples and oranges argument, is that inclusion of studies of poorer quality with high quality papers only serves to “dilute” the higher quality studies (Lipsey & Wilson, 2001). There is, however, some question as to the importance of study quality within meta-analysis; Slavin (1986) argues that even a rigorously conducted meta-analysis will produce misleading results if the studies reviewed are of poor quality, Glass (1976, who coined the term meta-analysis and was the first to use meta-analysis as we know it today) however believes that the difference in findings between good quality and poor quality papers is so small that it is not a valid reason for discarding papers and therefore reducing the possible data set. Again moderator variables can work to overcome this criticism by using study quality as a moderator variable and examining its effect. Indeed the review and meta-analysis of distance healing conducted by Astin et al. (2000) used study quality as a moderator variable and found no correlation between effect size and study quality thus supporting Glass’ argument.

### 3.3.3 Publication bias

Another criticism of meta-analysis is one that can be said of any of the methods of research synthesis; that there is an inherent risk of sample bias (Lipsey & Wilson, 2001). As stated in the introduction to this chapter, the explicit reporting of inclusion/exclusion criteria and methods of searching for literature ensure that no intentional bias can be created. However not all bias is created by the researcher; it is not uncommon for research without significant findings to not be submitted or even rejected for



publication., This is known as publication bias. The issues produced by publication bias are discussed within the literature review chapter. The problem of publication bias can be countered in a couple of ways. The first is to search through what is known as the grey literature, i.e. research papers that have not been published. The most common way to do this is to contact directly researchers within the field and ask them if they have any unpublished literature they would like to include. It is possible to get an estimate of how many unpublished studies with non-significant results would have to exist to render the results of a meta-analysis non-significant, using a calculation called the *fail-safe N* (Clark-Carter 2010). The fail-safe N uses a statistic derived from the sum of the  $z$  scores (Becker, 1994), when combined with the *critical number* of studies which one could realistically expect to exist, it is possible to establish if there is a file drawer problem. If the critical number is equal to or greater than the fail-safe N then there is a file drawer issue, if the critical number is less than the fail-safe then there is not (Clark-Carter, 2010). Becker (1994,) argues that the fail-safe N can add unjustifiable confidence to meta-analysis results if there is a publication bias that results in negative results remaining unpublished as “fewer negative or opposing results would be needed to reduce the sum of  $z$ ’s test to non-significance.” (p.228)

### 3.3.4 The influence of variables other than the IV

Meta-analysis is also criticised for placing too much emphasis on individual effects and not taking into account variables other than the independent variable (Rosenthal & DiMatteo,2001). The use of moderator variables can obviously go some way towards countering this argument; however it must also be taken into consideration that it is important to establish if an effect exists or not before we investigate the influence of other variables. Meta-analysis can answer not only the question of “is there an effect?” but can also inform how great that effect is and can, through the use of moderator variables, possibly identify important interactions and effects which in turn can inspire further research investigating the complexities of a specific research area.

## 3.4 Summary

In summary, Meta-analysis answers research questions in a way that narrative reviews cannot. By combining the existing findings and subjecting them to further statistical processes we can see the true impact of what is being studied. A consequence of this secondary analysis is that research papers used in Meta-analysis are subject to further

scrutiny than those in traditional narrative reviews resulting in researchers acquiring a greater depth of knowledge regarding those papers. The use of effect sizes means that the results are not influenced by sample size and statistical power and the methodical, transparent nature of the methodology and reporting help to counteract the influence of possible biases.

The main criticism of meta-analysis is that heterogeneous studies cannot be combined to produce meaningful results. This criticism is easily overcome by the use of moderator variables, which separate the studies into more homogenous groups and allow for individual analyses of those groups.

### 3.5 Conducting the Meta-analysis

The first stage of conducting a meta-analysis is to gather a pool of data. Stringent inclusion/exclusion criteria are required to ensure that only the most appropriate studies are included, for replicability, and to verify that there was no bias when selecting studies.

#### 3.5.1 Inclusion/Exclusion criteria

Inclusion Criteria:

Only studies published in English were used.

All studies must have examined the effects of some form of distance healing i.e. using psychological intent to manipulate the health or well-being of the samples.

Exclusion Criteria:

As this meta-analysis was focusing on the influence of *healing* practices studies looking at direct mental influence without healing intention were not included unless the effects of the intention on the system had an obvious link to health and well-being. For instance, studies investigating the effects of human intention upon DNA would be included but studies looking at the effects of mental influence on movement of animals would not.

Papers that did not provide enough information of their methodology to allow for quality assessment were excluded as were studies which did not provide sufficient data to allow for an effect size calculation.

Studies needed to examine the effects of intention on biological systems. Studies using RNG or water as their targets for instance, were not included as it was felt that they were not comparable to biological systems and so their inclusion would not provide meaningful results.

The healing conducted must not involve direct touching. There is much evidence supporting the health benefits of human touch; Hernandez-Reif et al (1998) found that massage therapy benefitted migraine sufferers who reported less pain, fewer sleep disturbances and experienced fewer headaches as well as displaying an increase of 13% in serotonin levels. Field et al (1998) found that adult burn patients who received massage therapy before debridement procedures showed a 20% decrease in cortisol levels as well as a decrease in state anxiety and pain. Ironson et al (1996) found that massage therapy significantly increased the immune system response and decreased anxiety levels in male HIV patients. This criterion was included to ensure that any effect found was the result of the Healing administered and not the result of any physical interaction, as Assefi et al (2008) state “the relative invasiveness of touch versus no-touch would be more likely to activate a therapeutic placebo response.” (p. 1116).

Papers must be easily obtainable either online, through subscriptions held by the University, or through the interlibrary loans service provided by the British library.

### 3.5.2 Search Strategy:

Possible studies were identified by searching the following databases:

Swetswise

ASSIA

PsychNET

Web of Science

Cochrane Library

British nursing Index

Cinahl Full Text

Informaworld

Both Psychological and Medical databases were included, as distance healing is a topic of interest within complementary and alternative medicine research, as well as multiple areas of psychology.

The search terms used were:

- Spiritual Healing
- Distance Healing
- Noetic Healing
- Intercessory Prayer
- Laying on of hands
- Therapeutic Touch
- Johrei
- Reiki

With the addition of the following terms to identify studies which used non-whole human samples:

- Animals
- Plants
- Yeast
- Bacteria
- Cells

These search terms were derived from studying the existing literature. “Healing” was not used as a search term in order to avoid an excess of pharmaceutical research.

The papers resulting from these searches were then read and any relevant references located and subjected to the same inclusion/exclusion criteria. To minimise the file drawer effect authors of included papers were also contacted to request any relevant studies they may have which had not been included due to being missed in the literature search or having not been published at the time of the search (February- July 2011 for the non-whole human papers, September 2011-January 2012 for the whole human papers).

For a comprehensive list of all studies included see appendix 1

### 3.5.3 Quality assessment

The next stage in the meta-analysis was to subject the reviewed papers to quality assessment by a group of three judges to allow “study quality” to become a moderator variable.

#### 3.5.3.1 Piloting the quality assessment scale

Two different scales were initially piloted using 11 of the studies; the original SIGN50 scale (Scottish Intercollegiate Guidelines Network, 2008) and the LOVE scale developed by Jonas and Linde (2002)

SIGN is an acronym of Scottish Intercollegiate Guidelines Network, an organisation established in 1993 to produce evidence based clinical practice guidelines for the Scottish NHS. The SIGN50 checklist was created (originally in 2002, with revised editions being published in 2004 and most recently in 2008) as a tool to appraise the quality of research before basing clinical guidelines on findings within said research (Scottish Intercollegiate Guidelines Network, 2008). As this scale was created, in part, to measure methodological quality it was considered to be an appropriate tool for the purpose.

The LOVE scale was designed by Jonas and Linde (2002) to assess the internal, external and model validity of CAM clinical research (Jonas & Linde, 2002). Internal validity is the extent to which the observed effects are the result of the intervention being measured and external validity is the extent to which the results can be generalised. Model validity is defined by Jonas and Linde (2002) as the “likelihood that the research has adequately addressed the unique diagnostic taxonomy and therapeutic system of the CAM in question” (p.406). For example the understandings of the cause of illness within Reiki or Traditional Chinese Medicine are vastly different to those of Western medicine, so to ensure high model validity when researching one of these interventions participants should be treated according to the understanding of their illness within that system and not the western understanding of their illness. This scale seemed appropriate to use as it not only measured validity of research, but specifically CAM research, which this meta-analysis investigates.

CR and ER acted as judges for the pilot stage as they had no involvement in the literature search and were completely unaware of the outcomes of the studies. It was determined that both scales would require amendments to be made as neither scale was

specifically designed, solely to measure methodological quality of research. The SIGN 50 scale was selected to be the scale used, as it best fitted the purposes of this study as it was designed, in part to assess methodological quality and therefore required the fewest changes, the details of which are discussed below. CR remained as a judge for the final judging stage with SD and JS making up the remaining two judges for the non-whole human papers. For the whole Human papers CR, KZ, SR and DS acted as judges. For each aspect of study quality measured, the average of the scores given by the judges was used.

### 3.5.3.2 The SIGN50 scale

SIGN50 has a number of different variations based on the different study types.

Methodology Checklist 2 (see appendix 2) was the version of SIGN50 amended for the purposes of this research as it is used to assess randomised controlled trials, which made up the majority of the data pool. The checklist in its original form consisted of three sections, the first section contains various items measuring aspects of internal validity, the second section which measures overall quality, and a third section which asks for descriptive information about the study e.g. number of participants, type of intervention measured, length of follow up and so on. Judges are given six rating options:

- Well covered
- Adequately addressed
- Poorly addressed
- Not addressed
- Not reported
- Not applicable

The more rigorous the methods used, the higher the rating given for that item e.g. for item 1.2 “The assignment of subjects to treatment groups is randomised” randomisation processes such as alternate allocation, allocation by date of birth, or by patient number were not considered to be true randomisation processes and so studies using such methods were given a “poorly addressed” rating. Randomisation methods using hand shuffled cards or hand rolled die, whilst more random than the previous methods discussed are still subject to bias and were therefore rated as “adequately addressed”. Finally methods such as RNG or random number tables are truly random and were therefore rated as “Well covered”.

In the original scale the “Not Reported” option was defined as “mentioned, but insufficient detail to allow assessment to be made” and the “Not Addressed” option defined as “not mentioned, or indicates that this aspect of study design was ignored”. During the pilot phase, the judges felt that it would make more sense if the definitions of these two items were swapped as they believed that “Not Reported” suggested that that aspect of the methodology had been left out of the report altogether and that “Not Addressed” suggested that that aspect had been referred to but not dealt with.

The aim of the judging phase in this study was to measure methodological quality only. For that reason the second and third sections were removed from the scale entirely as they looked at the clinical implications of the research findings and asked for descriptive information about the studies both of which were not relevant to the methodological quality. A second section was included in the scale but it consisted of one question, asking judges to give an overall quality rating out of ten, and an open section for qualitative comments.

The first section of the original checklist contained 10 items the amended version contained 17:

Item 1.3 of the original scale, “An adequate concealment method is used”, was removed as it was felt by the researchers that concealment was part of blinding and therefore did not necessitate its own item.

Item 1.10 “Where the study is carried out at more than one site, results are comparable for all sites” was also removed as so few of the studies took place over more than one site, it seemed a redundant item.

Item 1.4 “Subjects and investigators are kept ‘blind’ about treatment allocation” was expanded into three separate items: “Subjects are kept blind about treatment allocation”, “Investigators are kept blind about treatment allocation” and “Data Analysts are kept blind about treatment allocation”. This was done because blinding across the studies varied from single to triple blindness with various combinations of blinding occurring in double blind studies.

Item 1.9 of the original scale, “All the subjects are analysed in the groups to which they were randomly allocated (often referred to as intention to treat analysis)” was removed, as all of the studies assessed adhered to this item.

The following items were also added to the scale;

“Controls in place for extraneous variables” (item 1.8). This item was not a part of the original SIGN50 but the investigators felt that it was a very important aspect of methodological quality (especially given the sensitivity of the target samples in the non-whole whole human studies to environmental factors) and so it was included in the amended version. The more rigorously these variables were controlled for and therefore the fewer the environmental differences between experimental and control groups, the higher the rating given.

“Healers applied a consistent method of treatment” (item 1.9). This item was included as inconsistent methods of healing means that not all participants in the experimental group are receiving the same treatment. This, in turn, makes it difficult to argue that differences between the experimental and control or sham groups are the result of the treatment the experimental group received. It was considered necessary to include this item after reading through the studies and noting the inconsistencies in some of the healing methods used, for example Intercessory prayer studies using intercessors from a mix of different faiths, or studies using an established healing method with subjects receiving healing for varying amounts of time.

“Rationale given for selection of healers” (item 1.10). The less concerned researchers are about the healers they include the less likely it is that those healers all use a consistent method or have experience of healing thus making it difficult to argue that any differences between groups are the results of the actions of those healers.

“Controls in place to prevent Healers affecting participants/targets by conventional means” (item 1.12). As with item 1.8, this was not included in the original SIGN50 but was considered an important aspect of methodological rigor; healers have a vested interest in producing significant results and so may be inclined to take advantage of any opportunity to improve their results.

“There is no scope within the design for optional stopping or otherwise capitalising on chance variation in outcome” (item 1.15). As this item suggests,



it is possible for researchers to manipulate results of their studies by ending the research at a point of optimal results. It was therefore considered best practice for researchers to state a pre-empted stopping point.

“Analyses are clearly preplanned and correct for multiple analyses where appropriate” (item 1.17). This item was included as the use of unsuitable methods of analysis can result in misleading statistics.

The rationale behind selection of judges was that they had experience of research methods and that they were not associated with this research paradigm, and so were unlikely to be familiar with any of the individual studies within the pool. With the exception of CR (who was part of the research team but not involved in data collection at these stages) none of the judges were involved in the research at all so also had no awareness of the study outcomes. As CR was not involved in creating the data pool, he was also unaware of the study outcomes.

Judges were given a copy of the method section of each paper with any details of outcomes being blanked out, thereby blinding the judges to any outcomes to avoid any bias (for an example see appendix 4). Judges then had to assess the quality of each paper using an amended version of the SIGN 50 scale (see appendix 3).

### 3.5.4 Moderator Variables

Moderator variables can be used to investigate the influence of various study characteristics on effect size. For both meta-analyses the individual aspects of study quality and the overall quality score were used as moderator variables.

Within the non-whole human meta-analysis target type was an additional moderator variable examined. This variable was included for analysis to investigate the influence of system complexity on the efficacy of healing. The researchers were curious to discover if simpler organic systems (such as bacteria or plants) responded better to healing intention than more complex systems (such as animals) which, the researchers felt, would be more likely to be influenced by confounding variables such as stress, diet, possible secondary illnesses etc. The impact of patient type within the whole human meta-analysis was not investigated as the samples used within the studies were so

diverse that it was decided that no meaningful data could be gathered from dividing the studies into large numbers of very small groups.

Within the whole human meta-analysis, the healing method used was another moderator variable investigated to see which of the healing methods was most and least effective. This was not used as a moderator variable within the non-whole human meta-analysis as the methods of healing used were so heterogeneous that to divide them into groups would lead to a large number of small groups. As with the division of whole human studies by patient type, the researchers felt that this would not provide meaningful findings.

### 3.5.5 Statistical analysis

Whilst the studies were being rated for methodological quality by the judges, CS converted the main outcome statistics to  $r$ , which is a measure of effect size. Pearson's  $r$  is a common effect size measure where one is interested in identifying the amount of variance (e.g., in health outcomes) that can be explained by the intervention measure. It was preferred here because values are readily comprehensible by those familiar with correlational analysis, with values typically falling in the range -1 to +1 and values close to zero indicating no relationship.  $r$  Values can be converted to  $z$  scores using  $r = z / \sqrt{N}$ . These tasks were carried out concurrently so that CS remained unaware of the quality ratings to avoid any chance of bias influencing the conversions. Where no main outcome measure was identified, measures were selected that were most similar to measures used in other studies; to help combat the “apples and oranges” criticism discussed previously. If no such measure was utilised within a study, then the measure selected was the one which seemed most relevant to the condition being treated and which reported the most statistical information to allow for conversion, such as the number of participants in each group and the degrees of freedom.

The statistics were converted by hand, by the researchers, using formulae from Clark-Carter (2010) (for a full list of formulae used, see appendix 5).

Once the statistical values had been converted to an effect size a mean effect size was calculated. Individual effect sizes were weighted (using formulae from Clark-Carter [2010]) to reflect the fact that studies with larger populations provide more accurate results than those with a small sample. The use of weighted means may have resulted in the studies within the cell culture group having a disproportionate influence on effect

size due to the huge numbers involved in cell cultures. However it was felt by the researchers that the use of weighting was justified in the other groups and that to treat the data from cell culture studies differently was bad practice.

The homogeneity of the effect sizes were measured using chi square analysis and the correlations between quality aspects and effect size were analysed using Spearman's rho.

For full detail of the studies included in the analysis see appendix 16.

### 3.6 Non-Human sample Results

#### 3.6.1 Results of Meta-analysis

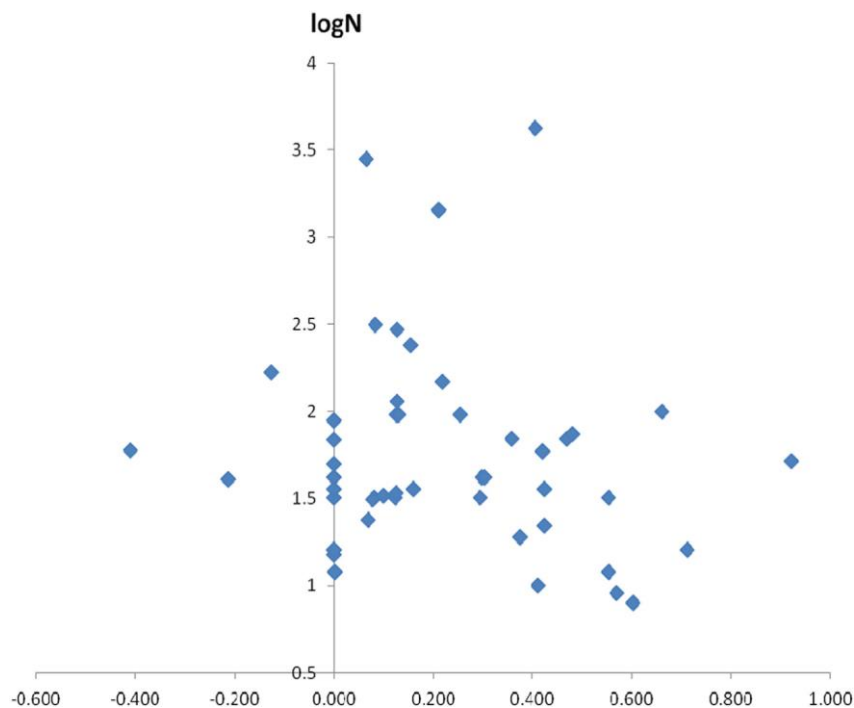
156 non whole human sample studies were identified initially from 95 papers, 107 studies from 61 papers had to be eliminated from the meta analysis as they were either reviews of other studies, reported too little information or did not fit with the above inclusion criteria. As a result 49 studies from 34 papers were eligible for review.

The Meta analysis of non-human sample studies yielded an effect size of  $r = .258$  with a 95% confidence interval of  $CI_{95} = .239$  to  $.278$ . An  $r$  of  $.258$  is considered a small-medium effect size. The confidence interval is the margin for error, therefore there is a 95% certainty that the true effect size is between  $.239$  and  $.278$ . A narrower confidence interval indicates a more robust result; the confidence interval does not pass through 0 suggesting that the effect is a genuine one, as this means that there is no possibility that the effect could be zero.

However the individual effect sizes are significantly heterogeneous ( $\chi^2 = 487.8$ ) meaning that there is very little consistency of findings between the studies included. It is possible to further investigate this inconsistency through to use of a funnel plot (figure 3-1, below). The funnel plot for the non-human sample studies is heavily skewed to the right (meaning that healing did have an effect when compared to the control/comparison group), with a large number of studies clustered around the 0 point. The large number of studies with an effect size of 0 is most likely the result of conservative conversion of outcome statistics; when studies did not report a specific statistical outcome, but reported that their results were non-significant, the effect size assigned was 0. This was the most conservative conversion that could be done with the information available rather than discarding papers on the basis of lack of information,

which would have compromised the inclusivity of the data pool. The lack of papers of the left side (control/comparison groups showed greater improvement) could be the result of publication bias discussed earlier; studies that report greater improvement in the control/comparison group are unlikely to be submitted or published.

**Figure 3-1: Funnel Plot of effect size by Log N for non-whole human sample**



To reduce the heterogeneity to non-significance at  $p > .01$  it was necessary to crop 10 outliers, which is a very large number of studies to remove given the number of studies included in the analysis. Once the outliers had been removed the effect size dropped to  $r = .204$ , with a 95% confidence interval of  $CI_{95} = .172$  to  $.236$ . This is still a medium effect size and again the confidence interval does not cross 0, again suggesting the effect is a genuine one.

The fail-safe  $N = 49,196$  (critical number = 240) meaning that 49,196 papers supporting the null hypothesis would have to be omitted to nullify these results. Such a large number of omitted papers is highly unlikely, even taking into account the effects of possible publication bias, providing further evidence for a genuine effect.

### 3.6.2 Influence of moderator variables.

#### 3.6.2.1 Quality

When looking at the influence of methodological quality on effect size, a number of negative correlations can be observed that are consistent with an explanation in terms of methodological artefact; this association is significant for randomization method and suggestive for double blinding, control of extraneous variables, and clear specification of planned analyses. However, it should be noted that the average quality rating for these studies is low [mean = 4.3/10, standard deviation (SD) = 1.9] such that even relatively highly rated studies may still suffer from some methodological weaknesses. To evaluate whether these weaknesses could account for the observed effects, we identified those studies that were rated as “well covered” or “adequately addressed” on all the following parameters: the assignment of subjects to treatment groups is randomized, investigators are kept “blind” about treatment allocation, the treatment and control groups are similar at the start of the trial, the only difference between the groups is the treatment under investigation, controls in place for extraneous variables, and controls in place to prevent healers affecting participants/targets by conventional means. The 22 studies that met these criteria gave a weighted effect size,  $r = 0.115$ , which remains significantly different from the null value of zero (CI95 = 0.090–0.141).

These findings support those of Astin et al. (2000) who found that methodological quality had no significant influence on effect size. Astin et al. (2000) used the Jadad scale to measure quality; this scale consists of only three items (Jadad et al., 1996) meaning that the finer aspects of methodological quality are not measured. The amended SIGN50 scale used in this analysis is comprehensive, covering many more aspects of quality than the Jadad scale, thus the evidence provided by these correlations is powerful.

These findings provide strong evidence to suggest that study quality does *not* influence the effect of distance healing therefore the results of these studies are not the results of confounds or artefacts and cannot be dismissed by detractors of distance healing as being so.

#### 3.6.2.2 Target sample

To investigate the possible influence of the target system on efficacy, the studies were divided into groups according to the target sample used.

11 of the studies used animals as their target subjects, the mean overall quality rating of these studies was 4.07 and the effect size was  $r = .277$ , with a 95% confidence interval of  $CI_{95} = .160$  to  $.386$ . The results within the sample were significantly heterogeneous,  $\chi^2 = 18.92$ ,  $p < .05$ , however removing 1 outlier reduced heterogeneity to  $p > .05$  and resulted in a slightly reduced  $r = 0.246$   $CI_{95} = .123 - .361$ )

16 of the studies used plants as their target subjects, the mean overall quality rating was 3.22 and the effect size was  $r = .125$ ,  $CI_{95} = .098$  to  $.153$ . The results within the sample were significantly heterogeneous,  $\chi^2 = 129.45$ ,  $p < .001$ , 3 outliers had to be removed to reduce heterogeneity to  $\chi^2 = 19.14$   $p > .01$ ) which provides an increased  $r = 0.197$   $CI_{95} = .156 - .238$ . The weighted average effect sizes for the cropped in vitro and non-human animal studies falls outside this confidence interval, indicating that outcomes for the plant studies are significantly different.

22 of the studies used in vitro target samples, the mean overall quality rating was 5.35 and the effect size was  $r = .342$ , with a 95% confidence interval of  $CI_{95} = .319$  to  $.363$ . Findings within the sample were significantly heterogeneous,  $\chi^2 = 271.19$ ;  $p < .001$ , removing 11 outliers gave  $\chi^2 = 17.78$ ;  $p < .05$  and resulted in a reduced but still significant  $r = .248$ ,  $CI_{95} = .167$  to  $.325$ .

These findings suggest that the target system does influence the magnitude of the distance healing effect. In-vitro samples showed the greatest effect, followed by animal samples, and then plant samples. Despite the differences, all of the groups showed an effect, suggesting that while the magnitude of the effect may vary, it does not disappear entirely.

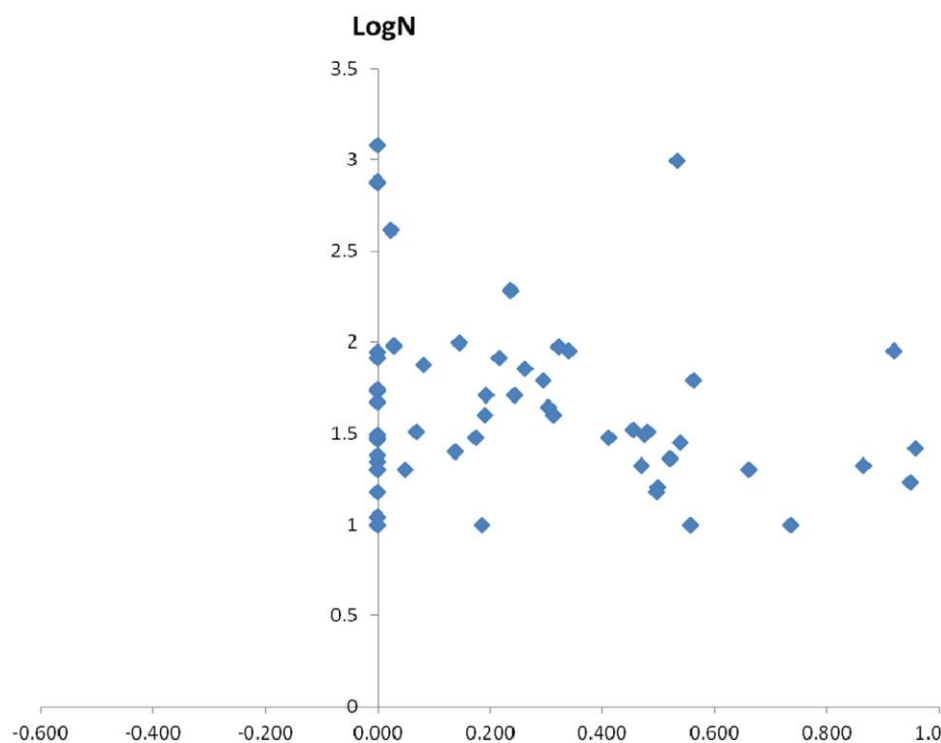
### 3.7 Whole human Meta-analysis

182 whole human sample studies were identified initially from 180 papers, 125 studies from 125 papers had to be eliminated from the meta analysis as they were either reviews of other studies, reported too little information or did not fit with the above inclusion criteria. As a result 57 studies across 56 papers were eligible for review.

The whole human Meta-analysis yielded a small effect size of  $r = .203$  with a 95% confidence interval of  $CI_{95} = .180$  to  $.232^2$ . As with the non-human Meta-analysis the results of the individual studies are extremely heterogeneous ( $\chi^2 = 754.7$ ), to reduce this heterogeneity to non-significance at  $p > .01$ , 11 outliers had to be removed. This resulted in a reduction of the effect size to  $r = .193$  with a 95% confidence interval of

$CI_{95} = .151$  to  $.241$ . When investigating the heterogeneity further, using a funnel plot, (see figure 2, below) it becomes obvious that, as with the non-human meta-analysis, the funnel plot is heavily skewed to the right (meaning that healing did have an effect when compared to the control/comparison group), with a large number of studies clustered around the 0 point. Again it is likely that the clustering of results around the zero point is the result of conservative conversion of statistics, and the lack of studies reporting better results for control/comparison groups, possibly the result of publication bias.

**Figure 3-2 Funnel plot of effect size by log N for whole human sample**



The Fail-safe was  $N = 103,497$ , (critical number = 255) meaning 103,497 papers supporting the null hypothesis would have to have been omitted to nullify these results, again, this is highly unlikely even when taking possible publication bias into account.

### 3.7.1 Influence of moderator variables

#### 3.7.1.1 Quality

Like the non-human meta-analysis, randomisation did have a significant negative correlation with effect size ( $\rho = -0.330$ ,  $p = .012$ ). The overall quality rating was also

strongly, negatively correlated with effect size ( $\rho = -0.253$ ,  $p = .058$ ). Suggesting that as overall quality decreased, then the effect size increased. This, in turn, suggests that there is some aspect of quality, not measured in the adapted SIGN50, that has some kind of influence on effect size.

Of the various other quality dimensions, 11 also give negative correlations with study outcome, of which the strongest are suggestive associations with control of extraneous variables, rationale for healer selection, and explicit preplanning of primary analyses and a significant association with randomization. In order to explore whether these factors could account for the observed effects, a subsample of methodologically superior studies was identified using the quality criteria described for phase 1. Of the original 57 studies, 27 met these threshold standards, giving a slightly larger weighted effect size,  $r = 0.224$  ( $CI_{95} = 0.194-0.253$ ).

The results of these correlations are somewhat confusing; Although randomisation and overall study quality negatively impact the effect size. Excluding low quality studies results in the effect size increasing; suggesting that lack of methodological rigour cannot be used to explain the positive impact of non-contact healing.

#### 3.7.1.2. Healing Method

Healing method was used as a moderator variable in the human sample meta-analysis to investigate which of the methods were most and least effective. Studies were divided into four groups: Intercessory Prayer, Therapeutic Touch, Reiki & Johrei and idiosyncratic healing. Reiki and Johrei were combined into one group as they appear to be methodologically and epistemologically very similar, as discussed in the literature review chapter. The idiosyncratic group contained studies in which the healing method was not specified and studies that utilised other methods of healing, not represented enough in other studies to substantiate having their own category such as shamanic healing (1 study) or LeShan healing (1 study).

11 studies were included in the intercessory prayer group, the mean quality rating of which was 5.33. Their effect size was almost half that of the overall effect size at  $r = .173$ , with a 95% confidence interval of  $CI_{95} = .141$  to  $.201$ . As with the overall sample, the results of studies in the intercessory prayer group were significantly heterogeneous at  $\chi^2 = 446.47$ ,  $p < .001$ , removal of 5 outliers reduces heterogeneity to non-significance. This removal of outliers increases the effect size to one larger than the overall effect size;  $r = .138$ , with a 95% confidence interval of  $CI_{95} = .041$  to  $.233$ .



19 studies were included in the therapeutic touch group; their mean quality rating was 5.25. The effect size for this group was larger than the overall effect size at  $r = .371$ , with a confidence interval of  $CI_{95} = .308$  to  $.430$ . The sample was significantly heterogeneous,  $\chi^2 = 217.58$ ,  $p < .001$ , removal of 3 outliers reduces  $\chi^2$  to 19.39,  $p > .05$  resulting in a reduced effect size of  $r = .203$ , with a 95% confidence interval of  $CI_{95} = .128$  to  $.276$ .

The Reiki & Johrei group included 7 studies with a mean quality rating of 5.50. As with the Therapeutic touch group, the Reiki and Johrei group had a larger effect size than overall with an  $r$  of  $.320$ , and a 95% confidence interval of  $CI_{95} = .187$  to  $.442$ . The sample was significantly heterogeneous,  $\chi^2 = 33.36$ ,  $p < .001$ , but removal of 1 outlier reduces  $\chi^2$  to 8.85,  $p > .05$ , removal of this outlier resulted in the effect size reducing to  $r = .244$ , with a 95% confidence interval of  $CI_{95} = .077$  to  $.362$ .

The idiosyncratic group contained 20 studies, with a mean quality rating of 5.94. The effect size for this group was  $r = .163$ , with a 95% confidence interval of  $CI_{95} = .105$  to  $.219$ . The sample was again significantly heterogeneous,  $\chi^2 = 57.34$ ,  $p < .001$ , however removing 3 outliers reduced this to non-significance and increased the effect size to  $r = .193$ , with a 95% confidence interval of  $CI_{95} = .115$  to  $.267$ .

These findings suggest that the method of healing does influence the magnitude of the effect found. Reiki and Johrei showed the largest effect size, followed by therapeutic touch, the idiosyncratic healing groups and finally, the IP group showed the lowest effect size. As with the target system findings, the method of healing adopted can impact the magnitude of the effect but does not alter the presence of the effect.

### 3.8 Discussion

All of these findings provide compelling evidence in support of distant distance healing. Both human and non-human populations showed an improvement in health after receiving distant distance healing compared to control groups. There is much evidence within the findings to counter arguments of placebo or expectancy effects being the cause of these improvements; the fact that non-human as well as human populations showed improvement is very strong evidence against placebo/expectancy effects. Plants and cells in-vitro are not sentient and so cannot experience expectation. Whilst animals are sentient they are not aware of their inclusion in research and so also cannot experience expectations regarding the outcomes of research; therefore they are not

subject to placebo or expectancy effects, so the healing effect seen in these populations cannot be explained as such.

Further evidence against the placebo/expectancy effects argument is that blinding of participants in the human populations, despite being suggestive of an effect, did not significantly influence effect size ( $\rho = -.0150, p = .264$ ). Were placebo/expectancy effects the reason for the improvements in the experimental groups one would expect to see a significant negative correlation between participant blinding and effect size as this would indicate that improved blinding (and therefore greater uncertainty regarding group allocation) led to a reduced effect size. This was not the case.

Participant expectancy is not the only type of expectancy effect that can influence research outcomes. Rosenthal (1994) showed that experimenter expectancy can have a moderate, significant influence on research outcomes. However in both the non-human and human populations, blinding of investigators and data analysts were, although suggestive, not significantly correlated with effect size ( $r_s = -0.281, p = .055, r_s = -0.239, p = .106, r_s = -0.078, p = .566, r_s = -0.165, p = .221$  respectively). Were the effects seen the result of experimenter bias one would expect to see a significant negative correlation between experimenter blinding and effect size as weaker blinding methods could conceivably result in researchers or data analysts discovering group allocation. The correlations are not significant therefore the improvements seen are not the result of experimenter expectancy.

Using the method of healing as a moderator variable reveals that, even after removing outliers to increase homogeneity, the Reiki and Johrei and Therapeutic touch groups show the largest effect sizes of the four groups ( $r = .224$  and  $r = .203$  respectively). Of the four groups these two use healing methods that follow set frameworks and that also require practitioners to undergo proper training from a qualified instructor, therefore they are the most consistent of the four groups. Typically, within the intercessory prayer studies, the “treatment” could not be considered consistent for two reasons: Firstly intercessors tended to be from mixed religions or denominations; this would mean that the intercessors were praying differently. Secondly many of the intercessors used non-directed prayer, meaning that one cannot guarantee homogeneity of prayers. The intercessory prayer group did show a significant effect even after removing outliers to improve homogeneity, however it was the smallest effect size of the four groups ( $r = .138$ ). The last group was arguably the least consistent as it contained a mix of

different healing methods including the studies which did not define the type of healing used or utilised idiosyncratic healers. This group also showed a smaller effect size than the two consistent groups even after removing outliers ( $r = .193$ ) providing further evidence for the importance of consistency.

These findings are counter to those of Levin (2011) who stated, that the beliefs and techniques utilised do not matter (p. 19). They are also counter to Walach (2007), when he states that it is not the theories/philosophies themselves but the practitioners belief in them which is most central to efficacy, however one could argue that healers may be more inclined to believe their method effective if they have had to undergo training and certification before practicing.

One may also argue that this increase in effect size is the result of the healer/healee relationship. This theory is supported by Benor (2001), Walach (2007) and Levin (2011), who all propose that the healer is the most important aspect of a healing treatment, and by Long et al. (2000), who proposes that the healer/healee relationship should be one of the aspects of treatment measured when trying to establish if a treatment has been successful or not. TT and Reiki and Johrei are generally proximal therapies so, although they do not involve direct contact, healees do meet and interact with their healers; this relationship may explain the higher effect sizes in these groups. IP, within research, is always conducted at large distances from the participants so no relationship is built between healers and healees, which may account for the fact that this group had the lowest effect size. The idiosyncratic groups contained studies which used a mix of different approaches, both proximal and long distance, meaning that some of the approaches allowed for a relationship between healers and healees to be built and some did not, which may explain why this group shows higher effects sizes than the IP where no relationship is built and the other groups where a relationship is built in the majority of cases. All of which suggests that it is feasible that the healer/healee relationship has an impact on the efficacy of the healing administered.

Within the human population, the aspect of quality that significantly correlated with effect size was the overall quality measure ( $r = -.266, p = .039$ ). The correlation was negative, meaning that as overall quality decreased, so the effect size increased. This would suggest that the improvements in the experimental groups are not solely due to the healing administered but could also be the result of confounding variables. However removing lower quality studies (which are more likely to be susceptible to confounds)

led to an increase in the effect size. This directly contradicts the suggestion that the results seen could be explained as the results of confounds

It is also interesting to note that the healing effect was greater in the non-human populations than in the human populations ( $r = .258$  and  $r = .193$ , respectively). There are possible explanations for this:

This could be the influence of the complexity of systems; the more simple a system, the fewer additional influences there are on the health outcomes. As mentioned in the literature review chapter, health in humans is a multifaceted concept which incorporates psychological and emotional health as well as physical health. The psychological and emotional aspects of health in humans are often mediated by factors such as our relationships with others or our socio-economic status, these aspects of health are not relevant to plants or in vitro cell cultures, given that there is no known social component to their existence and whilst these areas of health are of some relevance to animals, it is assumed that they are less influential upon overall health than in humans. When we investigate efficacy by target system, after removing outliers to ensure homogeneity, we see that healing has the largest impact on in-vitro cell cultures, followed by animal studies, and then plant subjects. This does suggest that, on the whole, targets that are less subject to psychological or emotional influences on health do see a greater effect of distance healing. However plants show less of an effect than humans do, thus suggesting that system complexity cannot account entirely for the variation between the target groups.

System similarity could also be a mediating factor in healing success i.e. the more similar a system is to the healer, the more successful the outcome. In Braud's (2002) research into healing human red blood cells at a distance participants (on a random, double blind basis) healed either their own or someone else's blood. When looking at the impact of the factor across all the participants the results were non-significant. However when controlling for only the successful participants the results approached significance ( $t [7] = 1.73, p = .12$ ). When converted to effect size to eliminate the impact of the small sample size, we see that this effect is very large ( $d = 1.307$ ) in favour of healing one's own blood. Given that these samples were ex-vivo this cannot be attributed to psychosomatic effects. This suggests that system similarity may have an influence on the efficacy of healing, however as animal healing was more successful

that human healing, again this cannot explain all the variation seen across the target systems.

Another possible explanation is that the success of healing may be related to goal orientation. When discussing psychokinesis (PK), Schmidt (in Mitchell [Ed.], 1974) posits “it may be more appropriate to see PK as a goal –oriented principle, one that aims successfully at a final event, no matter how intricate the intermediate steps.” (p.190). His suggestion is that the complexity of the target bears no influence on the success or failure of the PK task, but rather it is the motivation that the participant has to succeed that is the critical factor. If we were to apply this theory to healing, one could argue that the differences seen in the target systems may be a result of the healers motivation to heal them; given that many of the healers recruited in these studies need to have experience, it is clear that they are motivated already to heal humans. The majority of people would be motivated to relieve an animal of suffering, however plants do not feel pain, therefore healers may not be as motivated to heal these subjects as they would people or animals. With regard to in-vitro cells (which showed the largest effect size of all the target types) one could argue that, as many of these cells were human, healers felt the same motivation to heal these targets as they did humans.

As with system complexity, the fact that human samples showed less of an effect than cells of animal samples suggests that healer motivation alone cannot account for the variation between groups.

One could argue that an interaction between system complexity, system similarity, and healer motivation could explain the variation seen in the target groups, however further research into this area would be necessary before drawing any definitive conclusions.

### 3.9 Summary

This meta-analysis of non-contact healing is the most comprehensive and up-to-date since Astin et al (2000), and found similar results; Overall there appears to be a positive treatment effect for the healing conditions. This effect is still present (though somewhat diminished) after controlling for high quality methodology, which suggests that this effect cannot be solely explained as a result of confounds. That effects are also seen in plants, animals, and cells in-vitro likewise suggests that the results cannot be attributed to placebo and expectancy effects. The results of this meta-analysis are promising and

merit further, more rigorous research. Recommendations for how future research is designed are suggested below.

### 3.10 Recommendations for future research

The findings from this meta-analysis are sufficient to justify further research in this area. To be able to fully identify the benefits, limitations and factors that influence the effect which, from the evidence, is present. With that in mind a number of recommendations for future research have been created based on the findings from the meta-analysis and the review of the existing literature:

Future research should ensure homogeneity of approach across healers:

Consistency of healing method should become a central aspect of future healing research. The evidence from this Meta-analysis suggests that increased consistency leads to increased improvement. Consistency is also an important factor of study validity; the less ambiguous the method of healing used, the easier it is to properly replicate the study. Better replicability may help to counter the heterogeneity of results seen in this (and previous) Meta analyses.

Have a clearly circumscribed population with explicit inclusion/exclusion criteria: Given that so many of the reviews and meta-analyses of distance healing (including this one) have found an effect, it is now important for research to establish the full extent of the effect: its limitations, boundaries and influencing factors. To do this, it is recommended that specific conditions and populations be assessed to establish if (and how) the effect varies with different populations.

If participants are randomly allocated to conditions rather than matched for potential confounds then need to assess for differences in demographic data: Studies included in the analysis rarely match for factors such as weight or smoking, these factors have obvious implications for health and as such should be controlled for. Demographic variables can also have an impact on health, whilst many of the studies reported the demographics within each group, it was less common for the impact of these differences to be assessed, meaning the impact of these variables on the distance healing effect is unknown.

Ensure both patients and those interacting with them are blind to condition allocation: Although the evidence from this meta-analysis shows that expectancy effects do not significantly influence the distance healing effect, it is still important to incorporate controls for this effect within research: The mechanism behind healing is still unknown and so expectancy effects must be controlled for so that other explanations can come to light

Sham condition to closely mimic behaviours after direct observation or training but precluding intention to heal (e.g. Arithmetic), and using actors who have no prior healing experience or ability: Whilst the findings from this meta-analysis do not support the hypothesis of distance healing working through placebo, it is still important that research conform to standard medical protocol, to satisfy the requirements of clinical researchers and that, like expectancy effects, placebo effects are adequately controlled for so that other explanations can be suggested.

Have explicit criteria for the appointment of healers and intercessors: As demonstrated within this research consistency of the method used has an impact on the success of the intervention, it is therefore suggested that specific groups of healers are used in studies rather than mixes of healers with different approaches.

Have explicit instruction to healers regarding desired outcomes in terms of factors actually measured in the course of the study: This recommendation is made for two reasons, the first is that if healers are aware of what factors exactly are being measured they may be able to

Describe precautions to prevent normal communication with patients that could affect blindness, Monitor healers to ensure no facility for normal communication and check for perceptible differences between experimental and sham conditions: It is important that blinding is maintained so that findings cannot be explained as placebo or expectancy effects.

Determine if treatment produces an energetic field that could have residual effects if other patients are scheduled soon after: The mechanism by which

healing works is still unknown, some suggest that distance healing works through the transfer of healing energy, which can leave a residual field which if occupied by another, can continue to exert a healing effect (Watkins, Watkins & Wells, 1973). If this is accurate then it can have obvious implications for studies in which experimental and sham/control participants receive interventions in the same areas. It is recommended that future research aim to determine if this is the case.

Need to pre-specify primary outcomes. Where multiple DVs are measured should report appropriate omnibus tests (e.g. MANOVA) before individual variable tests to avoid concerns over ‘cherry picking’: As discussed in the Literature review, accusations have been made that researchers and reviewers ‘cherry pick’ results of research to support their hypotheses (O’Mathúna, 2000). Such accusations can reduce confidence in findings from future research and reviews, to prevent such accusations researchers should define their main outcome measures a priori and, if using multiple measures, report an overall score.

Need to report effect sizes as well as p-values: Unlike p-values, effect sizes are not dependent on sample size and so give a truer picture of the magnitude of an effect, it is therefore recommended that effect sizes are reported alongside p-values.

Some indication that study sizes have been designed to have sufficient power to detect the putative effect: Whilst this is good practice for all types of research, such power qualifications were not often reported within the studies included for review, as sample size can influence statistical significance, adequate power analysis and sample sizes are important.

<sup>2</sup>. Four further studies had to be removed from the whole human analysis after it was discovered that the healing intervention included physical touch. The impact of the removal of these studies was negligible, with the overall effect size only reducing from  $r = .203$  to  $r = .196$ . All of these studies were qi-gong studies that would have been included in the idiosyncratic healing group



## 4 INTERVIEW INTRODUCTION

This chapter aims to provide context to the interviews presented and analysed in chapters five and six by recapping the main issues around distance healing study design identified in the meta-analysis and exploring how they may relate to the design of the study of Pagan healing spells to be conducted in phase three. This chapter will also present and evaluate the existing literature around Pagan practices and the role that healing plays in Paganism to identify any gaps in the literature.

### 4.1 How does one study Pagan healing practices?

After reviewing the current research into distance healing practices in chapters two and three a number of issues with the research were identified; research in this area needs to ensure that a consistent approach to healing techniques is adopted by all healers taking part, researchers need to pre-specify the outcome measures they will be using, those outcome measures need to be relevant to the healing method being used, and research in this area needs to be ecologically valid.

There has been somewhat of a backlash to the scientific investigation of non-contact healing methods, with some complementary and alternative medicine (CAM) practitioners and academics arguing that the favoured method of investigation, the RCT, is not suited to investigating CAM approaches as it is reductionist, cannot fully capture the holistic effect of such interventions, and lacks ecological validity (Richardson, 2000; Mason, Tovey & Long, 2002; Verhoef et al, 2005; Zick & Benn, 2004). Mason, Tovey and Long (2002) emphasise the importance of acknowledging and addressing these

criticisms, explaining that by doing so researchers are better able to ensure that what is assessed in research accurately reflects what occurs in real life CAM practice. They sum up the issue succinctly;

Some evidence from unmodified trials can be rejected as invalid and is therefore ignored [by practitioners]: anecdotes from practice are rejected as meaningless [by academics]. Unless evidence is generated in a way that satisfies all parties, it is unlikely to have an impact on the objective of having evidence based decision making and practice.

(Mason, Tovey and Long, 2002 p832-833)

Many researchers propose that the RCT can be a useful tool in measuring the effectiveness of CAM interventions, just in a modified form (Vickers, 1996; Mason, Tovey & Long, 2002; Carter, 2003; Verhoef et al, 2005). The nature of the modifications required and how to make them will depend on the intervention being investigated. Therefore it is important to become familiar with one's chosen intervention prior to designing the research method.

#### 4.1.1 Consistency and standardisation

Carter (2003) states that one of the major issues when using RCTs to investigate CAM is the issue of standardisation. Standardisation is important in RCTs as standardised practice means that all participants are given the same intervention thus ensuring the reliability and validity of the trials. Carter (2003) explains that "whilst it may be possible to standardise practice within allopathic practice it has been much harder to reduce variability between practitioners in CAM research. Historically, CAM has been noted for its lack of standards in terms of training and practice" (p.137). Despite the fact that many CAM practices are not as uniform as allopathic ones, it is important not to impose artificial standardisation on practitioners in a bid to conform to research norms as this can reduce the ecological validity of a trial. If practices are to be standardised for a trial it is vital that the standardisation strategies are sympathetic to the practice being investigated and do not result in practitioners feeling that the authenticity of their practices have been compromised for the sake of research. A comprehensive knowledge of the intervention being measured is crucial to ensure the compatibility of standardisation procedures and intervention.

This aspect is especially relevant when looking at Pagan spell work given the idiosyncratic nature of Pagan practice. Therefore it becomes imperative when investigating spell work practices to establish what the common (i.e. standard) practices are to ensure that they can inform the research protocol, it is possible to discover from Pagans themselves what these common practices are by conducting interviews with experienced practitioners.

#### 4.1.2 Outcome measures

Another major issue when using RCTs to investigate CAM is that of outcome measures. Carter (2003) explains that whilst allopathic medicine has well established and credible outcome measures, the same cannot be said for CAM as allopathic outcome measures may not be appropriate. Given the holistic nature of CAM allopathic outcome measures may miss out on these more holistic aspects and therefore may not capture the full effect of CAM interventions (Carter, 2003). Long, Mercer and Hughes (2000) make a similar point explaining that “choice of outcome criteria, whose criteria are given priority and how these are measured may make a substantial difference to conclusions as to whether a particular intervention or therapy is effective or not.”. Thus one must establish what sort of effects one can expect to see from the intervention being investigated to be able to identify adequate outcome measures that sufficiently capture that effect. Again, this information can come directly from the Pagan community via interviews with experienced practitioners.

#### 4.1.3 Summary

Concerns about the validity of applying the RCT design to CAM research can be assuaged by tailoring areas of the RCT design to the healing practice being investigated. The areas of design that most often need modification are standardisation and ecological validity and the choice of outcome measures. The best way to ensure that these areas of the design fit well with the healing intervention is to consult with practitioners and to develop an understanding of the intricacies of their chosen intervention. It was the aim of this phase of the research to develop this deep understanding of Pagan healing spells to establish how to design an RCT that takes into consideration the characteristics of this practice.

## 4.2 Current research into Pagan practices

Paganism is a belief system that has been subject to some ethnographic, anthropological, and sociological investigation. It is also the subject of a great many introductory books, so what information about Pagan practices can be taken from this existing literature and applied to the RCT design?

### 4.2.1 The role and creation of Pagan ritual

A fundamental way to deepen one's understanding of a practice is to establish what its purpose is; Spell work is a form of ritual and Pagan rituals can serve a number of purposes, they are "performed to celebrate the seasons, honour the deities, attune with nature, attain self-realisation, induct participants into the mysteries, and for magical and healing purposes." (Hume, 1998). The design and performance of Pagan ritual is a creative enterprise where practitioners express their aims through symbolism (Butler, 2004; Hume, 1998; Roundtree, 2006).

The structure of Pagan rituals follows Van Gennep's tripartite model of ritual (Butler, 2004; Magliocco, 1996); Separation from daily life, followed by the testing phase, and finally the re-integration into society. The separation from daily life occurs during the casting of the magic circle, the sacred space that Pagans create in which to conduct their rituals. Unlike other religions Paganism has no dedicated places of worship that adherents attend; instead they create their sacred spaces each time they wish to practice. This process is called "casting the circle" and involves delineating the boundary of the circle both physically through the use of magical tools and then sanctifying the space by inviting in various entities such as the spirits of the elements associated with the cardinal points of the compass and the God and Goddess (Magliocco, 1996). Already suggesting elements of common practice across Paganism that can be incorporated into an RCT design.

The testing phase is the ritual that occurs within the sacred circle, as each ritual differs according to its purpose it is difficult here to outline exactly what ritual involves, generally speaking Pagan ritual involves "raising" (i.e. creating) energy, imbuing it with a purpose and directing that energy towards a suitable target (*reference*). As Magliocco (1996) explains this process "is hard work that requires each participant's undivided attention and tests the strength of the circle" (p 102). Finally the reintegration into society occurs when the ritual comes to an end, at which point practitioners will

“ground” the energy that they have raised during ritual (much like earthing electricity) and then close (i.e. dismantle) the sacred circle, indicating the end of the ritual and a return to the mundane world (Butler, 2004; Magliocco, 1996).

Magliocco (1996) considers Pagan ritual to be a form of folk art, more specifically she likens it to theatre (p.99) as do others (Butler, 2004; Hume, 1998) by virtue of the performative nature of ritual, the use of props i.e. ritual tools such as wands, candles and so forth, costume in the form of ritual dress, and staging in the form of the creation of the magic circle. Butler (2004) explains that “the ‘audience’ for neo-pagan performance included the earthly participants of the ritual itself and also, perhaps, the unseen entities believed to be present during the performance.” (p 110). Like traditional theatre the use of costume, sets and props is designed to spark the imagination of the audience (and so in this case the performers too), to fully immerse them in the world created on (or in) the stage. However unlike theatre, Pagan ritual performance is deeply infused with symbolism and meaning (Magliocco, 1996; Hume, 1998; Rountree, 2006; Butler, 2004).

#### 4.2.1.1 Spiritual bricolage

The way that practitioners choose to express meaning, the symbols and materials they use and the meanings that they attribute to them is an intensely personal exercise.

Rather than using a prescribed set of symbols Pagan practitioners instead choose their own from a variety of different sources (Butler, 2004; Magliocco, 1996; Roberts, 2009) as Butler (2004) explains

“Neo-Pagan ritual practice features bricolage and a merging of different trends and styles, different mythological systems and the incorporation of various cultural items in new contexts. A range of ritual paraphernalia may be used in ritual, some borrowed from various other cultural traditions associated with different parts of the world. Various kinds of cultural symbols and objects can be used in one specific ritual in an eclectic way.” (p 124).

The bricolage aspect of Paganism has been attributed to it being a “child of our time” as today’s multicultural, information rich, secular society makes syncretism (amalgamating components from different religious sources) and cultural borrowing/appropriation possible in ways that it hasn’t been before (York, 2001).

Roberts (2009) explored syncretism in the modern Pagan movement. She found that syncretism was ubiquitous in modern paganism and that it is often viewed as a conscious act of personal agency. Roberts (2009) found that even when practitioners are members of covens or circles this individuality still remains and that, once established, these personal creeds do not remain static but change and develop over time. Roberts (2009) like Magliocco (1996) reported practitioners taking elements and inspiration not only from religious sources but non-religious ones also such as politics, folklore and history. This process of developing one's own personal doctrine and adopting multiple practices that have individual meaning results in the entire system becoming more meaningful than its constituent parts (p.126).

Adler (1986) considered syncretism to be ubiquitous in Paganism because it is an aspect of what she labeled "the primary craft tradition" (p.86) — creativity. Adler (1986) explains that Gerald Gardner himself took a syncretic approach to developing Wicca, and that those who do likewise are simply following his example (p.93). Orion (1995) and Hutton (1999) made these same conclusions, again suggesting a level of consistency across practitioners.

This issue of cultural borrowing is a contentious one within Paganism. The syncretic approach to spirituality that many Pagans take has led to accusations of cultural appropriation and colonialism (Magliocco, 2004), especially given the predominantly Middle class, White-European ethnicity of most Pagans (Berger, Leach & Shaffer, 2003). Scholars investigating American Pagan populations often illustrate this with discussions of the tensions felt between Pagan groups and Native American groups (Magliocco, 2004 ; Pike, 2001) who feel that their spiritual culture is being commodified, objectified and devalued as a result of cultural appropriation by "individuals and groups involved in 'the New Age Movement,' in 'the men's movement,' in 'neo-paganism' cults and in 'shamanism' workshops" (Stampede Mesteth, Standing Elk & Swift Hawk, 1993). As this quote demonstrates it is not just Neo-Pagans who are accused of cultural appropriation, other alternative spiritualities also face these same criticisms, is there any truth to these allegations? York (2001) states that the concept of personal agency that is common to most alternative spiritualities, including Paganism, not only "denies that one can be told what to believe [but] also denies that one can be told, as least spiritually, what not to take." (p. 366). York (2001) explains that this effect is compounded by the capitalist

aspect of the New Age specifically, that frequently commodifies and often decontextualises spiritual tools and rituals, reducing their spiritual value by turning them into consumer products. In her anthropological investigation of American Pagans, Pike (2001) explores the issue of cultural appropriation in detail. Pike (2001) explains that the practices of minority cultures such as Native Americans and Vodou are frequently adopted by Pagans in a bid to distance themselves from the culture that they have rejected — that of European-American Christianity. Whilst they may strive for authenticity in these adopted practices, Pike explains that many Pagans are eager to claim these traditions as their own but at the same time want to remain autonomous from them. They want to be able to experiment with Native American practices and incorporate Native ritual objects on their home altars without compromising their own ethic or politics. (p. 147). Meaning that many of those who adopt foreign practices do so without adopting the corresponding culture, thus decontextualising and therefore appropriating those practices. Pike (2001) explains that the motivation behind this cultural borrowing is that many American “middle-class, white people [are] starved for cultural authenticity.” (p. 125) and so go seeking it elsewhere. This is likely a key distinction between American Pagan populations and Pagan populations in other parts of the world.

York (2001) describes spiritual capitalism as belonging to the New Age movement, rather than the Neo-Pagan movement. In fact York (2001) believes that although the two often overlap, they are distinct entities and states that Neo-Pagans do not appropriate in the same way as those in the New Age movement. York (2001) claims that, unlike the New Age movement, Neo-Pagans do not appropriate from living cultures but from past cultures, and that the “sacred truths” and practices that they adopt are no longer claimed or owned. That is not necessarily true, Pike (2001) found that many American Pagans appropriate from Native American cultures and Vodou, however Pike did also explain that many Pagans themselves differentiate between the way that they borrow from other cultures and the way that those in the New Age Movement do so, claiming that those in the New Age were less authentic in their borrowing. Roberts (2009) also found that Neo-Pagans do in fact borrow from or are inspired by a variety of sources including living cultures; however she states this is done with great respect and cultural sensitivity due to an awareness of the issue of appropriation (p. 74).

Respect appears to be an important factor when discussing the issue of cultural borrowing/appropriation, Welch (2002) discusses the issue of cultural appropriation of Native American and Australian Aboriginal spiritual and cultural practices by members of the New Age movement and what she terms 'New-Age Pagans'. Welch (2002) highlights that the impact of adopting cultural practices without real knowledge or understanding leads to these practices being decontextualised and reframed in a Western context. It is this decontextualisation and reframing that results in this practice being viewed as cultural appropriation and colonialisation (p.25), and that it is the element of respect that is often missing from the New Age understandings of appropriation (p.30). However it is also important to note that, similar to York (2001), Welch (2002) makes a distinction between Neo-Paganism and the New Age, she states that she uses the term 'New Age Pagan' to differentiate between Neo-Pagans and "Pagans of a new age persuasion" (p.36). Likewise Magliocco (1996) explains that using practices without an understanding of their cultural context is not only considered to be cultural theft but also prevents deep understanding of the constructs being utilised and that many of the Pagans in her population were concerned about disrespecting the cultures of others in their practices.

The research suggests that there are distinctions to be made between the ways that members of the New Age movement and Pagans borrow from other cultures, mainly due to the respect with which the majority of Pagans treat the cultures of others. Why do Pagans seem to differ in this respect from those in the New Age movement? One answer may lie in the concept of an "authentic" Pagan. Coco and Woodward (2007) investigated the concept of "Fluffy Bunny" or inauthentic Paganism within an Australian Pagan population. People were accused of being a fluffy bunny if they were viewed as not acknowledging the more serious aspects of Paganism such as moral responsibility and accepting and acknowledging the darker aspects of nature and human nature. This was especially the case if this was combined with making a profit from craft activities, such as spell kits or courses in Paganism, that were seen to promote misrepresentations of the craft as "warm and fuzzy" (p.480). This view has parallels to Welch's (2002) discussion of respect and decontextualisation of cultural practices, in Coco and Woodward's (2007) sample, Pagans felt that the commodification of their practices lead to them being taken out of context, devalued, and open to ridicule (p.480). It was understood by some that the commodification of Pagan culture in this way could



act as a way of attracting people to the craft who may not have had access any other way, however for commodification to work in such a way there also needed to be an element of contextualising information such as the moral ideas in Paganism. It seems likely that these same concerns for cultural context extend to the cultures of others.

Whilst it would appear from the majority of the research that Pagans are more respectful of the practices of others and so less likely to commit cultural appropriation it is still an ongoing source of debate in the Pagan community with articles (Lupa, 2006; Halstead, 2012; Blanton, 2014; Aradia, 2015; Folmer, 2015)<sup>2</sup> and entire blogs (<http://thisshitaintpagan.tumblr.com/>)<sup>2</sup> dedicated to exposing and discussing cultural appropriation in Paganism. Thus suggesting that cultural appropriation does occur within Paganism.

Pagan ritual is clearly an artistic endeavor, infused with personal symbolism and meaning that is collected from a number of different sources and sometimes cultures to form an individual bricolage. One could be forgiven for thinking that this means Pagan spell work is not suited to empirical study given that individual practices vary from practitioner to practitioner. However the act of bricolage; of choosing symbolism that resonates with the individual or with the purpose of their ritual, is itself a common feature of Paganism that should be considered when designing research.

#### 4.2.2. Pagan healing

What of Pagan healing practices specifically? Are there any features of Pagan healing beliefs and practices that need to be taken into consideration when designing a randomised controlled trial?

In her ethnographic investigation of American Pagans, Orion (1995) gives particular focus to healing practices, “almost every Neopagan thinks of him- or herself as a healer.” (p.182) she states, with ninety seven percent of respondents to a questionnaire distributed by Orion indicating that they practice some type of healing either for themselves or others.

Orion found that the Pagans she encountered accepted the value of conventional allopathic medicine, and they saw it as part of a holistic view of health that incorporates social, psychological and spiritual factors alongside physical ones. Likewise, Adler

(1986) and Greenwood, Harvey, Simes and Nye (1995) report that holism is an integral part of Pagan beliefs.

After surveying Pagans about their views of illness and their use of allopathic and alternative treatments Orion (1995) concluded

because respondents said they would consult both types of healers for so many conditions, we may conclude that for the most part, nonprofessional techniques and those offered by mainstream medicine are regarded as supplements, rather than substitutes, for one another. (p.168)

This holistic view is not limited to the treatment of ailments but also the causes of them. Orion (1995) found that sixty nine percent of respondents to her survey felt that the state of mind, body, and spirit were all equally determinative of health (p.170) and that disruption to one is believed to influence the others.

Orion (1995) demonstrates how this holistic view of health is manifest when she discusses her experiences of the first aid area of a Pagan gathering that she attended; the area was called the “Healer’s Hut” (p.179). After having injured her thumb collecting wood Orion visits the hut and is attended by a woman named Lyra, a high priestess and nurse practitioner. That Lyra is an allopathic medicine practitioner as well as a high priestess gives an immediate clue that acceptance of allopathic medicine and Pagan beliefs are not mutually exclusive. Lyra diagnoses that the thumb is broken by assessing how well energy travels through the thumb (blockages signify damage, it is explained), the treatment that Orion receives is a combination of allopathic and energetic care—the wound is treated, and the thumb splinted and iced, and then Orion is advised to lie down and allow her “energies [to] settle” (p.180). Orion (1995) compares the treatment she received at the Healer’s hut with the treatment that she received from the hospital after returning from the gathering. She states that she received the same diagnosis, prognosis and treatment from the doctors as she had from Lyra. However Orion describes her treatment at the hospital as an “impersonal and disinterested” “ordeal” (p.181) that resulted in her feeling as if her energies were unsettled. This is in clear contrast to her experience at the healers hut. Orion (1995) frames Pagan healers as opposite to allopathic doctors; juxtaposing the positions of authority and social status held by doctor and witch, their respective motivations, and the passive vs active role of the patient in each interaction. The result is that the allopathic approach is presented as cold and clinical (though effective) due to its focus on the physical body only. By contrast

the Pagan approach is presented as unpretentious and nurturing as a result of the holistic view of health and wellness.

Others in the hut received treatment for sore gums, menstrual cramps or were recuperating from the unpleasant effects of “energy shifting” (p.179) during workings that can “fry the brain” (p.179). The description given of those recuperating gives an indication of the effects of being fried; “some were weeping, some released anxiety in high pitched chatter, others sipped a soothing herbal tea, or rested in dazed silence.” (p.180). Through these descriptions Orion (1995) shows that the concept of energy is seen to be an important factor in the holistic Pagan world view; energies can be disrupted as a result of physical injury but likewise the disruption of one’s energy can have tangible effects on one’s physical well-being and state of mind.

This holistic view of health and well-being has an obvious impact on an empirical study of healing as it influences not only what is seen as ill health but also what is seen as a successful outcome.

#### 4.3 Issues with the current literature

The extant literature can provide some indications of how standard RCT design needs to be adapted to Pagan practices. However there are issues with the extant literature that mean it is necessary to also conduct interviews with practicing Pagans to inform comprehensive trial design.

There is a wealth of Pagan introductory literature; simply typing “Paganism” into Amazon.co.uk yields over five thousand results<sup>3</sup> and popular New Age/Metaphysical publishing houses such as Llewellyn hold thousands of titles on Paganism and its practice. However, not all of the available publications are considered credible by those who practice Paganism, especially those produced by large publishing houses such as Llewellyn (Danceroofflames et al, 2007; Pitzl-Waters, 2008; MFTRW, 2008 [accessed 10th November 2015] Online materials are even more numerous (typing “paganism blog” into Google returns almost one and a half million results [Searches conducted 9th April 2015] ) and dubious. Even if one were able to review the majority of the ‘credible’ materials, the individualistic tailoring of practice espoused in Paganism means that researchers cannot guarantee which of the practices identified in the introductory materials are commonly adopted by Pagans. The only way that this can be achieved is to ask Pagans directly how they practice.

What then of the academic literature that explores Paganism and its practices? Whilst there are a number of academically sound investigations into Paganism some are over twenty years old (Luhmann, 1989; Orion, 1995) and given the promethean nature of Paganism an up to date investigation is required before one can design a trial that is truly representative of its practices. It is also important to consider that Luhmann's thesis has been criticised by both lay-Pagans and "academic researchers who also claim an insider status as confessed Pagans" for both her methods and the concept of interpretive drift (Mayer & Gründer, 2010).

Others focus more on the history of the modern Pagan movement (Hutton, 1999) meaning there is little focus on the practicalities of everyday practice, limiting the scope of its usefulness when designing a trial. Like Luhmann (1989), Hutton's work too has been the subject of some criticism from the Pagan community (Farrell-Roberts, n.d; Hoff Kraemer, 2011), most notably Alexandrian High-Priest and Co-Mason Ben Whitmore published his own response titled "*Trials of the Moon: Reopening the Case for Historical Witchcraft: A Critique of Ronald Hutton's The Triumph of the Moon*" (2010). Though Whitmore's critique has likewise been criticised for its lack of academic tone and rigour (Aloi, 2010; Doyle-White, 2011; Hoff Kraemer, 2011).

Finally other works focus on American Pagan practices rather than British ones (Orion, 1995; Magliocco, 2004.) Neo-Paganism was successfully exported to America in the 60's and 70's however it's evolution in America did not match the evolution seen in Britain (Hutton, 1999). American Neo-Paganism developed in response to the differing "histories and preoccupations" (Rountree, 2013) of the American population. For example Reclaiming and Dianic witchcraft have much larger followings in the USA than they do in the UK (Hutton, 1999). These are both forms of feminist witchcraft which have greater emphasis on female divinity and are more political than British traditions which impacts their practice. Whilst American Neo-Pagan practices have since had an influence on British practices (Hutton, 1999) it would be unwise to design a trial using British Pagans based on American practices.

The extant literature alone is not adequate to design an RCT around; many Pagans question the credibility of some prolific authors or publishing houses of introductory texts. When combined with the fact that Pagans are encouraged to tailor their practices to their own specifications rather than adhering to introductory texts, it becomes clear that the introductory texts alone may not be reliable enough to design an RCT from. The

academic literature investigating Pagan practices likewise suffers from drawbacks; in some cases it too has been subject to criticisms from the Pagan community, much of the literature is out dated and the more recent studies have been conducted in America compromising its applicability to British Pagan practice.

Therefore it becomes necessary to conduct interviews with practicing British Pagans to ensure that their practices are represented in the RCT design.

#### 4.4. Summary

The meta-analysis and review of healing interventions in chapters two and three revealed that RCTs of healing interventions need to be tailored to the intervention being measured to ensure the reliability and validity of the research. To do this effectively one must have an intimate understanding of the intervention to be measured.

Whilst the extant literature in this field can provide some indication of which aspects of trial design need to be modified, there are some issues with the current literature that make it necessary to conduct interviews with practising Pagans to ensure that the RCT design is as valid and reliable as possible.

# 5 INTERVIEW METHODOLOGY

## 5.1. Introduction

This chapter will describe a study intended to inform the design of a randomised controlled trial (RCT) investigating Pagan healing spells through the use of semi-structured interviews with practicing Pagans.

The results from phase one of this thesis show that there is a *prima facie* case for conducting further research with healers given that an overall significant effect of non-contact healing interventions was found even in studies that are less susceptible to placebo or expectancy effects (Roe, Sonnex & Roxburgh, 2015). However it has also been demonstrated that there are still concerns around using the RCT method, with researchers suggesting that trial designs need to be adapted to accurately reflect everyday practice and effectively capture the effects (Vickers, 1996; Mason, Tovey & Long, 2002; Carter, 2003; Verhoef et al, 2005). To that end interviews with Pagans about their practices were conducted, thus allowing the real-world practices of Pagans to be taken into account in the design of the RCT.

## 5.2 Rationale

### 5.2 .1 Mixed methods Research

The use of qualitative interviews to inform the design of a quantitative study is a form of *mixed methods research*. Qualitative and quantitative research methods are often seen as opposing paradigms with contrasting epistemologies, ontologies, and even forms of data (Greene, Caracelli & Graham, 1989; Johnson & Ongwuegbuzie, 2004; Brannen,

2005; Green & Preston, 2005). Whilst some researchers believe that these differences make the two approaches incompatible there are many who feel that the two paradigms share enough commonalities to facilitate convergence (Johnson & Ongwuegbuzie, 2004; Brannen, 2005; Green & Preston, 2005) and actively combine the two. Johnson and Ongwuegbuzie (2004) state “The goal of mixed methods research is not to replace either of these approaches but rather to draw from the strengths and minimize the weaknesses of both in single research studies and across studies.” (p15), given that the two paradigms do contrast in many ways it is often the case that the strengths of one approach can compensate for the weaknesses of the other effectively enhancing the quality and depth of research.

Greene, Caracelli and Graham (1989) reviewed fifty seven mixed-methods evaluations and found that mixed methods approaches are utilised for five main purposes;

*Triangulation* seeks convergence, corroboration, correspondence of results from the different methods.

*Complementarity* seeks elaboration, enhancement, illustration, clarification of the results from one method with the results for the other method

*Development* seeks to use the results from one method to help develop or inform the other method, where development is broadly construed to include sampling and implementation, as well as measurement decisions

*Initiation* seeks the discovery of paradox and contradiction, new perspectives of frameworks, the recasting of questions or results from one method with the questions or results from the other method

*Expansion* seeks to extend the breadth and range of inquiry by using different methods for different inquiry components

The purpose of adopting a mixed methods approach in this thesis is that of development; given that CAM researchers suggest that the RCT design needs to be adapted to effectively investigate CAM interventions (Vickers, 1996; Mason, Tovey & Long, 2002; Carter, 2003; Verhoef et al, 2005), and considering the idiosyncratic nature of Pagan practices, adopting a mixed methods approach to allow the RCT design to be tailored to the specifics of Pagan spell casting is best practice. Roxburgh and Roe (2013) discuss the benefits of adopting mixed methods in parapsychological research

(especially for the purposes of development) in their exploration of Spiritualist mental mediums. They explain that the dominance of the quantitative approach in parapsychology is being challenged by an increased interest in adopting qualitative methods, and that “qualitative methods help us to understand the anthropological, cultural, psychological and sociological aspects of complex phenomena such as mediumship.” (p.226). As discussed in chapters two and four, there is a lack of anthropological, cultural, psychological, and sociological understanding of the practices being investigated in many of the CAM RCTs and it is precisely this lack of understanding that hinders effective experimental design. Therefore I propose to conduct semi-structured interviews in an attempt to address these issues.

### 5.2.2 Semi-Structured Interviews

Semi-structured interviews were selected as the appropriate method for this phase of the research as they provide rich data and allow the interviewees the opportunity to challenge the researcher’s assumptions and even provide original insights that the researcher may not have previously considered (Mathers, Fox & Hunn, 2002; Willig, 2001). Structured interviews or surveys which limit participants’ responses were considered inappropriate as they do not provide the interviewees with the same amount of freedom and thus limit the possibility of previously unconsidered information coming to light (Mathers, Fox & Hunn, 2002; Willig, 2001). Open or unstructured interviews which have little to no interview schedule were also considered an inappropriate method as they would provide too much freedom (Mathers, Fox & Hunn, 2002); as the focus of the interviews was to inform the design of the RCT it was important that the interviews focused on the spell casting process, open interviews have very little structure and there is a risk that the interviews could go widely off topic possibly impacting the relevance of the data.

## 5.3 Method

### 5.3.1 Participants

A purposive sampling method was adopted with the recruitment criteria for participants being that they were resident in the UK or Ireland, and that they were experienced spell casters especially with regard to healing spells. Participants were limited to UK and Irish populations as Pagan practices are very much influenced by the history and folk



traditions of one's culture (Hutton, 1999; Rountree, 2013). Given that the RCT was conducted in the UK ensuring that interview participants were from this population ensured the validity of the interview data. This was especially important given that the interview data informed the design of the RCT. Experienced spell casters (i.e. those who had been practicing for five years or more) were selected to ensure the reliability of the interview data.

Participants were recruited through adverts (see figure 5-1) placed on the "Northampton Pagans" web forum (of which I am already a member) and Facebook page, "The Pagan Coalition" Facebook Page, "The Pagan Federation (England and Wales)" Facebook page, the "Beltane Fire Society" Facebook page and Twitter account, and the "Institute for Theaology and Deaosophy" Facebook page and twitter account with the permission of the page administrators. Posting adverts on the social media accounts of these groups results in the advert appearing directly in the "newsfeeds" of everyone who has "liked" or is a member of the page or is a "Follower" as well as being visible to anyone who visits the pages without "liking", being a member or "following" them. These groups and pages were specifically selected for recruitment as they are all Pagan interest pages/accounts and so would provide a platform to advertise directly to the target sample. The reach of these pages and accounts at the time of recruitment is shown in table 5.1. Participants were also recruited through my own personal Facebook page and twitter account, and through contacts of other researchers.

Eight participants were selected for interview based on their length of time practicing, experience with casting healing spells, location (i.e. in the UK and Ireland) and availability for interview. Eight was considered a suitable number of participants as Guest, Bunce and Johnson (2006) found that data saturation (i.e. the point where collecting further data will not provide new information related to the research question.) occurred between six and twelve interviews in their thematic analysis. Likewise Braun and Clarke (2013) cited a similar number for a small-scale study. Data saturation did occur in this study, as there were no new codes/themes discovered in the later interviews, suggesting that eight was an adequate sample size.

**Table 5-1 Reach of social media sites**

Page Name	Page Type	Reach
Northampton Pagans	Web Forum	65
Northampton Pagans	Facebook Page	150
The Pagan Coalition	Facebook Page	2,885
The Pagan Federation [England and Wales]	Facebook Page	729
The Beltane Fire society	Facebook Page	2,193
The Beltane Fire Society	Twitter Account	237
The Institute for Thealogy and Deosophy	Facebook Page	unknown
The Institute for Thealogy and Deosophy	Twitter Account	78

Participants' demographic information is presented in table 5.2 Participants were given the opportunity to select their own pseudonyms; this allowed the practitioners a degree of control over the way they were presented in the data without revealing their true identity.

The sample appears to be representative of Pagans overall with more female participants and the majority of the participants being middle-aged (Berger, Leach & Shaffer, 2003; Jorgensen & Russell, 1999; Lewis & Tollefsen, 2013).

Table 5-2 Participant information

Pseudonym	Age	Sex	Tradition	Experience (years)	Recruited from	interview method
Greenwitch	60	F	Wiccan	40	Personal contact	Face to face
Yarrowwitch	60s	F	Eclectic/ Wiccan	40+	Online group	Phone
Athena	48	F	Personal	20	Personal contact	Skype <sup>a</sup>
AleqGrai	late 40s	M	Wiccan	undisclosed	Pagan Federation facebook page	Skype
Stormoak	early 30s	F	Druid	15+	Online Group	Phone
Rhiannon	50	f	Druid	20	Personal contact	Skype
Donkey	62	M	Wiccan	40	Personal contact	Phone
Shayla	33	F	Ditchwitch	15	Personal contact	Face to face

<sup>a</sup> indicates an audio only Skype call due to loss of video capabilities

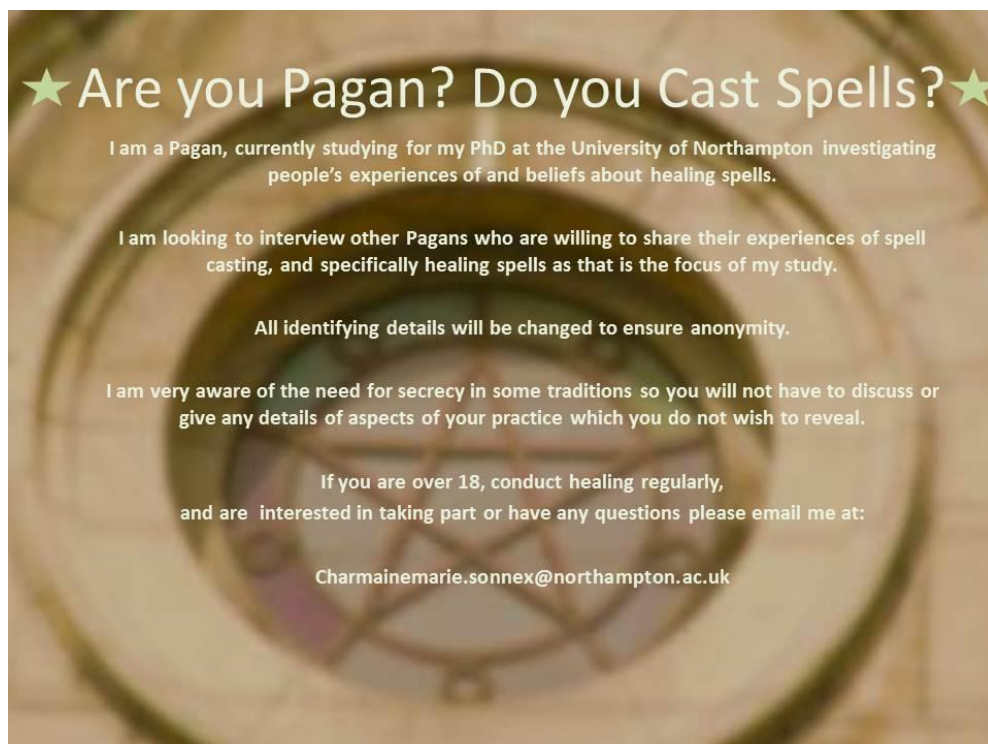
### 5.3.2. Materials and procedure

#### 5.3.2.1. Advert

The advert informs potential candidates immediately that the researcher herself is Pagan. This was important as it reassured potential candidates that they would not be misrepresented or their practices sensationalised, which can be a concern for Pagans. The advert informed participants that the interviews would be anonymised, as there is still some stigma attached to being Pagan so the potential for discovery may have been unacceptable for some people. It was also indicated in the advert that any observances of secrecy around certain practices would be respected.

The intention of this was to again establish the researcher's familiarity with Paganism and to reassure potential candidate that the interviews would not be intrusive.

**Figure 5-1: Recruitment advert**



#### 5.3.2.2. Ethical considerations

This study was approved by the University of Northampton Research Ethics Committee.

Potential interviewees who responded to the advert were sent an information and consent form (See appendix 6) to give them a better understanding of the aims of the research and what participation would involve. The information and consent form also

made potential participants aware of who was undertaking the research, the funding body, the likely duration of participation, the possible consequences of the research and how the results were to be disseminated.

The information and consent form also addressed the BPS ethical concerns for research; Potential participants were advised of their right to withdraw up to one month from the date of their interview. They were also advised that they had the right to refuse to answer any questions on the grounds of personal preference or that to answer the question would be in breach of the values of their tradition. The consent form asked for specific consent for their anonymised quotes to be used in conference proceedings and peer reviewed journal articles as well as possibly being included in university or community talks/lectures, newspapers, magazines, or online. The consent form also asked for specific consent for their interview to be recorded. To guarantee anonymity each participant's data was anonymised through the use of a pseudonym. To ensure confidentiality data was stored on a password protected computer or in a locked filing cabinet. For the safety of both the researcher and the participants, the location of any face to face interviews that occurred was discussed in collaboration with supervisors and participants. The BPS ethical code standard 3.4 (i) states that "psychologists should debrief research participants at the conclusion of their participation, in order to inform them of the outcomes and nature of the research, to identify any unforeseen harm, discomfort or misconceptions, and in order to arrange for assistance as needed". To that end, participants were sent a copy of the transcript of their interview; a summary of the themes identified, and asked to give feedback on its accuracy.

Those who consented to take part in the interviews were sent a copy of the interview schedule whilst the interviews were arranged.

#### 5.3.2.3. Interview Schedule

The interviews were conducted using the semi-structured interview design. This design allowed the freedom to follow up on interesting or important leads that were not anticipated when designing the interview schedule, whilst still retaining enough structure to keep the interviews focused. The interview schedule is shown in table 5.3

**Table 5-3 Interview schedule**

Question	Prompts
1 How did you come to be Pagan?	
2 Can you tell me if there have been any changes in the way that you, personally, practice?	
3 For you, what is the most important part of being Pagan?	what about/ how important is spell casting: what about/how important is healing
4 What for you are the roots of Neo-Paganism and what do you believe are the influence of these roots on your practice?	
5 Can you talk me through the process of casting a spell?	could you take me through step by step: what are the most important components: how do the effects show: how long does it take for the effects to be noticed
6 Can you give me examples of when you would use a spell?	
7 Could you tell me if there are any risks to either the caster or castee?	
8 Can you tell me a bit about the relationship between caster and castee?	is there anything a castee needs to do: can the castee hinder the process in any way: is the relationship important
9 How would you define the success of a spell?	
10 How do you understand spells to work?	
11 What is your understanding of the causes of illness?	
12 What advice would you give to someone looking to research spells?	how do you feel about spell casting being tested scientifically? What sort of things should be measured to show the effects?
13 Is there anything you think we haven't covered or that you would like to add?	

Questions one and two were designed as ‘warm-up’ questions; they provided a sensible starting point for the discussion by providing the participants’ background and history within Paganism as well as familiarising the participants with the interview situation allowing them to become more comfortable talking.

Questions three and four were designed to examine if (as has been suggested by other authors) healing does play a major role in neo-Pagans’ conception of their religion, and if modern day Pagans feel some affinity towards the cunning folk tradition; which would in-turn suggest an emphasis on healing within their practice.

Questions five to nine were designed to directly inform the design of the RCT in phase three. Question five sought to establish exactly how practitioners design and cast spells so that the common features could be identified and incorporated into the design of the trial, ensuring that the intervention tested in the RCT is as reflective of real life practice as possible. Questions six and eight were focused on ecological validity, looking at the types of problems that spells are used for and the relationship between caster and castee to ensure that a valid sample of trial participants is used and that the interactions between the participants and the practitioner are reflective of real life situations. Within the investigation into the issues surrounding distance healing research, it was discovered that the possible risks of distance healing practices is an area that is little acknowledged in the existing distance healing research (Dossey, 1994; Hobbins, 2005; Paul, 2008) despite evidence to suggest that negative effects are possible (Benor, 1986, cited in Dossey, 1994; Krieger, 1979, 1993, cited in O’Mathúna et al., 2002). Question seven aimed to broach this issue by establishing if such effects are believed to exist within spell work, and so to allow them to be controlled for in the design of the trial. The review of previous distance healing research revealed that a number of healing practitioners and researchers felt that the majority of the previous studies suffered from the use of inadequate outcome measures. Long et al. (2000) highlighted the need to establish how healers themselves define a successful healing in order to inform the selection of an adequate and relevant outcome measure. To this end, question nine asked Pagans how they define a successful healing.

Questions ten and eleven aimed to provide a deeper understanding of the Pagan cosmology. It is hoped that the RCT will spark further empirical research into Pagan

healing spells, if this is the case it is likely that future research will be conducted by those who are not Pagan and it is necessary to provide them with relevant information. Basic explanations of the cosmology of other non-contact healing interventions such as Reiki, Johrei, and, Therapeutic Touch are common in the research literature so the same is necessary in this literature.

The aim of question twelve is twofold. Firstly it sought to discover if there are any elements of testing spell craft that have not been considered previously that may need to be taken into account during the planning of phase 3. This question also sought to discover how practitioners feel about spell work being tested scientifically. This is important as Pagan spell craft is not an area in which any empirical trials have been published and so it is important to be able to gauge the likely response from Pagans towards such research and to try to establish ways of reducing any negative impact, as an adverse response from a large number of Pagans could hinder future research possibilities.

It is also likely that some practitioners, whilst not feeling any animosity towards the idea of an empirical study of spellcraft, may simply feel that it is not conducive to scientific scrutiny, such as one Pagan interviewed by a local paper in Northamptonshire; “The spells I do are for important things like health issues or trying to help friends... You can’t study results like in science, and a lot of things aren’t repeatable.” (Le Marie, 2012). This is a view that has also been seen amid practitioners of other healing methods (Targ, 2002). Others may be averse to the idea of spellcraft being tested as it would involve revealing aspects of practice that, according to some traditions must remain secret; Orion (1995) mentions that during her initiation into an American coven based on Gardnerian principles she had to make a vow of secrecy, part of which prohibited her from quoting from spell books etc. in her research.

Finally question thirteen acted as a “wind down” question, allowing the interviewees to bring up any points they felt had not been covered that were important to the topic whilst also bringing the interview to a close.

### 5.3.3. Data Collection

As participants were located across the country, not all could be conducted face to face and so a number of different approaches were adopted: Two of the interviews were conducted face to face, three were conducted via “Skype” (online video calling



software) and three were conducted by telephone, which interviews used which method is shown in table 5.3. Participants were given the option of how they would like the interview to be conducted, doing so offers participants "...a degree of control over the research process, encouraging a more equal relationship between the researcher and the researched..." (Hanna, 2012 p.239). Participants were also given the opportunity to select their own pseudonym, further fostering a sense of collaboration between the participants and the researcher. All of the interviews were audio recorded and transcribed, with interviewees sent a copy of the transcription to ensure there were no mistakes in the transcription process. Interviews were transcribed by the researcher verbatim with uhms, ahs, false starts and stutters included. Short pauses were indicated with ellipses but were not timed, longer pauses were timed.

For many, face to face interviews are considered the "Gold Standard" when conducting qualitative interviews with telephone interviews regarded as a poor substitute (Novick, 2008) and Skype rarely even considered. In her review of the literature comparing telephone and face to face interviews, Novick (2008) found that concerns around telephone interviews are centred on the lack of visual cues which can result in loss of non-verbal data (such as body language) loss of contextual data (such as demographic signifiers) and loss or distortion of verbal data (such as a reduced rapport or lack of in depth discussion). However, Novick (2008) found no evidence to validate these concerns and stated that "In fact, telephones may allow respondents to disclose sensitive information more freely, and telephone conversation has been reported to contain several features that render it particularly suitable for research interviews..." (Novick, 2008). This suggests that telephone interviews are not inferior to the traditional face to face interview and can provide data that are equally as rich and detailed.

Skype is a free software programme that allows users to make free video calls to one another via the internet. It bridges the gap between telephone and face to face interviews, providing the "best of both; with no loss of visual cues both the participant and the researcher can see each other, thus allowing things such as body language to be taken into account. Skype also offers the flexibility of phone calls- as no travel is involved. Calls can be scheduled at a time that suits the interviewee, this flexibility is further extended to the location, as Skype calls can be made wherever one has internet access, so participants can be interviewed in their own home without any sense of imposition from the researcher

As Hanna (2012) acknowledges, Skype is not without its disadvantages – “technical hitches” do occur- during data collection a weak connection resulted in one interview (Athena’s) being audio only (and so effectively, a phone interview) and another interview (AleqGrai’s) suffered from the participants microphone cutting out frequently, which not only made transcription difficult, but also resulted in a transcript with some words missing. Overall there was little to distinguish between the interview methods in this study—all three provided data that were equally rich and detailed.

After six months of analysis it became apparent that some information regarding the specific logistics of healing practices that would be important to the design of the RCT had not come through in the interviews. As a result each participant was sent an email asking the following questions:

Is there a limit of the number of spells that can be cast for people in one sitting?

If there is, what is this limit and what does it depend on?

Is there any way of increasing this limit?

How many people do you normally cast spells for in one sitting?

What’s the most that you have cast for in one sitting?

If you are casting for more than one person does the intent of each spell need to be similar?

Their responses were treated the same as the data in the transcripts.

## 5.4. Analysis

### 5.4.1. Thematic Analysis

The interviews were analysed using Thematic Analysis (TA), described by Braun and Clarke (2006) as “a method for identifying, analysing and reporting patterns (themes) within data. It minimally organises and describes your data set in (rich) detail. However, frequently if (sic) goes further than this, and interprets various aspects of the research topic.” (p.79). In essence TA is form of qualitative analysis that allows researchers to draw out the key, important elements from their data.

Although this description could be applied to many forms of qualitative analysis such as grounded theory, interpretive phenomenological analysis (IPA), or discourse analysis,

those approaches incorporate specific theoretical commitments that would require additional explanation and TA does not. For example the aim of grounded theory is to generate a theory from the data (Willig, 2001). The aim of IPA is “to unravel the meanings contained in... accounts through a process of interpretive engagements with the texts and transcripts.” (Smith, 1997, cited in Willig, 2001); its focus is on the meaning that experiences hold for interviewees. Discourse analysis focuses on the way in which people use language to construct their social world (Willig, 2001).

It is precisely because of the theoretical commitments of these approaches to qualitative analysis that TA was selected for this research; it was deemed the most appropriate method of analysis given the nature of the research question for this phase — to establish how Pagans cast spells and what methods they use. The aim of this aspect of the research was not to develop a theory of spell casting but to identify the similar features of spell casting practice displayed by adherents of a fairly idiosyncratic religion; ergo Grounded theory was not an appropriate method of analysis. How participants experienced the act of spell casting and the meaning it holds for them was not the focus of the study, rather the focus was how the act of spell casting was implemented and so IPA was not selected. Likewise the focus of the interviews was the practical elements involved in the execution of spells rather than participant’s conceptions or constructions of spell casting, meaning that discourse analysis of any kind was unsuitable. The common factor among all of these approaches is a search for patterns or themes present across a data set. This essentially describes TA, and so because the theoretical commitments of the other approaches made them unsuitable for this analysis TA was the clear choice.

#### 5.4.2. Conducting the analysis

The lack of theoretical commitments means that TA can be used within an essentialist or a constructivist paradigm (Braun & Clarke, 2006). This research utilised an essentialist epistemology as the focus was on the practical aspects of spell casting rather than the phenomenology or construction of them.

Braun and Clarke (2006) explain that TA can occur in two ways; Inductive or theoretical. Inductive analysis means that the themes that are identified are “not driven by the researcher’s theoretical interest in the area or topic.” (Braun & Clarke, 2006 p.89), it is a more exploratory approach to data analysis. Conversely, theoretical

thematic analysis is a more directed approach that allows for the analysis to focus on a specific research question (Braun & Clarke, 2006). Given the focus of these interviews on the logistics and practicalities of spell work a theoretical approach was taken to the data analysis.

Braun and Clarke's (2006) six step method of thematic analysis was adopted, as this provided a straight forward, structured and rigorous way to conduct thematic analysis.

Step one is to familiarise oneself with the data. Braun and Clarke (2006) explain that it is important to become familiar with the data "as ideas and identification of possible patterns will be shaped as you read through." (p.93). This was achieved in two ways; the first was to conduct the interview transcription myself, which gives one a more thorough understanding of the data than if the data were transcribed by someone else (Braun & Clarke, 2006; Howitt, 2010) as the process requires one to listen intently to the recordings, often many times. The second method of familiarisation used was to read the transcripts at least three times. If potential themes were identified at this stage notes were made separately to the transcripts.

Step two is to generate initial codes. This was done by reading through the transcripts and using pencil to indicate segments of data considered important with a brief explanation of why the data was important. Data segments were considered important if they were able to inform the design of phase three, if they gave information about the Pagan cosmology, or the practical aspects of Paganism. The important extracts for each transcript were then copied onto post-it notes in ink, colour coded to each transcript, and collated into codes. Once this had been done for all of the transcripts individually, a list of every code generated was made (see appendix 7) and the transcripts were read again to identify if codes generated in one transcript could be found in others. These secondary codes were indicated on the transcript in coloured pencil and again the important extracts from each transcript were copied onto post-it notes and collated, with each transcript being given a large sheet of paper onto which the post-it notes were affixed.

Step three is searching for themes, which changes the emphasis of the analysis to the wider themes, rather than just the codes. This means categorising the different codes into potential themes, and collating all the appropriate data extracts within the identified themes. This was done by reviewing the sheets for each transcript and finding codes that shared features or appeared to be aspects of a larger theme, the coded post-it notes were

grouped together into these initial themes. Once this had been done for each transcript themes were considered on a sample wide basis; did the same theme appear in other transcripts? Were differently labelled themes in multiple transcripts actually the same theme? A large sheet for each theme was produced and the post-it notes were taken from each transcript and collated onto theme sheets.

Step four of the process is to review the themes. There are two levels of reviewing and refining themes; the first is to review the data extracts in each theme to consider whether the data extracts form a coherent pattern. If not it is necessary to rework the themes and data extracts, possibly creating new themes, moving extracts from one theme to another, or even discarding extracts entirely. The second level applies the same process to the whole data-set to ensure that the themes are not only valid, but also accurately demonstrate the meanings apparent in the data set as a whole. Again this was done by reviewing each theme sheet, shuffling and collating codes as necessary.

Step five is to define and name the themes. This means determining the crux of each theme as well as exploring what makes each theme important and how they relate to the whole data-set.

Step six is to write up the report. Braun and Clarke (2006) explain that the write up must “[provide] a concise, coherent, logical, non-repetitive and interesting account of the story your data tell — within and across themes.” (p.100). Therefore the written analysis must adequately explain and demonstrate each theme and its importance as well as giving an overview of the essence of the whole data-set.

Braun and Clarke (2006) explain that “analysis is not a *linear* process of simply moving from one phase to the next. Instead, it is more *recursive* process [sic], where movement is back and forth as needed, throughout the phases.” (p.95, emphasis in original). This was certainly the case in the latter part of this analysis. All of the steps of analysis from the second level of step four onwards were very blended with a lot of refinement, exploration, and renaming of themes occurring during the writing up of the analysis.

To ensure the validity of the results participants were sent a summary of the themes (see appendix 8) and asked to give feedback; this is known as a member check. This occurred in September 2014 after about eighteen months of analysis. Although the themes were further refined from this point on, and were renamed, the central essence encapsulated in the summary remained the same so it was not felt to be necessary to

send another summary. Four of the eight interviewees responded and all the responses received were positive (“Excellent” Greenwich, personal communication; “I’ve read it through and agree with your points.” Donkey, personal communication; “it’s certainly interesting. I can’t see any major issues with it.” Stormoak, personal communication; “nothing more I would add” Shayla, personal communication”)

### 5.4.3. Quality and validity

Yardley (2004) lists four characteristics of good quality qualitative research;

1. *Sensitivity to context* comprises of both context of theory and sociocultural context.
2. *Commitment and rigour* is demonstrated by in-depth engagement with the research topic, researcher competence, comprehensive data collection, and depth and breadth of analysis.
3. *Transparency and coherence* are evidenced by cogency and clarity, candid reporting of methods and data, appropriate methods for the research question, and researcher reflexivity.
4. *Impact and importance*, which relates to the usefulness and influence of the research

Ensuring sensitivity to the theory is achieved through a thorough understanding and familiarity with relevant research, sensitivity to sociocultural context is an understanding of “the normative, ideological, historical, linguistic and socioeconomic influences on the beliefs, objectives, expectations and talk of all the participants.” (p.220). The fact that I am a Pagan is a huge benefit in this respect as it gives me an insider’s understanding of these things. Demographic information for each participant is reported along with information regarding their specific tradition and the length of time they have been practising, to allow the reader some information regarding interviewee’s sociocultural contexts. Furthermore, Yardley explains that conducting member checks is one way for researchers to guarantee sensitivity to the varied perspectives of all participants.

Almost two years were spent on phase two research alone from data collection to completed analysis, during which time I was totally immersed in the data, indicating a clear commitment to the research. Comprehensive data collection is demonstrated by

reaching data saturation, which was achieved in this research. The positive feedback from the member checks indicates sufficient depth and breadth of analysis, as well as researcher competence.

The reasons for choosing the semi-structured interview design and thematic analysis have been explained within this methodology chapter, as has every detail of the data collection and analysis process, thus providing transparency of methods (the raw data is available in the supplement). The reflexivity section of this chapter (section 5.6 below) clearly explains my motivations for conducting this research and my experiences thereof. The reporting of the interviews adheres to the COREQ checklist for reporting of qualitative studies. This checklist was developed by Tong, Sainsbury and Craig (2007) and is an amalgamation of the common aspects of 22 existing checklists.

The clarity and cogency of the analysis to some extent remains to be seen. However, certain themes from the analysis have been presented at numerous international conferences (see appendix 11) and have received positive feedback suggesting that clarity and cogency are not an issue.

Clearly the findings from this research have immediate practical use in informing the design of the RCT of phase three of this research. However there are wider implications to the findings from these interviews, already findings have been presented at international conferences, mainly in the fields of parapsychology and transpersonal psychology thus raising awareness and increasing understanding of Pagan practices within these circles.

Elliott, Fischer and Rennie (1999) likewise produced guidelines for assessing the quality of qualitative research after reviewing quality standards from 40 different sources, shown in table 5-4.

**Table 5-4 Evolving Guidelines for Publication of Qualitative Research Studies in Psychology and Related Fields**

- 
- A. Publishability Guidelines Shared by Both Qualitative and Quantitative Approaches
    - 1. Explicit scientific context and purpose
    - 2. Appropriate methods
    - 3. Respect for participants
    - 4. Specification of methods
    - 5. Appropriate discussion
    - 6. Clarity of presentation
    - 7. Contribution to knowledge
  - B. Publishability Guidelines Especially Pertinent to Qualitative Research
    - 1. Owning one's perspective
    - 2. Situating the sample
    - 3. Grounding in examples
    - 4. Providing credibility checks
    - 5. Coherence
    - 6. Accomplishing general vs. specific research tasks
    - 7. Resonating with readers
- 

(Elliott, Fischer & Rennie 1998, p.220)

The rationale and methodology have been clearly outlined and justified within this chapter, thus adhering to points one, two, and four. The respect shown for the participants manifests on a number of ways, participants were given the choice of interview methods and pseudonym, the consent form explicitly stated that traditions of secrecy would be respected and member checks were conducted to ensure that the participants were satisfied with the transcription and analysis. The discussion of the analysis is in depth and detailed. The clarity of presentation and contribution to knowledge again remains to be seen, however the feedback that I have received when presenting findings from the interviews has been promising.

To own one's perspective Elliott, Fischer and Rennie (1998), state that authors should "Specify their theoretical orientations and personal anticipations" and "attempt to recognise their values, interests, and assumptions and the role that these play in the understanding" (P.221). The reflexivity section (5.5) and my reflexive comments throughout the analysis aim to satisfy this guideline. To situate the sample of participants I have given all the relevant demographic information, including their specific Pagan traditions and their number of years practicing in table 5-2. All of the themes and subthemes are evidenced with quotes from the interviews to elucidate points and give voice to the interviewees. Member checks work to provide credibility to the



analysis. To ensure that the themes and subthemes are coherent the structure of the themes is presented in table 6-1 and the themes are discussed and numbered in such a way as to make clear their structure and relationships to one another. Elliott et al (1998) explain that

When a general understanding of a phenomenon is intended, it is based on an appropriate range of instances (informants or situations). Limitations of extending the findings to other context and informants are specified. Where understanding a specific instance or case is the goal, it has been studied and described systematically and comprehensively enough to provide the reader a basis for attaining that understanding.

(Elliott, Fischer, & Rennie, 1998, p.223)

This research has both general and specific aims; to investigate the Pagan worldview from a psychological perspective and to look specifically at Pagan spell casting practices. The sample of interviewees accurately reflects the Pagan population as a whole (Berger, Leach & Shaffer, 2003; Jorgensen & Russell, 1999; Lewis and Tollefsen, 2013), providing an “appropriate range of instances” (Elliott, Fischer & Rennie, 1998, p.223). Three of the six main themes deal specifically with aspects of spell casting practices, providing the reader with a sound basis for understanding the phenomenon. Finally how well this work resonates with readers does remain to be seen, however it has been well received at a number of conferences including some with Pagans in attendance, suggesting that it does achieve this aspect of quality.

#### 5.4.3.1 The insider/outsider debate.

As a practising Pagan this qualitative work is being conducted from an “insider’s” perspective. That is to say that I am a member of the religious community that I am researching.

This insider approach to research is often considered problematic as it is believed that insiders cannot produce the sort of critical, objective analysis that is favoured in academia (Pearson, 2001; Pike 1996 & 2004; Salmonsén, 2004). Whilst there may be some truth to this, there are those who argue that objectivity is not only impossible but also unhelpful, especially when researching Paganism (Pearson, 2001; Pike 1996 & 2004; Salmonsén, 2004).

Pike (1996) explain that working from an outsider perspective can mean that researchers focus on research questions that provide us with only a limited understanding of the movements that they are researching. Pike (1996) states that the majority of early research into Paganism focused on description and legitimisation of the practices, rather than the meaning that those practices held for practitioners or their phenomenology. This focus on legitimisation was a response from academics (rather than practitioners) to the public anxiety around new religious movements present at the time as a result of the so called “Satanic Panic” in which there were many well publicised accusations of ritual child abuse perpetrated by a network of Satanic witches.

Whilst this work was important it lacked depth and left many questions unanswered. In contrast Pike (1996) praises the work of Margot Adler, stating that Adler’s research agenda was rooted in her extensive involvement with the Neo-Pagan community as opposed to the concerns of academic disciplines and thus

“ her examination of the meanings that individuals make out of their lives through the encounter with and construction of Pagan culture is a welcome shift away from the focus of sociologists on questions of “deviance” and “conversion” – all concepts defined from outside.” (p.363)

Another argument against outsider research in Paganism is that the nature of Paganism and its practices mean that one must have experienced them first hand to be able to understand them ((Pearson, 2001; Pike, 2004; Salmonsens, 2004). Given that many Pagan groups require initiation before sharing these practices it can be difficult to experience them as an outsider, and to attempt to do so is fraught with ethical issues (Pearson, 2001).

Pearson (2001) discusses the work of Tanya Luhrmann, author of *Persuasions of the witch’s craft* (1986) as a clear demonstration of these pitfalls. Luhrmann (1989) conducted an anthropological investigation of Pagan communities in 1980s London. during this investigation she was initiated into a number of covens and groups and took vows of secrecy which she later broke when writing of her experiences. This was something she felt able to do given her position as an outsider. This, combined with the somewhat dismissive way that she writes about magical belief, has resulted in Pagans (especially those in the covens into which Luhrmann was initiated) feeling betrayed, and a continuing sense of suspicion within the Pagan community of those wishing to conduct research (Pearson, 2001). Researchers who are themselves Pagan are able to

understand and respect the implication of initiation and vows of secrecy and are less likely to face distrust from the community.

This is not to say that an insider perspective alone is conducive to effective research in this area. If one is to conduct research as an insider it is imperative that one practice rigorous and constant reflexivity (Pearson, 2001; Pike 1996 & 2004; Salmonsens, 2004). Remaining reflexive allows us to not only “[take] on the attitude that the subjects of one’s research might actually know something that is personally valid for the [researcher]” (Salmonsens, 2004, p. 43) but that “it may also turn out that the informants do *not* know something that can be personally valid” (Salmonsens, 2004, p. 43).

In other words, rigorous reflexivity on the part of the insider as researcher prevents them from becoming too credulous, and helps to maintain a critical eye that is essential in good research.

## 5.5. Reflexivity

My interest in this research topic began in the early 2000s, whilst I was completing my undergraduate degree in psychology. It was during my degree that I realised that I am Pagan. I was living away from home for the first time, in a town where nobody knew me and no one had any preconceived notions about me – coming from a small town where I was part of a large extended family and often considered an outsider in school, this was a refreshing change that allowed me to more fully explore and express my own identity. Part of this exploration was spiritual; I had always felt curious about Paganism but I had not felt able to act on this curiosity. Whilst at University I had the freedom, inclination, and disposable income to research Paganism more fully. I purchased Scott Cunningham’s *Wicca: A guide for the solitary practitioner* (2000) and realised that it encapsulated my own spiritual beliefs and that I had found my spiritual path, and continued to read a number of Pagan instructional books. It was also during this time that I was able to study Transpersonal Psychology as part of my undergraduate degree. Transpersonal psychology was especially appealing to me as it provided a bridge between my personal, esoteric beliefs and my scientific, psychological training; relieving some of the cognitive dissonance I had experienced since realising myself as a Pagan. In one of our Transpersonal psychology lessons, we were introduced to research into non-contact healing, specifically Byrd’s Intercessory Prayer experiment (1988). I asked the lecturer if anyone had conducted similar research using Pagan healing spells,

he informed me that they had not but that such research would be so in depth that it could not be undertaken as an undergraduate student, I would have to do it as a PhD student. My love of Transpersonal Psychology lead me to complete a Masters Degree in the subject, after which I was given the opportunity to conduct the research that I had been wanting to do since my undergraduate and investigate the efficacy of Pagan healing spells. Conducting these interviews has had an enormous impact on my own spiritual path. Talking to such experienced practitioners about their practices has given me a greater understanding of my own practices, as has reading so many texts from Pagans, academics and Pagan academics on the subject. Although spells for purpose have never been a part of my practice, rituals for praxis are, and since talking to other Pagans on the subjects I have a deeper understanding of the various components of ritual. I find myself now giving more time and consideration to my rituals which has resulted in a much more immersive experience for me. However conducting these interviews also made me aware of how much of a novice I still am in Paganism, embodying the Socratic paradox.

This was my first real experience of conducting interviews for research and whilst I am pleased with the results I am also able to see where I can make improvements in the future. Willig (2003) explains that acting as a naïve interviewer can encourage interviewees to give more detail and to voice assumptions and expectations that may otherwise be implicit. I feel that I did not embody the role of naïve interviewer as well as I could have. There were a number of instances in the interviews where certain terms and concepts were not explained or discussed further in the interviews due to my familiarity with them; casting circle for example, or when AleqGrai discussed creating a construct. It was only after my supervisors expressed their lack of knowledge around these topics that I realised that I should have asked for clarification of these terms. Given that I am part of the ‘alternative’ subculture Paganism is pretty common, many of my peers have at least dabbled in Paganism at some point in their lives or know someone who is or has been involved in Paganism or magic—the more general aspects are common knowledge among my peers, and so it did not occur to me that I may need to encourage interviewees to elaborate on these points. Also question twelve ( What advice would you give to someone looking to research spells?) did not work as I had wanted it to; most interviewees interpreted this to mean what advice would you give to someone who is interested in practicing magic, whereas I had been referring to scientific research. I did not then elaborate on the question or clarify as it felt awkward, this was

clearly an oversight on my part. I also question how well I facilitated the interviews. I tried to strike a balance between allowing the interviewees to discuss what they felt was relevant so as not to limit the data I was collecting whilst also making sure that the interview did not go too far off topic. This was especially difficult with the more loquacious interviewee. However, I feel that is a skill that one acquires through practice.

I found that I had good rapport with the majority of my interviewees, and this is probably the result of a number of factors. Firstly I was already familiar with five of my participants, having met them all previously at least once, this helped with the rapport as it had already been established and I had already spoken to all of them about Paganism so they felt comfortable discussing this topic with me. Secondly all of the participants were aware of my status as a practicing Pagan, I feel that this helped to assuage any concerns they may have had about being misrepresented or misunderstood during the interviews. Finally, Donkey mentioned that it's a good thing that I'm female as he might have been more reserved discussing the matrifocal nature of his beliefs with a man. I hadn't considered the impact of my gender before, it of course makes sense that a female interviewer would be more easily accepted than a male when discussing a belief system that is vehemently not patriarchal, especially when the majority of my interviewees were also female. It felt like the power dynamics in the interviews were well balanced.

Two interviews in particular stand out in my mind for opposite reasons; AleqGrai and Yarrowwitch: I compare them as they seemed to be on a par regarding knowledge and "rank". I found the interview with AleqGrai somewhat challenging as the experiences and practices that he described were so occult that, to a degree, I felt that including those beliefs in my research could reinforce the idea that Paganism is not to be taken seriously. Despite those concerns, what he had to say was fascinating and exciting and AleqGrai conveyed his beliefs in a very straightforward and pragmatic manner. I do not feel that we had the same rapport that I experienced with other interviewees which is likely the result of my feeling challenged by what he was discussing, however this may also have been a result of my gender; AleqGrai stated that he had grown up in a Marxist-feminist environment that was disempowering for males. Conversely the interview with Yarrowwitch was very enjoyable. Despite her being one of the participants that I had not met previously, we struck up a very good rapport rather quickly. My overwhelming feeling whilst talking to Yarrowwitch was that she was

wonderfully friendly, knowledgeable and wise. It was obvious that she has spent time mentoring people and answering questions about her practices because the answers she gave were germane and informative with very little side tracking. Yarrowwitch's practices, as well as the way she discussed them felt a little more "down to earth".

When I began this research I was open minded about the efficacy of distance healing practices. I thought it would be exciting and intriguing if they were effective but wanted to see what the evidence said before deciding one way or the other. After conducting the meta-analysis I became convinced that there is some credibility to people's claims regarding distance healing. I am still open minded about the degree of efficacy of these practices. I do not think that one could replace allopathic medicine with distance healing practices; rather I would advocate these practices as adjunct, complementary treatments, an opinion that is shared by many of my interviewees. I feel now that such practices are worth the serious consideration of the scientific community. Over the course of this research I have found the uncritical dismissal of such phenomena by mainstream science to be frustrating and ironically unscientific.

## 5.6 Summary

It is difficult for standard RCT methods to accurately reflect and capture the effect of CAM interventions as there is often little consideration beforehand of the specific characteristics of those interventions. CAM researchers suggest that the RCT can be used but that trial designs need to be modified to suit the interventions being investigated (Vickers, 1996; Mason, Tovey & Long, 2002; Carter, 2003; Voerhoef et al, 2005). Utilising a mixed methods approach allows the practitioners to act as consultants to researchers looking to design an effective CAM RCT. To that end, semi-structured interviews with Pagan practitioners were conducted. The design and implantation of the interviews adhered to strict quality guidelines, and the themes resulting from the interviews are discussed in chapter six.

# 6 INTERVIEW ANALYSIS AND DISCUSSION

## 6.1 Introduction

Eight experienced British and Irish Pagans were interviewed about their spell casting practices. The emphasis of the interviews was on the practical aspects of spell casting rather than the phenomenological aspects as the main aim of the interviews was to inform the design of the randomised controlled trial (RCT) in phase three.

Thematic analysis of the interview data yielded six major themes presented in table 6.1, along with the sub-themes.

Each theme will be discussed by first giving an overview of the basic premise and then discussing in detail the component subthemes. This will be done through the presentation and discussion of relevant excerpts of participant interviews (ellipses in quotes indicate an omission of data for brevity and ease of reading), and extant academic and Pagan literature. Finally a list of implications drawn from the data for the design of the RCT will be presented.

**Table 6-1 Themes and sub-themes from interviews with eight Pagans**

Theme	Sub-Theme
Spiritual Anarchists and Spiritual Traditionalists	Spiritual Anarchists
	Spiritual Traditionalists
"Always have the best intentions for yourself and other people"	"The monkey's paw"
	Perfect Love
	"Your conscience doesn't lie to you"
Belief	"If you're going to resist it, it's not going to work"
	"You've got to believe you can do it"
The Psychoactive Ritual	The space between worlds
	"We do what we do in symbol and in miniature"
	Ritual as bespoke
Holism	The Interconnected Macrocosm
	The Interconnected Microcosm
The Energetic Being	Personal Energy Reserves
	Spells as Energy Transference
	External energy
	Grounding



## 6.2. Spiritual Anarchists and Spiritual Traditionalists

There were two different aspects of Paganism apparent in the interview data; one saw Paganism as an idiosyncratic and personalised belief system that varied greatly from individual to individual. The other saw Paganism as a collection of different, well established, and structured traditions. Invariably both of these elements were present at the same time within the same transcripts. This theme examines both aspects and the interaction of the two.

First the individualist, anarchic aspect of Paganism that espouses personal spiritual agency will be considered. Next the traditionalist aspect that values the long established practices and structures will be discussed, followed by an exploration of the confluence of the two.

### 6.2.1. Spiritual Anarchists

Six of the eight participants (Donkey, Yarrowwitch, Athena, Greenwitch, AleqGrai, and Shayla) stated that the lack of hierarchy and the ability to control how one practises one's own faith was a fundamental aspect of Paganism, and one of the principal reasons for becoming Pagan, as Athena states:

I think the personal spiritual authority... is huge... I say that as a post-Christian... knowing that not all faith traditions have personal spiritual authority... and that the authority is often mediated through, umm, a second and sometimes third party. So your experience with the divine is then mediated through that second or third party and I really, I'm all about the experiential... so I was looking for an unmediated experience, so for me, the fact that I have my own personal spiritual authority and I can have the unmediated experience with the divine are... the two most crucial things for me and I don't think one weighs more than the other because I think they are very interlinked

C: so the fact that, that you dictate how you relate to the divine and

A: yes, and how I practice my faith tradition." (Athena, Lines 102-118)

Athena explains that being able to dictate how she practises her faith, rather than having to adhere to circumscribed practices is a defining and important aspect of Paganism for her. Athena especially felt that having spiritual intermediaries such as clergy only serves to dilute personal experience of the divine, and so the lack of such intermediaries within

Paganism holds particular significance for her. This same sentiment was also expressed by Yarrowwitch:

the good thing about Paganism is that everybody happily romps around together...and the bad thing is that it, it can become a bit doctrinaire...and because it's such an individual path, particularly witchcraft is such an individual path, it's very gnostic, you're really finding your own way...and a lot of people don't like that...they would be the people that we would say 'there's not really a witch in you'. So what they want is a sort of an, an hierarchy that kind of resembles y'know the priests and so on to tell them all what to do... and there's quite a lot of people well I mean, in every sphere of life there's always people willing to poke their nose over your garden wall and tell you you're doing it wrong...and Paganism well, I'm finding anyway... it's getting a wee bit like that. Y'know the people are kind of saying 'I am the appointed representative of all Pagans in the world and I say it's done this way' y'know?...umm, I know a lot of folk want that but I wouldn't like to see what we do become a, a kind of a *(pause)* a thing where there's, y'know there's rules and regulations and... I just can't be doing with folk like that, which is why I'm not involved in any other organised religion, yeah? (Yarrowwitch, Lines 360-401)

Both Athena and Yarrowwitch state that it was the aspect of personal control over one's own practice that made Paganism stand out against other forms of religion; they specifically contrast it with other forms of religion, emphasising the importance of this characteristic to them. Yarrowwitch questions the suitability to Witchcraft of those who would prefer a practice that is arbitrated and dictated by others. She also discusses her dislike of the attitude that there is only one true way to practise religion, Pagan or otherwise. The freedom to practise however one pleases in Paganism and to allow others to do the same is an obvious contraposition to these views.

Overall this theme shows a common rejection of the authority of other people in regards to one's personal spiritual practice and an advocacy of personal authority. This can be understood through Bandura's (2001) theory of human agency. Bandura (2001) proposed three modes of human agency; Personal, proxy and collective. It is the first two that are of most relevance here. Personal agency is the capacity for individual choice and action. Proxy agency, on the other hand, occurs when we relinquish our agency to others who are more knowledgeable, experienced, or influential, to act on our

behalf (p.13). Bandura (2001) illustrates this with the example of parents acting as proxy agents for their children. Clergy or gurus can be understood to act as proxy agent in the religio-spiritual sphere given their training, experience and positions in religious organisations. Bandura explains that proxy agents are often utilised because effectively exercising personal agency requires one to become adroit in the field in which one might otherwise seek a proxy agent. Exercising personal agency in such matters also necessitates assuming responsibility and accountability, which deters many people. However for Pagans we see that this proxy agency is rejected in favour of personal spiritual agency, to such a degree that Yarrowwitch even questions the suitability of Paganism for those who might elect a proxy agent in religio-spiritual matters.

Participants explained that with spiritual agency comes responsibility for one's own spiritual education that in other religions would have been assumed by a priest or clergy figure and for many of the participants their initial forays into Paganism were self-directed:

I went through a variety of what are known as world traditions, the world religions and including Buddhism and Hinduism erm, and I kind of stumbled upon Paganism in my research and it felt right...it felt as if I had found a system that corroborated my own beliefs...and so I've, I've kinda stuck with it since then (Athena, Lines 73-79)

Erm, that [rejection of mainstream religions] lead fairly naturally into reading masses and masses about things, and I sort of got led towards Witchcraft rather than a general Pagan sort of outlook (Donkey, Lines 37-39)

We all had to go to church (*laughs*). Umm but it, it never really fitted yeah, it never, err, I dunno, it was, it was nice enough going along but I was never really a believer and such so erm, yeah, like I say, when I, when I was sixteen I kind of found this term Paganism and read about it and went "ah! That's what I am, ok." (Stormoak, Lines 28-31)

Athena, Donkey and Stormoak all report discovering Paganism after a period of searching, due to a rejection of mainstream religions. For both Athena and Stormoak this lead to a "coming home experience". The coming home narrative was established by Adler (1989) and has become the dominant narrative of conversion amongst Pagans (Harrington, 2000; Mayer & Gründer, 2010). Adler describes the coming home

experience as “[confirmation] of some original, private experience...a common phrase you hear is... ‘I always knew I had a religion, I just never knew it had a name’.” (p14). This has startling similarities to a quote by Shayla when discussing her childhood;

I think I was always a Pagan anyway...I just never was the title...of Pagan  
(Shayla, lines 677-680).

The home coming experience is one of recognition of pre-existing beliefs and values, often after a period of searching, rather than acceptance of the beliefs and values of others; it strengthens the notion of the self as spiritual authority.

Participants reinforced the ethic of self-directed learning when asked what advice they would give to someone interested in spell work. Six of the eight participants suggested research and practice. That they did not recommend joining a coven or finding a mentor is further evidence of the importance of personal spiritual agency. By recommending that novices research and discover for themselves, established practitioners are providing new recruits with the tools and experience necessary to develop their own personal Paganism. By advising from the beginning that practitioners learn for themselves, the ideology of Paganism is established in the mind of the fledgling practitioner, setting them in good stead for the rest of their journey in Paganism.

For all of the participants a sense of having and exercising the capacity for spiritual agency was instrumental in both the discovery and adoption of Paganism as their faith and their spiritual education and development. Both Bloch (1998) and Ezzy (2003) believe that the emphasis on personal spiritual agency within Paganism is indicative of it being a modern religion and a product of the modern Western zeitgeist of individualism, reflexivity and focus on the self. It is clear from the interviews and the literature that Pagans value the freedom and autonomy to dictate their own spiritual practices.

The concept of spiritual agency is one that has been identified by other researchers of the Pagan community; Orion (1995) in her study of American Neo-Pagans found this characteristic of Spiritual Agency to be particularly evident. She emphasises that her participants shun figures of religious or spiritual authority (p42) and concluded that the desire for what she termed “self-sufficiency” (and that I term spiritual agency) is “one of the greatest inducements to study magic” (p162), mirroring findings within this theme.

Adler (1986) likewise found that of the six main reasons why people feel compelled to practice Paganism, one was “freedom”, which she describes as the ability to act as one chooses without having to comply with other people’s notions of what is right or wrong. Adler’s notion of freedom clearly echoes that of Spiritual agency, in the opening paragraph to her book *Drawing down the moon: Witches, Druids, Goddess-Worshippers and other Pagans in America Today*, Adler describes Pagans as “Eclectic, individualist and often fiercely autonomous” (p3) establishing immediately how definitive the characteristic of Spiritual Agency is.

When describing the common characteristics of the participants in her work, Luhrmann (1989) stated that Pagans are often rebellious and concerned with issues of control. This description could certainly be applied to the participants in this study; rebellion is often understood to be a rejection of the authority of others and the participants clearly relish the control of their personal practices that Paganism affords them. Unlike Adler (1986), and Orion (1995), Luhrmann (1989) states that this is a descriptor of those who practise witchcraft and not a causal explanation. The data from this theme does not support Luhrmann’s statement; participants explained that their rejection of spiritual authority and their desire for unmediated personal spiritual experiences were all fundamental reasons why they chose Paganism.

This characteristic is so strongly linked to Paganism that Bloch (1998) investigated specifically the individualism within alternative spiritualities, which he defined as “world religions, pop psychology, New Age “parapsychology”, Neo-Pagan spell casting and the occult” (p.287). According to Bloch these spiritualities were considered alternative precisely because of their rejection of dogma and their emphasis on ‘individual self- autonomy’ (p287). When interviewing members of these alternative spiritualities, Bloch’s findings were strikingly similar to the findings in the theme of spiritual agency; the self was considered the main source of spiritual information: Bloch’s participants explained that although books can provide information it is direct gnosis that provided the basis for the majority of their belief and practices. Bloch’s population also often rejected specific labels for their beliefs and, like participants in this study, rejected spiritual or religious authority.

Some have argued that the control that Paganism affords (through the use of magic to achieve one’s aims) makes Paganism appealing to the powerless, that people who feel they have no personal power resort to magic to attain it. Kirkpatrick et al (1986, cited in

Carpenter, 1996) hypothesised that Wiccans are drawn to Wicca as a way to assuage their feelings of powerlessness; they asked Wiccans to complete a powerlessness scale and found that their hypothesis was not supported as their participants only scored moderately.

Lloyd (1978, cited in Carpenter, 1996) also believed that Witches use magic as a way to gain power and feel special; however the data from these participants does not support that theory. It is only AleqGrai who expresses a relative feeling of powerlessness as an inducement to practice magic (lines 114-125), the others instead express a frustration with other forms of practice and a desire to carve their own path. With regards to magical practices making them feel special, Donkey and Shayla expressly stated that magic or identification as Pagan doesn't make them in anyway special;

are [Pagans] special? I, I don't think so, I think we're kinda normal (Donkey, Lines 15-16)

I don't look at myself as somebody t-, I don't know, I don't want people to praise, I don't want people to look at me as something special (Shayla, Lines 695-697)

Magic is seen as a sacred and spiritual practice but not one that makes the practitioner somehow extraordinary. This is further emphasised when we take into consideration the fact that practitioners warn against casting spells as a means to make oneself look mysterious or mystical (See section 6.3.2).

### 6.2.2. Spiritual Traditionalists

Despite a relatively anarchic approach to spiritual practices, a reverence for the traditional aspects of Paganism also emerged from the data. This is somewhat at odds with the idiosyncrasy that results from the value attributed to exercising one's personal spiritual agency. Although the majority of participants do not ascribe to the "witch-cult" myths concerning the origins of modern Paganism that claim it is an ancient surviving religion, there was recognition of the influence of historical, cultural traditions as well as customs established by the founders of modern Paganism

All of the participants are, or have been, members of established hierarchical branches of Paganism- both Rhiannon and Stormoak are members of the Order of Bards, Ovates and Druids (OBOD), Shayla and Greenwich have both been involved in Gardnerian Wicca covens (though both now prefer to work solitary and reject the authority of a

coven), as are AleqGrai, Donkey and Yarrowwitch. Athena differs from the other participants in that she expressly states that she is following a form of Paganism that predates Wicca and is ancient and authentic in its practices;

I always refer to myself as a practitioner of the Old Traditions erm, pre-dating the Gardner version of Wicca umm, in the nineteen fifties and nineteen sixties, so I look to the ancients, I look to the way umm, I believe things have always been done following the cycles of nature that didn't just, kind of, spring up around nineteen fifty, nor did it spring up with the umm, advent of Christianity and the label 'Pagan' (Athena, Lines 143-147)

Athena feels that she is practising the way "things have always been done", suggesting an adherence to historical traditions that is juxtaposed to the ardent advocacy of personal spiritual agency she previously expressed.

I have made no attempt to confirm or deny the truth to Athena's claim to lineage for two reasons; one is that lineage is often related to Pagans sense of authenticity and so to question someone's claim of lineage is to question the authenticity of their practice. I do not feel that is it my place to do that and, even if I did, it would damage the rapport that I had built. The other reason is that I do not really think that it matters. Athena's claim to lineage and the importance that it holds for her, whether true or not, is indicative of the reverence for traditional practices seen in Paganism.

For Greenwich and Stormoak, the traditions of the past influence their personal interests as well as their spiritual ones;

by the time I was in my early twenties... mid-twenties, err, I was heavily into the folk scene, because I was at the, sort of, early stage of the folk revival...when I was at school, sort of fifteen/sixteen... my first husband was a dyed-in-the-wool folker, he was, I mean he was a brilliant musician...and it, it kind of, to me, felt rather natural to join my folky stuff y'know, with why they did strange things, what were the hobby horses? Why did they have blacked up faces? What were the bells all about?... Why were they on these particular days? And after that it just, kind of, grew with me (Greenwitch, Lines 99-113)

I've actually got an archaeology background...so for me the history and my roots are really, are really important to me, erm, and kind of, my ancestors and things like that... so, yes it is important to me because it's part of our roots and

who we are, however I don't see Paganism today as a reconstructed faith, it is, it's taking elements of the past...but it's also making it current to, to today's world...I do like traditions, I have to admit, I do like them... it seems to, I guess draw people together into that sense of community. So for me, they are y'know things like that, are important. Umm, as to how that actually influences my practice; I don't know. Erm (*pause*) umm, it would be nice to think that some of the stuff that I actually do is traditional but I don't think any of it is, because it's, I don't copy things straight out of books...if it doesn't seem right I won't do it, I'll change it and I'll adapt it and I'll do it the way I think feels right for me (Stormoak, Lines 136-148 &164-178)

Greenwitch discusses her interest in folk practices and traditions as part of her discussion of how she became Pagan suggesting that she considers these historic folk beliefs and practices to be related to and have an influence on her modern religious belief and practices. Although Stormoak says that she doesn't think that her practices are directly influenced by her interest in traditions and customs, she does state that Paganism as a whole takes inspiration from these sources. Rhiannon concurs:

the Druids today can't really, can't realign themselves to all, to the years back, although of course there are some rituals that are the same; the love of nature and the, the, the herbalism (Rhiannon, Lines 251-253)

Rhiannon and Stormoak explain that whilst traditions are respected it is only certain aspects of historical practices that continue into modern practise. For Shayla and Rhiannon, following these long-established practices is what feels right;

I like following a tradition like that and I liked, when I'm, if I ever open up a circle on my own, yes I will do that, that way...because I feel like when I've done that, I've opened everything how it's meant to be (Shayla, Lines 761-764)

it's because people have done it thousands of years ago and it almost feels instinctually that they had something right about it... if that makes sense? (Rhiannon, Lines 379-382)

Although it may first appear that these quotes are counter to the concept of personal spiritual agency, I would argue that this is not the case. Both Shayla and Rhiannon state that following tradition *feels right* for them- they are not following established customs merely because of tradition or because that is how it has always been done, they are



following established customs because those are what suit them. It could be argued that this approach is, in fact in line with traditional Neo-Paganism;

I quite like Gardner, Gerald Gardener's own principle of if it works you should keep doing it and if it doesn't work, stop doing it. (Yarrowwitch, Lines 390-391)

Yarrowwitch states that Gerald Gardener advocated this syncretic approach. Gardner was the man responsible for introducing Wicca into public awareness and thus founding the Neo-Pagan movement. Relating this principle to one of the founders of modern Paganism demonstrates that even if one is not following prescribed practices exactly, one is still practicing Paganism and following one of the main tenets of the belief system.

It is here that we see the confluence of spiritual anarchy and spiritual traditionalism; The traditions and practices of history (be it ancient or modern) influence and inspire modern practices, *if it feels right for the practitioner*. Orion (1995) proposes that it is this combination of personal spiritual agency and an appreciation of traditional practices that makes the image of the historical witch so appealing for modern Pagans. Many understand that those accused of witchcraft were so because their independence, self-sufficiency was viewed as a challenge to the existing power structures of the time; "This is the power contained within the witch archetype that contemporary witches are attempting to release and harness. It is, in essence, self-sufficiency" (p.114). Orion also concluded that this desire for what she termed 'self-sufficiency' (and that I term spiritual agency) is "one of the greatest inducements to study magic" (p162), mirroring what has emerged from this data.

### 6.3. "Always have the best intentions for yourself and other people"

The key ethical principle in Paganism is to not cause harm:

Paganism today is something that we've made up really, we've erm, there's so many different strands...although the beliefs are the same, the main beliefs are the same y'know hurt no-one, do what you will and hurt no one (Rhiannon, Lines 248-252)

I wouldn't cast a spell to hurt somebody (Shayla, line 459)

because all it's about it is being happy and not bothering anybody... which is 'an it harm none, do as thou will' ...in posh language.... I mean the main principles that we have are, I mean above all else do no harm and that's in the beginning of the Hippocratic Oath... it's also there in witchcraft, y'know quite plain and simple (Yarrowwitch, Lines 258-263 & 1095-1098)

"An it harm none, do as thou will" is also known as the Wiccan rede, however it is a principle that has been adopted by the majority of Pagan practitioners (Pagan Federation Scotland & Ireland and Pagan Federation, 2004) and it plays a crucial role in the way that spells are designed and constructed. This theme will investigate, across three subthemes, how this ethic influences spell casting and the extent to which practitioners adhere to it.

### 6.3.1. "The monkey's paw"

Establishing the intent of the spell to be cast was considered by half of the interviewees to be the first step in spell work, and an important aspect of ensuring the safety of all involved:

intention is key... so you have to erm, think about what it is that you want to accomplish with the spell (Athena, Lines 222-224)

more than anything, you have to have, in your, in your head and in your heart, exactly what you want to do with that spell (Greenwitch, Lines 1009-1010)

well first of all you have to, I suppose the first thing you'd have to do is find out what the spell's for. (Rhiannon, Lines 302-303)

you have to have a fair idea of what it is that you actually want to bring about (Yarrowwitch, Line 514)

The participants explained that the first stage of spell casting is to establish the intended purpose of the spell: understandably one must know what one is aiming for when designing and conducting a spell. One cannot achieve one's aims without first knowing what they are. Athena further reinforced the importance of this when she discussed an occasion where a spell had actually failed due to unclear intentions and needed to be recast:

I've actually had to go back and do another piece of work with somebody...cos they didn't feel that it actually, umm, accomplished what they were hoping

for...erm, and I, in that instance, the specificity was a real big thing because they weren't clear about what they wanted...so when I asked for the more general thing that they had asked for, they weren't happy with the results. So it was a lesson in being very specific and what the intent was and we had to go back and look at what we were doing and rework the ritual for the actual intent (Athena, Lines 294-305)

This quote emphasises the importance of having a clear understanding of the aims and objectives of the spell: it is not enough just to know the general outcome that castee's wish to achieve, one must also know the exact details to ensure the best results. The importance of specificity was also discussed by AleqGrai and Yarrowwitch, and elaborated upon by Athena

and you have to be very specific in what you ask for...I've found over the years that specificity is a big thing (*both laugh*) and that when you ask for something very broad and very general, you often get an answer that you weren't, kind of, hoping for (Athena, Lines 226-23)

it has to be specific enough so that you recognise it when it comes...and not so specific as that it's impossible (Yarrowwitch, Lines 516-518)

You need to be very specific about what you are going for: if you want the red shoes, you gotta ask for the size... 'cos you'll get the bloody red shoes but they're probably those little Barbie jobbies, yeah? (AleqGrai, Lines 304-308)

The shared laugh with Athena is the result of our shared understanding of the need for specificity in magic. I had anticipated that specificity would be an important point; it is discussed in all of the major Pagan introductory texts, and I have heard stories from other Pagans about mishaps as a result of insufficient specificity that are often told as comical anecdotes of ones naivety when starting magical practices.

Both AleqGrai and Athena explain that a spell that lacks specificity can produce results that, while related to the intent of the spell, do not mirror it sufficiently for the spell to be deemed successful. Greenwich explains this can even be harmful and refers to this as "The monkey's paw" after the short horror story by W.W. Jacobs (1902):

this is the original story erm, about a guy, who turned up at this, these people's house. They worked in India... and this, it was a mummified paw of a monkey,

it was supposed to be a relic... he'd stolen it, ok. And it's supposed to give you three wishes... and, he was, he was poor, he was psychotic, he was, y'know, and basically they said, "well what's the risk?" "just take it, take it off me, I don't want it, burn it, I never want to see the thing again"...and they thought "we've got three wishes" and they're not terribly well off, "it would be really useful if, if we could wish for some money...that wouldn't hurt anybody". So they wished for money and there was an accident in the mine where their son worked and they got his insurance money and the mother was devastated... as you can imagine...she blamed the monkey's paw. Not what she'd asked for, *inaudible*, so, she was so devastated, she wasn't thinking and she wished her son back from the grave. And he came...back from the grave ...and it was only because the father realised what the shambling creature was outside that he was able to use the third wish to put his son back where he should be (Greenwitch, Lines 645-672)

The story is a cautionary tale within the "be careful what you wish for" trope and exemplifies the idea that spells must be designed to be specific enough to ensure not only that the desired results are achieved but that they are achieved ethically, without causing harm or distress to others. Therefore to ensure that they adhere to this ethical principle practitioners must consider the possible ways that intentions can become manifest, prior to spell work:

so I think the one thing I've learned over the years is to be very, very careful what you ask for because you may get it and you wanna make sure you actually want it (Athena, Lines 232-233)

you've got to always think of the ethical side of the, kind of the other side...or the manifestation if it comes true, what are the ramifications of that? To me that's really, really, really important...really, really important. (Rhiannon, Lines 461-466)

I've asked myself already "if this works, what is gonna be the result of it?" (Donkey, Line 164-165)

do you understand what you're about to employ to do it? (Yarrowwitch, Line 965)

Rhiannon, Donkey and Yarrowwitch all indicate the need to consider how a spell could work, to ensure that it is safe and ethical, as a fundamental aspect of designing spells. Farrar and Farrar (1992) support the claim that poorly designed spells can cause harm and even go as far as to declare that the only reason spells fail is due to “insufficient thought about what is really needed.” (p.69) mirroring Athena’s example of a spell failing due to being insufficiently specific. Starhawk (1989) gives this same warning, but also states that spells most frequently materialise in ways that are not anticipated and so suggests “binding” spells with the phrase “and it harm none” to ensure that this does not happen.

Willin (2007) reports that many spell books written by Pagans contain ethical warnings advising “extreme caution” when doing spell work to ensure that it does not result in “undesired after effects” (p.66). He found this same caution being exercised by the English Pagan respondents to his questionnaire about spell casting, stating that the subject of safeguarding all involved in spell casting was taken very seriously, with practitioners often engaging in “considerable soul-searching concerning the nature of harm” (p.77) prior to participating in any spell casting activities so as to ensure that the fundamental principle of harm none is upheld.

When giving their warning about the unpredictability of magical manifestations, Farrar and Farrar (1992) give examples of spells that have gone awry and Luhrmann (1989) found similar beliefs amongst her sample of British practitioners. She was also told cautionary tales of the effects of misapplied magic: a spell for a new house results not in a move to a different house but with a packet of home renovation leaflets, a female practitioner participating in a spell to make another coven member pregnant (standing in the circle with her) became pregnant instead of the intended target of the spell, a woman who wants to add a sexy atmosphere to her party by using incense that corresponds with Aphrodite finds that her party is attended only by beautiful women, rather than the mix of genders that she had hoped for (p.130). Often these examples are humorous and end well, none of the examples of real spells given are of ones that have resulted in actual harm but they are summarised with the admonition that things could have been much worse. We see a similar pattern amongst the interviewees: Athena gives an example of a spell she cast that was not sufficiently specific and thus needed to be re-cast, however she does not state that the castee (or anyone else) was harmed, merely dissatisfied. The other examples given by AleqGrai with his red shoes and Greenwich with “The

Monkey's Paw" are both fictional. These cautionary tales make their point, without being so dire as to frighten off potential casters or castees. Whilst "The Monkey's Paw" certainly does demonstrate spells having drastic consequences, it is clearly fictional and therefore acts as metaphor rather than a direct warning of what could genuinely happen.

These beliefs about the dangers of unspecific magic appear to be universal: In both Magliocco's (2004) and Orion's (1995) studies of American Neo-Pagans, the authors explain that establishing the aims of a spell is a crucial part of spell casting. Magliocco (2014) goes on to state that this is not just because the aim of the spell dictates its structure and the tools used, but also because "magic misapplied at best will not produce results, but at worst can actually harm innocent people." (p.16). Luhrmann (1989) suggests this to be indicative of belief in magic in general, she explained that by retelling these cautionary tales practitioners reinforce their conviction in the efficacy of spell work. I propose that these cautionary tales also serve to position magic as a serious endeavour, not to be embarked on lightly. By giving examples of negative consequences of ill prepared spells, practitioners are reinforcing the importance of adequate study and seeking to dissuade those who would "dabble" in magic.

Athena's quote hits upon another area of the "be careful what you wish for" trope – being sure that what one is asking for is what one wants. If we do not understand what it is that we are asking for, we cannot truly know if it is what we want or not. Greenwich discusses the fact that she will not cast certain types of love spells for people because they do not truly understand what it is they are asking for and therefore the direct consequences of that request becoming reality:

But if they come to me and, y'know, like a chil-, teenager or middle- aged woman even, and say "oh, I so love this guy, and I want to, I want him to love me forever..." and I will sit down and I will say to you "forever is not a good thing...forever means that, not just this line, lifetime...and if you're not meant to be together in the next lifetime, you are stopping that person's soul from developing, from changing and learning" and if they still didn't like it I'd say "well, I'm really sorry I just don't feel that I could do this for you ... 'cos I don't believe you understand what forever means." (Greenwich, Lines 1324-1337)

Greenwich explains that those who request these sorts of love spells do not fully understand the implications of not only manipulating emotions in this way but also the inclusion of the word "forever". Greenwich believes that people making this request

have not considered the implications of engineering an eternal commitment from the one they desire, and so therefore they do not understand the negative effect that such a spell could have on themselves as well as on the person whom they profess love for.

The result is that Greenwich refuses to do such workings, as they go against her ethical principles. Spells such as the love spell example given by Greenwich would be considered unethical because they impinge on the free-will of another. The concept of free will is another important ethical principle raised by four of the participants:

so you really, really, n-need to know what you want to achieve... without trampling on people's emotions or trying to devi-, cause them to deviate...in a way that they wouldn't normally (Greenwitch, Lines 1019-1024)

I mean there's the general kind of "I'd like to attract someone who will love me" kind of spell...and that I don't have a problem with, because it's not inflicting your will on other people...it's sending that signal out of "d'y'know what? I'm great: I'm looking for the person who's meant to be with me"...erm and sort of creating that whole self-love sort of thing that's fine. The one's that go "You. You will love me and I will bind you to me" again, it influences peoples free will and, and ultimately the thing that's most important to me is choice... y'know I have choice to do things and I have a choice not to and I have no right to prevent someone else from having the same freedom. So, yeah, that's why I'd say be careful, be careful you don't y'know, always think through...and always have the best intentions for yourself and other people (Stormoak, Lines 690-707)

I don't like love spells, I will, there is a way of doing love spells like "if this is meant to be for these two people, please bring them together" this y'know..."this is what the person really, she wants this connect-" whatever it may be, that's a bit different because you're not trying to use it, err the universe to force someone to do something they don't want to do, so again... it's the way you may word a spell as well (Shayla, lines 798-806)

Love spells are often given as examples when discussing spell casting ethics and free will, as they are the most obvious spells that may impose on the free will of an unconsenting person. For Stormoak, Shayla, and Greenwich it is not love spells per-se that are unethical, it is love spells that are directed at specific individuals. More general

love spells (and in Shayla's case, spells that included the caveat "if it's meant to be") are not designed to manipulate the emotions of another, and so are not seen to violate the harm none ethic.

The ethical principle of respecting the free will of others is so fundamental that some practitioners choose not to cast beneficial healing spells for someone without their prior consent:

you'd have to know that the person, they had asked you, y'know... Because I've got an ethic that I wouldn't, for instance, read your cards ...without you actually asking me specifically, yes I could, but I wou-, ethically it would be wrong .... you probably could do a magic spell for somebody that you didn't know very well but you'd have to have their, their blessings, consent or...some kind of (*pause*) permission...yeah, whether it was a spell or reading cards or anything like that (Rhiannon, Lines 561-570 & 588-593)

you don't tend to cast[spells] *on* other people... well not in any ethical sense. Umm, *for* other people, you, they need to know you're doing it, usually they'd have asked you to do it.... the only healing situation where I don't do anything like that is where someone's in a coma for example...and therefore can't give their consent (Yarrowwitch, lines 578-581 & 664-667)

spell craft again is something that I use, kind of, situationally...erm, generally it's because someone has come to me and asked me to do something specifically for them (Athena, lines 166-169)

Rhiannon and Yarrowwitch both state that it is unethical to cast spells for people without their permission, even to the point that Yarrowwitch will not cast spells for people who are in comas as they cannot therefore ask for help or give consent if asked. Athena explains that she will only generally cast spells for people if they have asked her to do so. However some participants feel that there can be exceptions to this rule:

I would love to say that I have never cast a spell without a request from somebody but sometimes they're in no state...on one occasion, I had the mother of somebody, who said "look, erm, my daughter's in this dreadful situation, blah blah blah,"... erm, and she said 'I've asked my friends to pray for her' she was a Christian, erm she said 'can, can you do something as well', um and, I said "yes" but I said "I'm gonna be very careful here, because your



motives might just be different to your daughters motives"... we're not talking about a child here, we're talking about somebody who's about 23 or 4 or something and so you've just got to be careful, if you know what I mean... well, I wouldn't just willy-nilly say to myself "oh, you know, umm so-and-so down the road is looking a bit miserable, I think I'll cast a spell for them today." (Donkey, lines 301-316)

unless it was a life then yes, unless I was in danger or kind of one of my families in danger I will do a binding spell. Erm, or one of my friends was putting themselves at danger, in danger or whatever...I'd always try and do something else first but erm, that would be the only time I'd kind of inflict my will I suppose, on someone else because ultimately everybody has a choice..., so I dunno, if say, I've got friends who, who suffer from depression and if they kind of spiral downwards and erm (*pause*) were y'know thinking suicidal thoughts and I was really concerned that they were gonna hurt, injure themselves ok first I would do something physical... y'know I'd go and talk to them. Get help for them, talk to their family or whatever erm, but I might also ...kind of bind them from doing harm, erm, but again, I always leave that element for their free will...because if ultimately that's what they're gonna do and that's what they've chosen to do, y'know to end their life or whatever erm, and that's what they're meant to do, then they're still gonna do it regardless. So erm, it's still the proviso, y'know, I always put the proviso that it's their free choice and their free will but it's to kind of, yeah, to stop people from doing something to either themselves or if I was protecting myself or whatever (Stormoak, lines 361-385)

Donkey explains that he has cast spells for people without their permission: the example he gives is one where a concerned relative asked for his intervention. He states that he agreed to do the work but was very careful about how he designed the spell, to try to ensure that the spell was as ethical as possible. Donkey clarifies that casting spells without direct consent is not something that he engages in often or lightly, and so he still considers his work to be ethical. Stormoak explains that she will only engage in unrequested spell work if the situation is extreme and someone is in danger, and even then only if more conventional interventions haven't worked. If someone is a danger to themselves and not others, she will include the caveat that the spell should only work if

it does not impinge on their free will. So even in extreme situations Stormoak still tries to adhere to her ethical principles. Like Donkey, Stormoak does not consider spell work without permission to be something one does lightly: it is only used in drastic situations. Even though some practitioners may consider certain situations exempt from the tenet of not casting spells for someone without their direct consent, it does not mean that they disregard all of the ethical principles that surround spell casting.

The ethic of “do no harm” can be applied in other ways: not just in the sense of designing a spell correctly, or refusing to do a working because the request is unethical, but also in a more general sense. Both Donkey and AleqGrai gave warnings about doing working for vulnerable people, who may be suffering from mental health issues:

So there’s been the odd time when I’ve said “no, I don’t think this is for me.” Y’know, erm, let’s leave this one alone. A bit like, I think, with clergymen sometimes get asked to exorcise places, and the more sensible, thoughtful ones say “no, no, I don’t think we need to do that.” There’s nothing like having somebody trotting round your house spraying you with holy water and saying “I cast thee out” and all that... to get your mind completely screwed up. So err, if some, if I think there’s sort of a dangerous scenario here, err, psychologically dangerous then I won’t go there. Because I don’t want somebody thinking that, err, that my spell has caused this bad thing to happen, where I’ve opened up a portal for the devil to get to them and all this baloney...so, erm, yep, sometimes I refuse, nicely (Donkey, lines 197-208)

with things like depression, erm, you need to keep a real close eye on that particular one because people who are already (*mic cuts out*)who are already mentally ill, whose brain chemicals have changed magic must not be employed. Must not. It will accentuate the problem (AleqGrai, lines 803-806)

Both of these warnings display the do no harm ethic in action – casters protect prospective castees from the risk of potential harm to themselves by refusing their request. Athena discusses a time when she had to halt proceedings during a working as the castee became distressed:

there have been times when I have stopped work because I could see the effect it was having on an individual. Umm, which was negative ...they didn’t feel safe, they didn’t feel protected...and that’s because they started to panic, umm, and the only thing I could do then was to close the circle and finish up and I, I

literally sat there and held her for about half an hour...because she was, she, she had worked herself up into a frenzy. Umm, so, there's, there's a consideration that has to be made, because these people are vulnerable....that what you do will help them and benefit them and not make them, umm, go further into whatever it is that they're dealing with...or leave them with a detriment. (Athena, lines 431-446)

Again this is an example of the do no harm ethic, rather than pursuing on with the working, Athena not only called an end to the working but also remained with the castee and ensured that she had recovered from the anguish that resulted from the working.

Like other aspects of Paganism, morality is not dictated by a single set of rules or by any figures other than the practitioner themselves. Pagans are responsible for their actions and the consequences of those actions. So even if they are casting a spell on behalf of someone else, the results of that spell are considered to be a result of their actions. If the results of a spell are detrimental to anyone, the practitioner cannot divert the responsibility for those results to the castee who requested them, they too must share the blame for making those results happen. So by clearly establishing what the castee's intentions and motives are, by making sure they fully understand the implications of their request, casters can avoid working with people for ends which may be counter to their own morals. Casters also ensure that potential castee's are not in a sensitive frame of mind that may result in workings having a negative psychological impact.

### 6.3.2. Perfect Love

It is not only the practitioners spell design that must be considered when adhering to the harm none, the motivation of the caster is just as important. The practitioner's rationale for spell work must be ethically sound.

AleqGrai, Donkey, Yarrowwitch and Greenwitch all discuss contemplating their own motives prior to commencing spell work, to ensure that they are agreeing to spell work for the right reasons:

be honest with yourself, why am I doing this? Why am I helping this person? Who does it serve? Erm, y'know, if it doesn't, if it only serves them and you're not looking for kudos and you're not looking to be, y'know, the lord of the

some-th-(*mic cuts out*) high witchy person or something like that then, y’know, your view is probably right on the nail and you do what you do, and you do it because it just needs to be done, in the same way that you stop at the side of the road and help some poor bugger put his tyre on his car and you get back in your car and go (AlegGrai, lines 1114-1120)

So I usually go up there and umm, give a fair amount of time to meditation as to ‘why am I doing what I am about to do? Is it for the right, did the person ask me for the right reasons?’ So I go through all of that and so my conscience is fairly clear (Donkey, lines 159-162)

are you scaring yourself? Are you trying to be mystical, are you trying to be powerful, are you trying to lord it over someone? (Yarrowwitch, lines 967-968)

and sometimes I work out why as well, y’know so that I know, I’m doing it for the right reasons”(Greenwitch, lines 1051-1052)

AlegGrai and Yarrowwitch give clear examples of what are considered the wrong reasons for spell casting – to gain prestige, due to arrogance, or to appear enigmatic or mysterious. All suggesting that one’s own reasons for casting a spell should be altruistic, without the desire for self-aggrandisement. Stormoak sums this up clearly when she says:

always have the best intentions for yourself and other people (Stormoak, line 707).

Crowley (1989) states that practitioners must ensure that workings are truly for the castees benefit and adhere to the principle of “perfect love” which she explains should be the aim of all magic (p.130). “Perfect love” is one of the “passwords” given to Wiccan initiates prior to their initiation, Crowley (1989) describes Perfect Love as an “unselfish love that seeks nothing return as the act of loving in such a way enriches the lover as much as it does the loved” (Crowley, 1989, p.67). This description mirrors the sentiments of the participants, so whilst the phrase ‘perfect love’ may be limited to more traditionally Wiccan paths in Paganism, it appears to be universally expressed in one way or another. Not only must the caster’s own intentions be ethical, they should also be genuine. Greenwitch explains that she would not be able to cast spells for someone she did not like, as her intentions would not be sincere enough:

I don't think I would be able to do it for somebody I didn't like...although, having said that, if they were trying to change who they were ...or change something about themselves, then perhaps I would be able to do it...but I'm human...and in the back of my mind I'm going 'I really don't like this creepy guy'...and it's not gonna work...it's not gonna work, all the, all the quiet spells, potions, perfumes of the orient are not gonna work if you're standing there thinking 'he's just such a slimy git.' (Greenwitch, lines 1281-1307)

Greenwitch points out that holding negative views about someone distracts her from focusing on the positive intentions of the spell, and that no amount of representations and aids to focus can help to maintain her focus on the objectives of the spell, if she does not regard the castee. This idea is consonant with the concept of therapist congruence, one of the three core conditions that therapists must satisfy in Person centred therapy (McLeod, 2003, p.146) in order for it to be of benefit to the client. Rogers (1961) defines therapist congruence as being “without ‘front’ or façade...the feelings the therapist is experiencing are available to him, available to his awareness and he is able to live these feelings, be them and communicate them if appropriate.” (p.61). Rogers (1961) explains that when in a state of incongruence (i.e. not being able to abide by our feelings) we are not able to listen or respond clearly or accurately, communication is made unclear by incongruence. Orion (1995) reports that many of her population expressed the same opinion that Greenwitch did in this study: that it is impossible to casting healing spells for someone that the practitioner does not like, as “perfect love” is absent. Given the necessity of clear and well defined intentions in spell casting, the importance of practitioner congruence (or perfect love in Pagan terms) is obvious. The incongruence resulting from working without “perfect love” makes it difficult to cultivate and focus on the positive intentions required in spell work.

Casters intentions are important to consider because spell casting is considered to be something that should be about truly wanting to help someone and should not be abused for personal glory. Self-centred or disingenuous intentions can distract from ones focus and can lead casters to make unwise or even unethical decisions.

### 6.3.3. “Your conscience doesn’t lie to you”

Donkey explains that having altruistic intentions is also important as selfish intention may sully one’s judgement and lead one to agree to conduct spell work that may not be in the best interests of the castee:

I think [the most important thing about being Pagan is] probably responsibility for one’s own life without turning to some, erm, all powerful, deity to sort of say, “ok so what do I do now?” and sort of, and/or “I’m sorry Sir, is that ok now?” erm, twenty Hail Marys and off we go. Erm, so I think it’s, that’s extremely important, taking responsibility, I mean your own conscience doesn’t lie to you. So therefore you can say this, that and the other but what goes on, actually inside of your head, I think more so as a Pagan, because you’re not shooting off to tell it to God and then get away with it, that’s God with a capital G. I think that’s the number one thing...probably the most important part. Because I’ve got to live with this afterwards, as the caster and the castee, as you nicely put it, I like that word, has got to also live with this, and so therefore it’s no good entering into something like this lightly (Donkey, Lines 91-98 & 184-186)

Donkey explains that both parties have to live with the moral ramifications of a spells success, not just the castee. Pagans have a self-directed morality which states that they alone are responsible for their actions and their effects. Practitioners must face the consequences of those actions and as a result of this personal accountability Pagan ethical responsibility can be seen as larger in comparison to monotheistic religions, as practitioners cannot rely on anyone else to absolve them if they do make a mistake. This self-directed morality and the personal accountability that comes with it is an extension of the personal spiritual agency that is inherent within Paganism. As explained by Bandura (2001) many people prefer to appoint proxy agents in lieu of adopting personal agency, in part, as a way to avoid the responsibility that results from exercising personal agency. The interviewees clearly assume this responsibility willingly and take it seriously.

Yarrowitch gives an extreme example of how one might be expected to take responsibility for unethical spell work :

I mean we're not allowed to manipulate other people's wills... 'cos that would create a ridiculous situation where you've to follow them around for the rest of their life because the path that they were on, had now changed as a result, as a result of your interference (Yarrowwitch, Lines 613-617)

Yarrowwitch explains that because a spell can alter someone's life trajectory, it would be the responsibility of the caster to maintain the new life course as it was their actions (rather than the request of the recipient) that had resulted in the change in the first place. This demonstrates how seriously the concept of personal responsibility is taken – Once actions have been taken there is no way to discharge oneself from the consequences of those actions and so one must be mindful of the actions one takes in the first place, especially in regards to spell casting.

The example that Yarrowwitch gives is extreme, the consequence of spell work is more often understood in terms of the "law of three", a concept similar to that of Karma. The law of three states that a person's actions are returned to them three times over:

if you do something bad it comes back three times over, if you do something good, it comes back three times over. So, if you work on that, it's, you don't need somebody else telling you...that you've done something wrong, you know it, and you know that you're gonna pay for it. (Greenwitch, Lines 442-447)

The law of three is a concept that applies to all actions and deeds, however it is considered especially important during spell casting, as that is an action one takes to specifically change or create circumstances and so the effects are likely to have a bigger impact on practitioner's own lives.

This self-directed morality obviously means that what is considered ethical varies according to each practitioner. As Donkey states

Your conscience doesn't lie to you (Donkey, lines 94-95)

i.e. we as individuals inherently know what is right and what is wrong and it is that ethic that one must follow rather than one prescribed by others. Orion (1995) also identified this kind of existential ethical truth in the writing of the infamous occultist Aleister Crowley, stating that he "made it plain that the most important part of magic is the careful refinement of one's wishes, which must flow from the truth as the magician

defines it” (Orion, 1995, p.120) – meaning that we inherently know what is right or wrong and it is our conscience that we must follow rather than the rules laid down by others.

The variation in what individuals consider moral has already been evident to some degree with the differing views on casting protective or healing spells for others without their consent. AleqGrai demonstrates this diversity of opinion more acutely when he discusses using spellwork to deal with noise nuisances.

Erm, I also used this [elemental being] to blow up next doors stereo ‘cos he constantly played it at three ‘clock in the morning, bollocks to him, the landlord’s BMW car alarm kept going off, so I took that out as well. (AleqGrai, Lines 675-678)

AleqGrai’s actions are at odds with some of the ethical considerations other practitioners discussed. Destroying someone’s stereo to prevent them playing loud music at unreasonable times could be considered to be impinging on their free will as it removes their choice in the matter. Interestingly when AleqGrai discusses the moral accountability that comes with Paganism, he does not mention the concept of “an it harm none” placing more emphasis on “do as thou wilt”:

spellcasting allows me to do pretty much what I wanna do, when I wanna do it, how I wanna do it, as long as I am willing to take responsibility for it  
(AleqGrai, Lines 232-233)

This further exemplifies the range of morality that is accommodated in Paganism. That AleqGrai is comfortable taking action that others wouldn’t is unsurprising considering his answer to the question “what, for you is the most important part of being a witch?”;

“Freedom of thought...functioning outside of what is acceptable in society today” (AleqGrai, Lines...)

By stating that this is of utmost importance AleqGrai is firmly positioning himself as a maverick, as someone who acts in a way that they feel is appropriate regardless of what the majority may believe. This is something that we have already seen from AleqGrai when he spoke of using magic as a way to gain power in what he describes as a disempowering culture. This is not to say that AleqGrai is a moral, on the contrary, he does at other times display obvious concern for the health and well-being of others: he



discusses at least two occasions where he has cast healing spells for people, one of which had to be repeated daily for a number of months. He, like Donkey, warns against the possible harmful repercussions of casting for those with mental illness and he explicitly states that magic for others should only be conducted with their best interest at heart. Therefore it is apparent that AleqGrai does not disregard the harm none ethic and he explicitly states that he is in accord with the idea that one must take responsibility for one's own actions. However his personal ethics are undeniably different from those expressed by the rest of the practitioners, demonstrating very clearly the diversity of opinions and practices that can evolve from one core principle like the Wiccan rede.

It is partly AleqGrai's ethics and positioning as an outsider to society that I also found challenging when interviewing him. My own ethical position regarding magic is more in line with Rhiannon, Athena, and Yarrowitch in that I do not feel that magic should be used without explicit consent. This is also the position of the majority of Pagans that I have had contact with, so hearing someone speak of using magic to destroy another's property was perturbing. As a western woman the concept of a white man feeling disempowered was hard for me to believe, especially because AleqGrai seemed so sure of himself (which may well be the result of the empowerment he experienced as a result of practising magic). This resulted in some initial scepticism on my part. I was aware of these feelings during the interview and worked to set aside my emotional knee-jerk reactions and to actually hear what AleqGrai was telling me.

## 6.4. Belief

Five of the participants discussed the mediating effect of belief on the success of spells. This included not only the castee's belief but also the caster's. This was mostly expressed as a lack of belief (from either caster or castee) inhibiting a spell's effectiveness or requiring more "energy" to make it successful, rather than spells being more successful the more belief someone has in their effectiveness. In fact, practitioners felt it necessary to manage castee's expectations of a spell's likely success rate to prevent any negative reaction or disillusionment. This suggests that while negative beliefs about the efficacy of spells can have a detrimental effect, the same is not true vice versa and increased belief in a spells likely effectiveness is not said to enhance the efficacy of a spell.

#### 6.4.1. “If you’re going to resist it, it’s not going to work”

The amount of belief a castee has about the effectiveness of a spell was said to have a mediating influence on the efficacy of the spell and the amount of energy required by the practitioner. Disbelief is alleged to result in spells being less likely to work or more difficult to cast in the first place, however belief in spells does not appear to have a corresponding positive influence on either the spells success rate or ease of casting.

Whilst one might assume that a person approaching a Pagan to cast a spell for them would, by definition, believe spells to work this is not always the case as Athena and Yarrowwitch discuss;

so I’ve worked with people who were very cynical... and who afterwards, had had some sort of experience that they can’t really explain ...so that it might have left them feeling umm, better but also having a lot more questions about what just happened...and then I’ve worked with people who have a very, very strong belief and, for, them, there was never a question of whether or not it would work, it’s just “this is what we do” (Athena, Lines 282-291)

well, I mean they wouldn’t have really asked you to do a spell if they didn’t believe it would work, you would think, but they actually do. They do ask you for things if they don’t believe it works (Yarrowwitch, lines 608-610)

Despite knowing that some of their castees may not believe in the efficacy of spells, Athena and Yarrowwitch did not discuss using this as a reason to deny doing workings for people. Nor did they discuss any ways to counter this disbelief before spell working. This suggests that a castee’s lack of belief does not influence the practitioner’s belief in their own skills or the efficacy of magic – they still feel that the time and effort expended during spell work is worthwhile. In turn this suggests that a lack of belief from castees doesn’t impact how well the caster practices, i.e. reduced efficacy of spells for disbelieving castee’s is not due to their disbelief undermining the practitioners confidence and therefore reducing their capacity to focus on the working. Rather it suggests that the difficulties created by disbelief are located outside of the practitioner. When Athena discusses people who have strong faith in the efficacy of spell work she does not state that they experience any greater effects, there is no mention of those with a strong faith receiving better results than those who may be undecided or open minded sceptics. For those who strongly believe in the power of spells their use and efficacy is simply accepted.

Greenwitch discusses one instance in which she found her psychometry abilities (to be able to discern facts about a person by holding objects associated with them.) useful as a way of demonstrating to the castee that she would be able to effect a change in his circumstances and thus bolstering his belief;

I get a sense of who the person is... and troubled times and things that they've been able to, y'know, just a, a sense of who they are...and this kind of thing, um, Carl\* was a bit surprised that I caught him, caught, ah, one or two things that he'd not actually told anybody. So, that, that's good because it means that he believes (*laughs*)... so he's not gonna be looking at my little techno-spell and go "what a load of rubbish" (*laughs*) and I'm sure that part of it's that (Greenwitch, Lines 1063-1073)

Although Greenwitch explains that her psychometry skills in this case worked to counter any scepticism that a castee may have had, she does not describe using them with every castee to ensure their belief in her spell working abilities, suggesting that this situation was coincidental. Greenwitch does confirm that she believes that castee disbelief can have an impact of the efficacy of the spell. Rhiannon explains why a lack of belief can have an impact on a spell;

I think [the castee remaining negative can affect a spell], because energy, I think so, I think so. Or if they don't believe... I know this is a strange thing about this belief y'know.... I think if you believe that someone can help you and you believe you can help yourself and someone can actually work with you to help you with the spell- it must be energy and it must help with the spell... in a positive way (Rhiannon, Lines 617-620 & 642-646)

In the above quote Rhiannon is comparing spells for negative or sceptical people with spells for optimists and advocates of spell casting. She says that the faith someone has in spell work can contribute energy to the spell; for those who believe, this energy is positive, for those who disbelieve it is negative. Rhiannon is the only participant to suggest that belief in spell work can have a positive contribution. Rhiannon` is acknowledging that some element of a spell's efficacy is a result of what many would refer to as the placebo effect. However she frames in terms of the amount of energy contributed by castees, spells for believers are more likely to be effective because they contribute energy to the spell, enhancing its effectiveness. Athena partially concurs with

Rhiannon, stating that she feels that spells for sceptics require more energy than those for believers, but she does not say that spells for believers require any less energy or effort than “normal” spells;

the amount of energy it took [to cast spells for two sceptical people] was definitely erm, far greater than norm for me...only because I felt I was fighting something the entire time. Erm, it was interesting to get the results, erm, one of them, who was very sceptical remained very sceptical afterwards, even though they got the results they wanted... the other person, I think, has now been down a path that's very spiritual (Athena, Lines 648-657)

It is interesting to note that Athena felt as though she was fighting against something rather than discussing the negative effect the disbelief had on her ability to carry out the work or focus on the intentions of the spell. Again this is indicative of the idea that disbelief creates difficulties outside of the practitioner, rather than working to undermine the practitioner's confidence or abilities. The problem caused by disbelief is understood to be one of *reception* of the energy sent during spell casting, rather than one of delivery. AleqGrai, Shayla and Yarrowwitch all state that magic can only help those who truly wish to be helped;

some people define themselves by their illness... it's what gives them social standing, you need to watch for this really carefully...(mic cuts out) if you touch them, that they are completely shut down, you cannot actually channel energy into these people because they fundamentally do not want to change. (AleqGrai, lines 935-941)

y'know, see so many, so much energy, so much negativity, so much sadness that's there and it's kind of like you know it's gonna be really hard to break through to this person doesn't matter how much you try, sometimes it's like I will do everything I can but it's, it's only gonna work if it's something you really want as well...just like anyth-, just like anything y'know. It's just like when you go to counselling, if you wanna get help it's gonna help you, if you don't if you're gonna resist it, it's not gonna work (Shayla, Lines 573-581)

we don't make promises; we don't say to people 'you'll be fine'... because if they don't, if at any level they don't want to be fine, they won't be (Yarrowwitch, lines 1158-1160)

All of these participants explained that if someone does not want to be healed then magic will be less effective for them, there is some onus on the castee to accept or receive the energy sent in a spell. Arguably someone who is deeply sceptical about the efficacy of magic may not wish to see their beliefs challenged by a successful spell. Thus their disbelief is likely to lead them to be unreceptive to the energy sent in a spell, their disbelief making the transmission, not the creation of the energy, more difficult for the caster.

When Shayla talks about the impact of castee disbelief she frames it in terms of counselling resistance. This is interesting given the parallels already seen between practitioner and therapist congruence in section 6.3.2, however the idea of “magical resistance” is not as comparable to counselling resistance as the two concepts of congruence are. The major way in which they differ is the way in which they manifest; in the counselling relationship clients can actively “perform” resistance by turning up late to appointments, refusing to talk, or other behaviours that may disrupt the counselling sessions. Castees of spell work practiced at a distance cannot perform their resistance so actively. Once they have spoken with the practitioner, explained their requirements, and provided the necessary identifying items, their role becomes significantly more passive than that of a counselling client and so “active resistance” from the castee is not possible. Whilst it is conceivable that castees may perform their resistance in these initial stages by not being clear about their requirements or not providing the identifying items, this is not the sort of resistance that practitioners report. On the contrary, beyond a possible statement of scepticism, practitioners report an *energetic* resistance rather than a behavioural one. This does not mean that the comparison between counselling resistance and magical resistance is necessarily a false one, rather it may be that they share common origins. Kottler (1992, cited in Kottler & Uhlemann 1994) reviewed the literature on the subject of difficult clients in counselling and developed a typology of different types of counselling resistance;

- Type 1 resistance results from the client not understanding what the counsellor wants or expects.
- Type 2 resistance takes the form of refusal to complete assigned tasks due to a lack of relevant knowledge or skills.

- Type 3 resistance is a response to scepticism about the outcome of treatment and takes the form of indifference and apathy towards the counsellors' attempts to help.
- Type 4 resistance occurs, Kottler & Uhlemann (1994) explain, "when clients are beginning to lose confidence in their defense mechanisms to manage their fears, they frequently begin to sabotage further progress in counselling." (p.8)
- Type 5 resistance is the result of clients not wishing to lose the secondary gains that they receive as a result of their symptoms.

(Kottler & Uhlemann, 1994)

Type three resistance is motivated by scepticism of the counsellor's methods, something that Athena and Yarrowwitch both report experiencing in spellcraft. Type five resistance is motivated by clients wishing to retain the "secondary gains" that result from their malady, and is discussed by AleqGrai and Yarrowwitch. Type four resistance is a result of clients not wishing to challenge their current understanding of the world. This is something that could conceivably occur if one were sceptical about magic but then benefitted from a successful working. Athena describes exactly that occurring in one of her workings for a sceptical castee; after seeing the successful results of the working the formally sceptical castee is now described by Athena as having become very spiritual. The other sceptical castee that Athena discusses was not convinced by their successful working, however one could argue that they didn't acknowledge the evident efficacy of magic so as not to challenge their current understanding of the world. Type one and type two resistance in Kottler's (1992, cited in Kottler & Uhlemann 1994) typology do not appear to have a magical equivalent because these forms of resistance can mainly only occur in the type of situation where the client is more deeply engaged with the therapist which, as previously explained, does not tend to occur in the distant spell working relationship. Kottler and Uhlemann (1994) offer ways in which counsellors can help to resolve client resistance, suggesting that whilst resistant clients may require more effort than non-resistant clients, they can still benefit from counselling/therapy. This view is also present to some degree amongst the spell-casters in this study with none stating that they would refuse workings for potential castees on the basis of scepticism. However AleqGrai, Shayla, and Yarrowwitch all

state that despite a practitioners best efforts some castees may prove to be so resistant that magic has little to no effect.

Athena also recognises that a castee's belief (or lack thereof) can influence whether or not they attribute changed circumstances to spell work;

Erm, it was interesting to get the results, erm, one of them, who was very sceptical remained very sceptical afterwards, even though they got the results they wanted...the other person, I think, has now been down a path that's very spiritual...and has altered their belief system based on the experience we had together...yeah. So y'know, I'm one for, I'm one out of two I can't complain... that's not bad odds when it comes to, y'know, sceptics (Athena, Lines 650-660)

She explains that one castee didn't change his beliefs despite achieving the changes requested but one did. So although Athena was able to overcome the difficulties resulting from the decreased receptivity of the castee's to the energy sent in her spells, one of the castees did not attribute their change in circumstances to the effects of the spell and remained sceptical of the power of spell work.

A castee's belief in the potential efficacy of spell work can have a mediating influence on the efficacy of spells cast on their behalf. Disbelief from a castee appears to influence how receptive they are to the energy sent in spell work- making spell work for highly sceptical castees more difficult than spells for people who accept their efficacy. If a castee is resistant to the idea of change in their condition, due to fear of change or loss of the secondary benefits of illness, it may render them completely ineffective. Despite this, practitioners do not refuse work for the sceptical nor do they tend to try and challenge that scepticism. Belief in the efficacy of spells does not have an equal and opposite effect – spells for people with strong belief are not reported to be easier or more effective than for those who may be open minded but not fully convinced.

#### 6.4.2. "You've got to believe that you can do it"

Four of the participants explained that it is not just important for the castees to have faith in the effectiveness of spells, but the casters also;

you've got to believe that you can do it... and that it'll happen (*pause*) and that's so you know when you find it....I mean if you're going to kind of build

up this big elaborate structure with lots of wonderful words but you don't actually think it's going to work then it won't... but if you do it in a kind of a, what other folk would say in a ramshackle, slipshod just of the head kind of fire it off the head kinda way and you're absolutely certain like sure it's going to work then it will. (Yarrowwitch, Lines 520-522 & 530-536)

the only thing I would say, when it comes to any kind of healing or working with, with your guides or whatever it may be, there are certain elements you need;... you need to have confidence within yourself (Shayla, Lines 408-412)

sometimes [magic] works and sometimes it doesn't but again its *(pause)* it's belief in yourself, it's a belief that and also that if you can't, again it's the same thing as if you go to do something and it's *(pause)* you have to have also the belief that if it doesn't work, there's a reason for it. (Rhiannon, Lines 680-683)

Yarrowwitch, Shayla and Rhiannon all state that for a spell to work one must have the confidence that it will. For Yarrowwitch this confidence is more important than using complex or elaborate ritual structures or tools. Simple rituals and spells can be just as effective as long as one has self-belief. Reid (1996) corroborates this idea; in her discussion of the various uses of magical ritual Reid explains that spell-work "is predicated upon one's unwavering belief that one will attain the visualised end-goal of the spell." (p.157).

Rhiannon suggests that not only is it important to have self-belief but also that it is important to maintain that self-belief and not to become discouraged in the face of failure- to trust that a failed spell is not indicative of lack of ability or the non-existence of magic but rather the result of some higher reason.

Greenwitch describes an occasion when a friend's spell failed, she believes, due to a lack of self-belief;

Will\* came round to me and said "so-and-so wants do to a spell." I said "oh really?" thinking Monkey's paw... and, umm, he said, well actually he got this book out and I said "well that's an American one, you're gonna have to wait till that comes through" ...I said "in any case it's, erm, *(pause)* it increases testosterone, is there any reason why she wants to increase the testosterone in the room? In the courthouse" and then there's something else and there were two or three things that I thought "if this was in America there'd be, there'd be



a shoot-out at the end of it.”...I said “you can’t do that, you can’t do it, you’ve gotta take that one away and that one away and, dear God in heaven, that one away...cos if you leave those three in, they’re not gonna be worried about it, they’re gonna be shaggin’ the, shaggin’ the judge.”... and he said “right, ok, can we use the rest of it?” I said “you can use the rest of it but you damn do the monkey’s paw thing and tell her”... and so, they did it, didn’t work. I think possibly because they felt, they weren’t in the right space at that point... somebody had come in and said “you can’t do this it’ll be like gun, gun fight at the ok corral”...y’know instead of, instead of me going “ummm well maybe some of these will work” I don’t think they thought it would without it... and I’m, again I believe very much that intent, so you have the idea, you have the method and you have the intent (Greenwitch, Lines 1180-1210)

Greenwitch explains that her friends did not believe that their spell would work without the original ingredients they had proposed. Greenwitch does not suggest that the changes she recommended resulted in the spell work becoming ineffective, but rather her suggestion that changes needed to be made resulted in her friends losing confidence in their abilities. Greenwitch’s suggestion that something was not right with the spell that they had planned meant that her friends were no longer “in the right space at that point” – they no longer believed that their spell would be effective and their frame of mind was no longer conducive to effective spell casting.

The issue of caster’s belief is one that is discussed extensively in both the Pagan and the academic literature, though from different perspectives. The Pagan literature focuses on the necessity of self-belief for successful workings, the academic literature explores how magical beliefs are established and maintained, as well as acknowledging the reported importance of belief for efficacious spell work.

The opinions of the practitioners regarding the importance of self-belief mirror those found in the Pagan literature. Farrar et al (1999) for example state that “any form of magic will fail if the practitioners do not actually believe in what they are doing or, have no confidence in their own abilities.” (p140), mirroring the statements made by interviewees. Similarly, Cunningham (2003) frequently emphasises that the power of spells lies with the individual practicing them and that believing instead that this power lies outside of ourselves (i.e. that it is not the individual practitioner effecting change) will result in spells being unsuccessful. And Crowley (1989) explains that the “perfect

trust” aspect of the Traditional Wiccan maxim of “perfect love and perfect trust” applies not only to trust in the deities and other coven members but also trust in oneself and one’s own abilities. Starhawk (1989) emphasises the importance of self-belief in Paganism when she explains that self-belief is something that must be developed and maintained through everyday actions, not limited to magical workings. This occurs through such actions as keeping promises or commitment that we have made;

“If I say I will finish a report by Thursday and I do so, I have strengthened my knowledge that I am a person who can do what I say. If I let the report go until a week from next Monday, I have undermined that belief...to a person who practices honesty and keeps commitments, “as I do will, so mote it be” is not just a pretty phrase; it is a statement of fact.” (p125)

Magliocco (2004) reports being told something similar by the high priest and high priestess of a Gardenerian coven into which she was initiated. They admonished her about her habit of cursing at other road users when driving, explaining that whilst such cursing couldn’t result in actual harm to others it is “imprudent” for magical practitioners to make statements they cannot uphold (p.115).

What we see in the Pagan literature and in the interviewee’s statements is an emphasis on the necessity of belief in one’s own ability to perform magic effectively rather than an emphasis on belief in the concept of magic. It would appear that belief in the concept of magic is a given amongst practitioners and it is belief in their own capabilities that is more likely to be called into question.

The notion of success requiring self-belief is one that is also widely accepted in social psychology; the concept of self-efficacy. Bandura (1997) defines self-efficacy as “belief in one’s capabilities to organise and execute the courses of action required to produce given attainments.” (p.3), which has striking similarities to Starhawk’s (1989) definition of the self-belief as “a basic belief in my ability to do things and cause things to happen.” (p.125). The influence of self-efficacy on achievement across a number of different spheres of functioning is well documented, Bandura (1997) reports the findings of twelve papers across nine different spheres of functioning, all of which provide evidence for a positive relationship between self-efficacy and outcome (p.24). Holden (1991) and Robbins et al (2004) likewise found a positive relationship between Self-efficacy and health related outcomes and college outcomes in their respective meta-analyses.

Bandura (1997) explains that self-efficacy influences outcomes in a number of ways; higher self-efficacy generally results in increased effort, perseverance and resiliency, better coping and increased level of accomplishment (p.3). In essence, the higher one's self-efficacy, the more likely one is to work hard to achieve results and the less likely one is to give up when facing adversity. The benefits of increased effort in spell work are apparent given the vital role that focus plays.

It is interesting to note that the lack of belief discussed by the casters is one of self-belief, not belief in magic in general as is described when discussing *castee's* disbelief. If casters suffer from a loss or lack of confidence it is in their own abilities or individual spell recipes rather than in magic or spell work altogether. Bandura (1997) warns against conflating perceived self-efficacy and outcome expectations, explaining that "Perceived self-efficacy is a judgment of one's ability to organize and execute given types of performances, whereas an outcome expectation is a judgement of the likely consequences such performances produce." (p.21). Clearly, the interviewees were discussing the importance of *caster's* perceived self-efficacy and *castee's* outcome expectations. Caster's outcome expectations were not explicitly discussed by the interviewees, however their belief in the concept of magic (and therefore their outcome expectations) was apparent throughout the transcripts. Even when discussing failures in spell casting, the concept of magic itself was never questioned, failures were instead attributed to such things as faulty technique or inauspicious timings. Luhrmann (1989) found similar reasoning amongst her sample of British Pagans, stating that "Failure, when identified, is ascribed to the particular magician - and her belief, goal or technique – rather than to her general 'theory'" (p.141).

This is generally considered by skeptics to be an example of "faulty reasoning", something often attributed to paranormal believers. Bressan (2002) investigated the relationship between understandings of probability, experience of coincidences and paranormal belief. She found that although paranormal believers did show some distortions of probability, this correlation disappeared in educated individuals, suggesting that paranormal belief is not the result of reasoning deficits. Bressan (2002) also found a correlation between reported frequency of coincidences and paranormal belief that was independent of educational level and no correlation between distortion of probability and reported frequency of coincidences, i.e. Paranormal believers are more likely to experience coincidences, but this cannot be explained by a misunderstanding of

probability. In fact Bressan (2002) states that her findings not only do not support the argument that probabilistic reasoning deficits results in paranormal belief but actually suggest an opposite mechanism (p.29). Bressan (2002) divides coincidences into the “holy class” (precognition, telepathy and clairvoyance) and the “class of insults” (spontaneous associations, ‘small world’ experiences and runs and clusters of names, numbers or similar events) and explains;

If it were paranormal belief to create ‘paranormal’ coincidences by virtue of interpretation, one would expect to find differences between stronger and weaker believers in the realm of coincidences of the first [holy] class only. The fact that this is not the case seems to strengthen the notion that it is not pre-existing belief that creates coincidences, but coincidences that create and foster belief. (p30)

Bressan (2002) is suggesting that it is people’s experiences of coincidences that are leading them to develop paranormal belief, rather than their paranormal beliefs leading them to experience or identify more coincidences. This has clear parallels with Luhrmann’s (1989) theory of Interpretive Drift. Luhrmann (1989) explains that Pagan conversions are rarely of the Damascene type seen in other religions, it is far more gradual and inexorably tied to experiences. By its very nature the practice of Paganism and magic results in novel experiences that can be hard to explain or understand using commonplace, culturally accepted frames of reference. Magical ideas give those experiences context and meaning, which in turn makes the magical ideas more persuasive leading to “systematic changes in the very structure of interpretation...the new magician learns to identify evidence for magic’s power, to see patterns in events and to associate them to other events in ways not done earlier.” (Luhrmann, 1989, p.313). Luhrmann (1989) is, like Bressan (2002), suggesting that experience precedes belief and is the catalyst for a change in styles of reasoning. Bressan’s (2002) research into coincidences is even more relevant to this when we take into account the importance of coincidences in Paganism. Magliocco (2004) considers synchronicity, the Jungian concept of ‘meaningful’ coincidences, to be one of the main tenets of the Pagan worldview. She explains that many budding practitioners may consider their first magical successes to be mere coincidence, but are soon informed by other practitioners that “there are no coincidences” (p.103). What are often perceived by others as coincidence are, to Pagans, examples of the way in which the universe is interconnected and all things and events are suffused with meaning (p.102) Like Bressan (2002),

Magliocco (2004) does not consider magical beliefs to be the result of irrational and faulty reasoning, rather they are “a fundamental way of organizing and understanding patterns and workings of the cosmos.” (p.102) and are indicative of the Pagan worldview of the interconnectedness of everything.

I find this topic challenging as it is at the crux of my own cognitive dissonance (discussed in section 5.5). It is perhaps partly for this reason that magic for purpose doesn't feature in my own personal practice (though I have always felt that it is more due to the lack of necessity) and that I remain open minded about the efficacy of magic for purpose. I find it unfair to suggest that my interviewees do not understand probability and reasoning, especially given the high level of education of the majority of the participants (including at least two with psychology degrees) and that even when spells are considered successful practitioners are careful to offer alternative explanations. Perhaps I feel it would be unfair to say this because I would personally feel insulted if someone suggested that I have faulty reasoning skills! Given that there is evidence on both sides of this debate (e.g. Moner and Keports, 1992; Dagnall, Parker & Munley, 2007; Billows & Storm, 2015, 2016; Bressan, 2002) I feel that it is difficult at present to reach any conclusions regarding the faulty reasoning theory.

## 6.5. The Psychoactive ritual

Pagan workings, whether for purpose (spells) or for Praxis, occur as ritual practices. When participants discussed what occurs during rituals, and the key elements of rituals an emphasis on change of consciousness emerged. Participants discussed how rituals are designed to facilitate and maintain an altered state of consciousness (ASC) as well as describing the characteristics of the ASC they try to achieve.

### 6.5.1. The space between worlds

One of the primary features of ritual in spell work is the creation of a space in which to carry out the work. By defining and consecrating this space, practitioners are able to divorce themselves from everyday worries and distractions and fully immerse themselves in their practices. This space is a liminal space: the term “liminal” comes from the Latin “limen” meaning threshold (Reber, 1985, p 404). A liminal space therefore is one that exists on the threshold of two others; this threshold can be both

literal (for example a border between countries) and figurative (for example the hypnagogic state of consciousness, between wakefulness and sleep).

As Pagan's do not have specified buildings in which they act out their faith, such as Mosques or Synagogues they create their own each time they need to do a working. It begins by demarcating the space and then sanctifying it by calling in Deities and guardians/quarters (beings that represent the four elements and their corresponding compass points). In doing so the circle is defined as a sacred space, one that differs from its mundane surroundings. This provides the appropriate environment for magical workings, in the same way that the environment inside a Mosque, Synagogue or Church signifies to adherents that that space is separate from the outside world and dedicated to the divine, thus facilitating worship;

it would start with creating an erm, sacred space to work in... and blessing that space. Often that includes drawing a circle and drawing down the guardians...the four directions. (Athena, Lines 201-207)

I cast a circle and then I will call on one or more archetypal deities...[do the working] then I will err, close up the circle and erm, have a cup of tea, or in my case probably a glass of wine (Donkey, Lines 170-178)

so I will cast a circle, erm, and I will call in the quarters, erm, and I will carry out a spell (Stormoak, Lines 197-198)

The space that is created by casting a circle is very much a liminal one; circles are most often created in the practitioners house and thus they are creating a space that is betwixt and between the sacred and the profane- They are working with otherworldly entities and magic in a space that is sanctified and separate from the mundane world and yet is located very visibly within it. The idea that the circle separates one from the real world is common within the Pagan introductory texts. The circle is often described as existing "between the worlds" (Adler, 1986, p. 109 Starhawk, 1989, p. 72; Green, 1991, p. 59). The creation of a space that is removed from ordinary time and space and all of the distractions that come with it is clearly beneficial to establishing an immersive atmosphere that facilitates an ASC.

It is not just the physical working space that is prepared when one casts a circle, Rhiannon, Athena and Shayla discuss mental preparation for spell work as equally important;

I find it's always important to kind of meditate (Rhiannon, Line 702)

another key factor then is that, because obviously we come with all our baggage of our day... is to take a few moments and to kind of get rid of all of that and maybe do some meditations, some quiet mind work, umm, some mindfulness work just to, kind of, bring ourselves right there... and get rid of all the other clutter in our head, umm, so that we can do the work with our hundred per cent attention. (Athena, Lines 468-476)

I say to [castees], 'look we're gonna get into a meditating state' so I would put on the candles erm scented candles or incense to invigorate their sense of smell, music to invigorate their sense of hearing erm and so forth and so forth and I'm s-, quite often when I do healing I'm, depending on who the person is, I might take them through a meditating talk maybe (Shayla, Lines 223-227)

These participants talk about meditating prior to spell work. Athena explains that the aim of this preparatory meditation is to clear the mind of any concerns or stresses to allow practitioners to be able to concentrate clearly on the magical working. Indeed Greenwich and Donkey explicitly frame ritual working as an exercise in focused attention;

specifically in rituals you're focussing on things (Donkey, Line 78)

you don't need a, you don't need a sword of something-or-other, I've got a coffee stick here that I use in a rush...it's, hah, people use ritual, in my mind, they use ritual because it makes it easier to...focus, and it also makes it easier to focus on the intent...as well as the delivery (Greenwitch Lines 1218-1225)

The ASC that appears to be cultivated for spell work through the use of preparatory meditation and focused attention could be argued to be a liminal one. It is betwixt and between our normal state of consciousness and a truly altered one. The use of meditation to quiet the mind and clear away the stresses and concerns of the day is clearly a way to promote a state of consciousness that differs from our normal one where the concerns and stresses of the day are considered to be acceptable, yet awareness in this state does not appear to be as vastly altered as a trance or shamanic

state. The creation of the sacred circle provides a liminal space that compliments the liminal state of consciousness necessary for magical workings.

Adler (1986), Orion (1995), and Starhawk (1986) all conceive this ASC as a change in perception, from profane to sacred (Orion, 1995), from narrow and limited to holistic and homologous (Adler, 1986; Starhawk, 1989). However the state of complete focus described by the participants sounds very much like Csikszentmihalyi's Flow experience, which is described as "the holistic experience that people feel when they act with total involvement" (Csikszentmihalyi, 1975, p. 36) which has been compared to liminal experiences (Turner, 1983). There are many parallels between the Flow experience and what practitioners describe in spell casting; Csikszentmihalyi (1988) states that for flow to occur the activity one participates in must have "clear goals and provide rather quick and unambiguous feedback" (p.32), the skill required for the task should be at such a level that the participant is challenged and yet able to cope, i.e. they must believe that they can do it, there must be a "sense that the outcomes of the activity are, in principle, under the persons own control." (p.33).

As described in the intention section of this chapter, Pagan practitioners consider it vital to establish the aims of the spell before they begin, thereby setting clear goals.

Csikszentmihalyi (1988) clarifies that the feedback received doesn't need to be as concrete as something like outcomes, so we can see that practitioners do receive feedback; AleqGrai in his discussion of the use of incorrect correspondences states that you have to work harder when inappropriate correspondences are used. Athena, when talking about spell casting for disbelieving castees, talks about having to use more energy. In both cases practitioners are receiving feedback about the state of their spell. Rhiannon also confirms that she receives feedback about the state of spells as she is casting, explaining that spells that are more difficult tend to be the less successful ones;

the one's that do work seem effortless... and the ones that don't, seems to be the universe is trying to tell you something- either that you've got it wrong or that you've, the intent is wrong or whether there's something wrong with the spell or whether it's not meant to be or it's weird but you know the difference, you definitely know the difference between one and the other... before I see the results always before I see the results, I can immediately tell you straight away. I can't explain it away, I just know. (Rhiannon, Lines 867-875)



Clearly practitioners do feel that they receive some kind of feedback about their progress, even before seeing any results. When discussing the impact of belief (earlier) in this chapter we see that practitioners feel that spells are not as successful when they do not believe that they are able to elicit the required results- i.e. they feel the skill level required is beyond their capabilities. Belief in and the practice of magic is essentially a belief in the idea that one's actions during spell casting can have a genuine impact in real life, and so evidently practitioners feel that the outcomes of their actions are under their control.

When these dimensions are achieved and the person is in a state of flow, they often experience a temporary loss of the “awareness of self that in normal life often intrudes in consciousness and causes psychic energy to be diverted from what needs to be done.” (Csikszentmihalyi, 1988, p33). Pagans use the creation of the liminal, sacred space to disconnect themselves from this normal, distracted state of consciousness. Therefore, I would argue that when practicing spell craft, Pagans are creating the perfect conditions to facilitate the flow experience.

#### 6.5.2. “We do what we do in symbol and in miniature”

The ASC necessary for spellcasting, that is fostered by the creation of the liminal space, is maintained during ritual through the use of symbolic representations of the castee and the intentions of the spell; as Yarrowwitch states

we do what we do in symbol and in miniature (Yarrowwitch, Line 472)

The symbolic representations used are mainly physical objects that have some literal or symbolic likeness of the target of the spell. These representations give practitioners a point of focus in absence of distant castees and also provide a point of connection to them. Four of the participants explicitly stated the need for a representation of the castee. For some a literal reproduction of the person like a photograph or poppet (small cloth figure of a human being) was sufficient. However something that had been in contact with the castee was considered a better representation of them;

I suppose ideally there's some connection between the [caster and castee]...  
because then you have a feel for the person in some way...or the other, even if  
it's just err, an image of them ....ideally I will have erm, an image either in my

mind or err, a photograph or something or an artefact...of the person concerned (Donkey, Lines 280-284 & 165-169)

If it's for someone else then obviously I will erm, err, I like to have something of theirs often if I don't I will picture them and sit and visualise and kind of meditate and visualise them. (Stormoak, Lines 201-203).

it's good to have something that's theirs...and it could be anything, y'know *pause* lend me your necklace and you can, I'll give it back to you tomorrow....have you got something that is really important to you?... depending on what it is, y'know. (Greenwitch, Lines 1256- 1263)

how would I deal with [a spell to get over a relationship breaking up] specifically? Well, again erm, a poppet, you've obviously heard of a poppet, some people create a poppet and some people might want to get a bit of clothing off the person, so they'll, they'll sew the poppet up, they'll put the herbs in and erm, you, you pop the herbs in and then you'll sew it all up, you'll bury it and then you'll basically say an incantation or you'll say something along the lines of 'ok this is now gonna be cutting ties with this person, I'm now burying this part, I no longer want to have an attachment' (Shayla, Lines 233-239)

For Donkey, Shayla and Stormoak the representation of the castee can be a visual one; a poppet, a photograph or mental image of the person. Stormoak and Donkey both express that the ideal representation should be something belonging to the castee, and Shayla states that poppets are stuffed with clothing belonging to the person they are to represent, thereby including an item belonging to the target. For all of the participants who expressed a need for a representation of the castee, an item belonging to the castee is optimal. Greenwitch states that the item must be something that holds significance for the castee; this would suggest that it is important to have a something that has been in close proximity to the castee (she gives the example of jewellery). The representations of physical appearance given as examples (poppets and mental images, as well as photographs) are not all exact reproductions of the castee's visage, suggesting that a sense of the person is more important than having a precise replica

The preference for items that have been in contact with the castee may be due to the idea of contagious magic, described by Frazer (1894) as "the notion that things which have once been conjoined must remain ever afterwards, even when quite dis-severed

from each other, in such a sympathetic relations that whatever is done to one must similarly affect the other” (p. 37). This concept is seen to be accepted by interviewees as Greenwich states that she is skilled in psychometry and can receive psychic information about someone’s life and history through holding an object that they own (lines 336-352). Yarrowwitch also discussed the concept of contagious magic, equating it to Locard’s exchange principle of forensic science that states that every contact between two things leaves a trace (Stelfox, 2009, p92);

another way that things are connected is because they used to be in contact with each other...like your sock or a piece of your hair or whatever used to be in contact with you...and Locard’s principle says that every contact leaves their trace, that’s what they’re all doing on CSI or whatever, they’re always finding a trace of the crime scene on the guys shoes or his, trace of the guy on the crime scene, y’know (Yarrowwitch, Lines 770-778)

Yarrowwitch suggests that through magical contagion a ‘trace’ of the person is left on items that they own, and a connection to the person is established through this trace. According to the principles of sympathetic magic, whatever is done to the representation happens to the person and so intentions focused or directed to the representation will be received by the individual represented.

None of the participants discussing this concept stated that the representation of the castee needs to be an accurate facsimile, nor even that it needs to be a tangible object (although that is preferred) – what is important is that the representation provides a connection to the castee. Having a connection provides a way in which one can direct the energy to be sent. Trying to concentrate on a person who may be relatively unknown to us can be extremely difficult, using an item or having a mental image which represents them gives us a point of focus that we might not otherwise have. If that representation is a direct channel to the person (via the magical principle of contagion), the practitioner can focus their attentions on the tangible object, rather than trying to “send” that focus to a distant, potentially unknown person; representations make the “target” of the spell clearer.

The other use of symbolic representation was to depict the objectives of the spell. Given that the objective of a spell needs to be very specific (see section 6.3.1.), representations of the objective of a spell are more numerous, multifaceted, and precise than

representations of the castee to accommodate the various different aspects that need to be represented.

The target in this sense is often represented through the use of “correspondences”, these are things such as crystals, colours, deity forms, plants, otherworldly entities, dates, moon phases, planets, even in some cases, hours of the day that are believed to have “a psychic affinity” (Farrar & Farrar, 1992, p.45) with other things such as parts of the body, emotions, or quality-concepts. According to Farrar and Farrar (1992) “A study of correspondences is therefore very helpful in planning a spell working ritual, so that everything –accessories, deity forms invoked, incense, robes if any, colours etc- can be in tune with the operation and contribute to its power.” (p. 45). For example, the Goddess Aphrodite has correspondences with love, as does rose quartz crystal, the colour pink, roses and the planet Venus (amongst other things). A Pagan looking to cast a love spell may utilise some or all of these things in their spell work to represent their target object of love and provide extra assistance in casting the spell.

As with most aspects of Paganism, the associations attributed to correspondences varies amongst individuals, as does the extent to which they are used but tables of correspondences are common features in many introductory Pagan texts and spell books. Seven of the eight participants discussed the use of correspondences within spell work in various formats;

Athena invokes different deities during spell casting, working with deities that correspond with her target objective, rather than working with only a single God and Goddess for all spell work

the deity invoked depends on the reason and the work being done, it varies  
(Athena, Lines 217-218)

This choice of deity not only allows for the spell work to be more tailored to, and representative of the castee’s needs, it also allows the spell to be tailored to the practitioners preferences. There are numerous pantheons of deities from which to choose, such as Greek, Roman, Egyptian, Celtic. By invoking spell specific deities when creating a space in which to work, one is establishing and focusing on the intent of the spell at its very earliest stages.

Deities are not the only otherworldly entities engaged during spell work; AleqGrai and Shayla discuss also enlisting Angels which have their own specific correspondence;

inscribe [the talisman] with the appropriate sigil of the archangel Raphael, the particular sphere of his is healing (AleqGrai, Lines 510-511).

I said 'look, we're gonna send out erm, some intentions for you' using... the archangel Michael, we used the energy of that angel and we did that (Shayla, Lines 560-562)

The choice of working with Angels may, at first, appear to be an odd one, given their theological origins within Christianity. However this is another example of the "if it works, use it" philosophy of Paganism (see section 6.2.1.). The predominant faith of the west is Christianity and so exposure to the concept of Angels and other Biblical imagery is unavoidable. This results in these figures holding symbolic meaning, and it is the symbolism that is important within spell work.

Yarrowwitch, Rhiannon and Shayla discussed how the timing of the working can also be representative of objective of the spell, especially with regards to the phases of the moon;

Usually only one type of ('spell') working will be done at any ritual gathering - something appropriate to the occasion: to the 'flavour' of the seasonal Sabbat, or the Esbat: e.g. New-Waxing Moons for facilitating 'growth and new beginnings', Waning Moons for 'shedding/diminishing', Full Moons for empowering/manifesting; (aka Power In, Power out, and Power NOW) further tailored to - for an example - the signs in which the Moon and/or Sun are in; or, if the working, and the pressing need for it, is in itself the reason for the gathering, the emphasis in wording and the like will still be in accordance with the greater flow of energies within the Wheel of Changes." There are times to every purpose " if you will (Yarrowwitch, personal correspondence)

I also work a lot with the moon and, and where it is at the time. Erm, although people think that the full moon is very strong, erm, (*pause*) cast, oh yeah, casting a spell, I don't particularly find that...Although it's a very powerful part of the moon, it's very powerful time of the moon, I think we usually dispel something it's more when the moon is obviously fading umm, waining or when, if you wanna bring something to people's lives is obviously when the moon is waxing, so the moon plays a big influence and of course what days of the month (Rhiannon, Lines 331-339)

so different times of the month, you can do different spells. The waxing moon the time for progressing, the time for building...the time for change. Erm the full moon y'know if you wanted something to, to be completed...the dark moon... cos people use different kinds of spells again...in different times, at different times of the month (Shayla, Lines 1055-1064)

The symbolism here is apparent; the waxing phase is when the moon is becoming full therefore spells for increases of abundance are relevant. The waning period is when the moon is decreasing so spells for diminishment are relevant and the full moon is when the moon i.e. the Goddess is at its/ her strongest. The Goddess is the avatar of the moon and so the moon and its phases hold particular significance for Pagans, making this symbolism and the energy provided by it even more potent. As with the invocation of deities, by using temporal correspondences one is recognising and drawing attention to the aims of the spell from its inception.

Stormoak and Rhiannon both discussed employing herbs and crystals to represent their goals;

I'll find out what, what the symptoms are, what the problems are...or if they can identify where, where the kind of, what the causes of the symptoms are I will then research and choose a crystal or, up to about three crystals ah, specifically to treat...that ailment or those symptoms or whatever. So the crystals tend to change, erm, but I do use amethyst quite a bit because it is a nice catch all kind of healing, peaceful calming one. (Stormoak, Lines 245-253)

through also Aroma-ology y'know if you, there's a smell that'll, say... patchouli for clearing (Rhiannon, Lines 143-144).

Herbs, crystals and plants each have their own specific correspondences, which allow for a mix of crystals or a blend of herbs, incense or oils to be used thus representing many of the different aspects that one may be trying to achieve.

The myriad correspondences all serve the same purpose, similar to the purpose of the representation of the caste; they act as metaphors for the aims of the spell, helping to make the abstract tangible and thus aiding focus.

AleqGrai clarifies the importance of using the correct correspondences;

if you are doing day to day magic you understand that there are certain things that you need to work with, you need to work with the tides, you need to work with the moon, you need to work with the planets and so on and so forth, if you go against this, you need to put more energy into it, bringing around the change that you wanna bring. (AleqGrai, Lines 276-280)

AleqGrai explains the reason why this knowledge is important- using the wrong correspondences makes spell work harder. As mentioned previously, correspondences are not only symbolic representations they have energetic correlations with such things as body parts, specific emotions, the circumstances one may be dealing with. So not only do they provide the practitioner with a tangible mnemonic, but these representations also contribute to the raising and “programming” of energy. AleqGrai explains that by using the wrong correspondences one has to “put more energy into” the spell to counter the conflicting energy that inappropriate correspondences provide

Representations of the intention of spells do not only occur as correspondences. Other materials may be used that don’t have specific magical or energetic correlations. These tools tend to serve the sole purpose of mnemonic aids to focus. For example, Yarrowwitch describes using a very mundane representation of the human eye in spells to heal problems in this area;

I mean if I have , umm, I mean I do, I’ve got a wee mad rolly eyeball thing that I got from my grandson and I got at Halloween cos he thought it was, it would be fun to put it in the punch... and if I’m doing work on somebody’s eyes I’ll maybe use it because it looks like an eye... now, obviously there no connection between a wee rolly eyeball and that person’s eye, but it gives me focus...it gives me an object like an eye to work on... and likeness is one of the ways that things are connected (Yarrowwitch, Lines 756-768)

Yarrowwitch expressly states that the point of utilising the toy eyeball is to provide her with something to focus on; this object provides her with a connection to the target, taking it from the abstract and into the material. Greenwitch uses rhyme and foreign languages in a similar manner;

I’ve worked out what I’ve wanted to say in English and then I use another- another alphabet, erm, to write it out. Because you have to concentrate on what you’re saying... and check over and over again that you’ve got it absolutely

right...and erm, that, that works for me sometimes...that focuses on me, the little rhymes that I write they focus on me as well, because, apart from the fact that I can't bear it if they don't rhyme *laughs*, it's another thing that you have to think about...you have to think, alright, it's rubbish poetry; it's a nursery-rhyme rhyme but does it say what I want it to say? (Greenwitch, Lines 1606-1619)

Greenwitch explains that the rhymes she creates focus her on the task in hand. The use of rhyme and foreign languages forces her to consider her word choice and evaluate whether or not her language use accurately reflects her intentions, this also means spending time prior to spell casting considering what those intentions are, which primes her focus making the eventual spell work more effective. AleqGrai sums up this idea with the following idiom;

Proper prior preparation prevents piss poor performance (AleqGrai, line 447-448)

For some of the participants other aspects of Paganism can also be understood through psychology. Many participants looked at their beliefs from a Jungian perspective with the concepts of the collective unconscious, archetypes, the shadow, and the anima/animus all being discussed.

According to Jungian theory as well as a personal unconscious we also have a collective unconscious the contents of which "have never been individually acquired, but owe their existence exclusively to heredity" (Jung, 1986, p42) meaning that the contents of the collective unconscious are not those of the individual but those of our species. These contents are mainly what Jung refers to as Archetypes; tropes that lead us to comprehend and react in certain ways (Jung, 1964; Stevens, 1998). Mythological images or themes are the conscious representations of the archetypes (Jung, 1964). Jungian theory is clearly germane to Pagans given their polytheistic/pantheistic/animist and holistic views.

Donkey explains that he views the myriad Gods and Goddesses of paganism from this Jungian archetypal perspective;

I cast a circle and then I will call on one or more archetypal deities. I, when I do my calling of God and Goddess, I, I personally don't sort of expect Hecate to turn up in the room and go 'ello Donkey, how are you?' or anything



thing...and erm (*laughs*), nice though it would be, (*laughs*) erm, I tend to sort of think of it in terms of archetypal things, which I think is Jungian, but don't quote me on that (Donkey, Lines 170-175)

AleqGrai also discusses this concept, it is his belief that the Gods, Goddesses and other entities within Paganism are both archetypal expressions and real beings;

you'll have a lot of Pagan atheists out there that will tell you that this spell craft thing is entirely in your head, Gods are archetypes, the whole Jungian thing and they're nothing more than expressions of our inner self...now, my approach is that the Gods, the entities that you deal with, be they supernal, be they infernal, be they earthly or otherwise...they are part of us but they are also, they are external, they are in the world (AleqGrai, Lines 526-534)

Both Donkey and AleqGrai see the Gods and Goddesses in Paganism as conscious expressions of archetypal constructs. Adler (1986) asserts that Jungian theory and specifically the archetypes provides a rational, modern defence of polytheistic views (p.28). Adler gives the example of Gwydion Pendderwen, a Bard who stated that he too saw the Gods and Goddesses as archetypal constructs (p.31)

For Greenwich, the God/Goddess balance within Paganism is of utmost importance- because of the balance of Male and Female within our own personalities- mirroring the Jungian concept of Anima/Animus. The anima/animus are not only archetypes of the collective unconscious, but also form the unconscious side of our persona, known as the soul-image, which is always portrayed by our gender opposite (Hyde & McGuiness, 1992, p.93).;

I like the duality of the gods...because we all are dual, have dual types within us. Erm, men have female traits, females have male traits....the most important part of Paganism? (*pause*) It's probably that duality...because once you've accepted that duality, anything's possible (Greenwich, Lines 429-432 & 969-971)

Greenwich asserts that it is important to embrace the duality of human nature and to promote balance, especially in regard to gender. For Greenwich this essence of duality and balance is embodied in the God and Goddess i.e. divinity in both male and female form. This balance of male and female is so integral to Greenwich that she questions

the authenticity of feminist, Dianic forms of paganism that neglect or deny the male aspect of divinity:

but you never, ever get an all-female coven, and if you do they've got an agenda I don't wanna know about.... [when researching paganism online] make sure you realise that the, the women in the states who think (*laughing*) think, y'know, that there's only a goddess...minute they say 'and the go-goddess' go to another website (Greenwitch, lines 571-572 & 1596-1597)

Greenwitch expresses the opinion that because they diminish the importance of the male aspect of divinity, members of these forms of Paganism have questionable motives and should not be listened to.

AleqGrai's worldview seems to be the most heavily influenced by Jungian psychology as he discusses other features of Jungian theory, one of which is the Shadow. As well as being an archetype, the shadow is a complex within the personal unconscious around those aspects of our self that we consider malapropos and so repress and keep hidden (Stevens, 1998, p.265);

When you're dealing with infernal entities, call them demons or whatever, it gets a little bit scary and you need to be very, very careful about what you do because you will go round the twist...for a number of reasons: one, Jungian perspective, you are pulling this from your insides and you are accentuating it and you are dealing with it first hand and you know and I know that if you deal with the shadow too much you're gonna go a little bit ga-ga.... the purpose of magic, of results magic and so forth, has another pay off *pause* it accelerates your spiritual evolution so if you've got crap (*mic cuts out*) the shadow, that crap will come to the surface and if you don't have the emotional maturity to deal with it, it's going to potentially kill you (AleqGrai, Lines 551-557 & 810-813)

Not only does AleqGrai view the Gods and Goddesses partly as archetypal expressions, he also views other otherworldly entities in the same way and so dealing with negative entities such as demons, results in drawing forth one's own shadow into consciousness which he warns can be a very difficult process. AleqGrai also explains that practicing magic of any form results in personal growth, which he calls "spiritual evolution", part of which is to face one's shadow.

The collective subconscious also features as part of AleqGrai's understanding of magic. The concept of the collective unconscious is one that is discussed by Pagans in many of the academic studies of Paganism. Adler (1986) quotes an excerpt for describing divination from the journal publication of a magical order, in which the author refers to themselves as "an unabashed Jungian" (p.160) and makes reference to both the collective unconscious and the archetypes.

For AleqGrai, the collective unconscious plays a role in the creation of a "construct" which is "the manifestation of an elemental being you have created"(McCoy, 2004), these beings are often created to act as guardians, protectors or assistants in magical workings: they serve those who created them (McCoy, 2004).

Now I created this little guy just to be a single ball of light, you can make them look like whatever you want 'em to look like but the thing to remember here is group mind, it's down to the concept of universal unconscious...the group mind of your culture is important, this is what fundamentally makes us British... so if you were to create a little, err, butterfly, that's fine, that's fine, erm, other people create constructs to be egg-err, to be guardians, to be (*mic cuts out*), to be hunter killers....Because this [construct] is an extension of your own psyche and life will always find a way, this is typical chaos theory, the little bugger will get beyond your own ability to control it very, very quickly. So it's a bit like, erm, if you've ever read 'Do Androids Dream of Electric Sheep?' err the 'Blade Runner' story?...four year lifespan, otherwise they become difficult to control, the same goes for any construct, you give them a year and a day and then you destroy them, *pause*, yeah?...the same if I was to create ah, a construct around H.R. Giger's Xenomorph, y'know the Alien?...imagine controlling that!... (AleqGrai, Lines 642-651 & 685-696)

The form that a "construct" takes is dictated by its creator, whose conceptualisations, AleqGrai believes, are influenced by the archetypes of the collective unconscious. As a result of this influence, how the "construct" behaves is influenced by the archetypes also. He gives the example of H.R. Geiger's Xenomorph- a savage and powerful alien character of science fiction and suggests that controlling a construct created in this image would be incredibly difficult given all the attributions associated with this image within British culture.

Jungian theory in particular appears to advocate the Pagan world view, given that “Jung’s theories...are strongly influenced by his study of the occult, mystical and alchemical texts are therefore compatible with the occult views of man, and are indeed derived from it.” (Crowley, 1989, p.17.). The Jungian concepts adopted by the participants are all considered aspects of a healthy, functioning psyche, so by explaining Paganism in these terms participants are affirming their judiciousness and countering the possible suggestions of pathological beliefs.

I too view the Gods, Goddesses, and other non-human entities of Paganism from this archetypal perspective. This is undoubtedly a result of my psychology education alongside the cognitive dissonance I have previously spoken of. I find the concept of actual non-human entities existing in the world rather difficult to believe, yet I cannot deny the power that these symbols hold for me and countless others, So the idea of these figures being archetypal in nature is logical to me.

Pagans use symbolic representations of the intentions of the spell for two reasons; They act as mnemonic devices, real objects provide a connection to the intentions. The second reason for using representations is that some have magical correspondences-energetic kinships that help to boost the energy created by the practitioner, thus aiding in the spell work.

The use of symbols and representations in spell craft is another aspect of Paganism that has been investigated by other researchers, who come to similar conclusions. Adler (1986), Luhrmann (1989) and Magliocco (2004) also found that symbolic representations served both esoteric and practical purposes in spell work. In addition sensory representations such as candles and incense contribute to the immersive atmosphere that facilitates an ASC.

This argument is also supported by the introductory Pagan texts. Starhawk (1989) explains that the symbolic aspects of ritual are designed communicate with the unconscious “arousing the emotions as well as the intellect.” (p. 124). By using symbols to communicate with the unconscious spellcasting becomes a more immersive experience that engrosses every aspect of the mind, again facilitating the ASC necessary for spell work to succeed. Farrar and Farrar (1992) also explain the use of ritual and representations in these terms, they conceive of multiple levels of reality which each understand different “languages” ranging from words and logic in the lower levels to

symbols and images to emotions. Like Starhawk (1989), Farrar and Farrar (1992) state that successful spell work needs to engage all of these levels.

### 6.5.3. Ritual as Bespoke

It is clear from the data that practitioners are able to ensure that their rituals will evoke the ASC necessary for successful spell work because they are able to design rituals that are bespoke;

now it would be very easy to take the same kind of work and apply it across the board to all those individuals...but that's not the most efficient. Umm, I am of the mind that each spell needs to be created for the individual... with them in mind, with their particular instance and their situation in mind and the intent is often just a little different each time. (Athena, Lines 745-752)

to be honest, it really depends I don't have one specific way of [casting spells], it just depends on the person (Shayla, Lines 229-230)

it would depend a little bit what, what I'm healing and who (Stormoak, Line 192)

it would depend on what you were doing really, I mean there's everything from just a quick fire thing you might do at the bus stop to a full ritual (Yarrowwitch, Lines 433-434).

These participants each explained that the design of the working depends very much on its purpose and the castee for whom they are casting. Therefore as the castees and their needs differ, so does the design of each spell. We can also see that an element of the working is also designed around the practitioner's needs and what feels right to them;

y'know candles might work for me and the, and the elements, the four elements might work for me as in the part of the Druidry, there may be something that works for you in a completely different way so finding what it, what for instance, element works better for you like...personally, ... y'know finding out what, what, what (*pause*) what works best for you and what ways. (Rhiannon, Lines 949-958)

I'm personally not worried about the, the roots of it, if it's working, if it seems to be doing some good then that's fine by me. (Donkey, Lines 140-142)

ok, what I would say is wri-, read as much as you can... about spells and how other people deal with spells, and what they do for spells...and see what you feel comfortable with (Greenwitch, Lines 1551-1555)

I don't copy things straight out of books...if it doesn't seem right I won't do it, I'll change it and I'll adapt it and I'll do it the way I think feels right for me (Stormoak, Lines 174-178)

The participants specifically discuss finding what works for the individual; what suits and feels comfortable for them. Suggesting that it is not simply a case of using trial and error to discover what universally does and does not work but that it is a case of creating a personally meaningful and effective set of practices that evokes the right atmosphere for them. As Magliocco (2004), Luhrmann (1989) explain, symbolism in spell craft is used for connotative purposes so evocation is more important than fact. The personal meaning that practitioners ascribe to symbols is considered to be more important than the historically accurate or prescribed meanings, thus allowing practitioners to create rituals that engage them and are bespoke to their personal symbology.

## 6.6. Holism

Holism is “the theory that parts of a whole are in intimate interconnection, such that they cannot exist independently of the whole, or cannot be understood without reference to the whole, which is thus regarded as greater than the sum of its parts.” (Oxford University Press, 2013). It is a concept which seems to permeate the Pagan worldview; it was expressed by almost every participant as either the interconnected macrocosm, or as a multifaceted, comprehensive view of human health and well-being.

### 6.6.1. The interconnected macrocosm

One aspect of the sense of connection expressed by participants was the idea that everything living thing is connected in some form or another;

I suppose an awareness of kind of, interconnectedness I suppose i-in my mind...that people are becoming a lot more disconnected from each other, erm, y'know, communities aren't so much communities anymore, I don't know most of the people in my road...and I feel that's something we have lost, certainly, so that kind of, interconnectedness of, of people and animals and, and

the whole kind of ecosystem, we're all inter-interlinked I suppose is another important part of it for me (Stormoak, Lines 119-128)

[magic helps us to] remain connected... to deity, to everything, however we perceive it, and remaining connected to the earth and the wind and the sky and the sea and it all sounds very ephemeral but those things are all in us too...and those, their kind of, when we emphasise that connection, we revivify that connection then that's where it comes from, it doesn't come from us... you know what I mean? (Yarrowwitch, Lines 1214-1221)

[magic] works because you are part of a collective whole, part of the great (*mic cuts out*) that is beyond the limitless light that is beyond the (*mic cuts out*) if you like in the tree of life... (AleqGrai, Lines 535-536)

I think [how magic works] is to do with the interconnectedness of everything (Greenwitch, Lines 1436-1437)

Stormoak avers that this interconnection of all living things is an important part of her Pagan beliefs; especially given that it is something that she feels is missing from modern society as a whole. Yarrowwitch, AleqGrai and Greenwitch all consider magical practices to work as a result of this connection and for Yarrowwitch specifically, magical practices act to reaffirm this interconnection which includes deity as well as more terrestrial beings. They all went on to expand on this idea of magic working through this interconnection, as did Athena;

I mean really you don't heal them. I don't heal anybody, I just help them to heal themselves... because they and I are already connected...so it's not a great leap for me to work with someone else on their problem... 'cos their problem is my problem 'cos we're all connected....as all you're really doing is reinforcing the universal love connection between all things (Yarrowwitch, Lines 599-606 & 703-704)

so being able to connect to a person that you're trying to help is, is very important...and it's a matter of being very connected to the individual and being able to, to locate them on the map, so to speak (Athena, Lines 318-319 & 560-561)

I'm having real problems trying to explain it. Maybe you kind of just twang the string that, that goes to the place where it vibrates at the right frequency that, I don't know (Greenwitch, Lines 1418-1420)

I want to imagine that the universe in all its dimensions, past, present, future, space-time etcetera, all that groovy stuff is this really, really big wagon wheel... it's also the collective connection to everybody else and everything else in the universe... Because you are connected to everything else, you are part of everything else and as such your reality is mutable, it, it's it's changeable... and it's a matter of sympathetically, or directly for that matter, making certain changes in certain parts of the universe, which will bring ripples to change others. (AleqGrai, Lines 1235 - 1263)

Yarrowwitch labels this connection the “universal love connection” and explains that by “reinforcing” this connection through magic one can aid the body’s ability to heal itself. Athena emphasises using this connection to direct one’s focus and thus “aim” the energy raised in spells more effectively. Greenwitch, similarly, conceives of this connection as “strings” that act as channels for the magic. For AleqGrai this connection has a central point like a web or, as he describes, a wagon wheel which can be accessed through magic workings- changes made in this hub filter down to effect real world changes.

For each of these practitioners this magical interconnection serves different magical purposes, however each of these understandings share a core concept- that all life is connected and so the actions of one person can affect another, even at a distance. Clearly this concept of interconnection is a central tenet in Paganism – it provides an explanation of magic as well as reinforcing concepts of animism and pantheism, defining aspects of the Pagan view of deity.

The theory of interconnectedness is a key tenet of the holistic paradigm as well as the Pagan worldview. Orion (1995) found similar beliefs to those expressed by participants amongst American Neopagans. She described it as a “‘Web’ of life’ (p.3) to emphasise the idea that all levels of life are interwoven. Greenwood, Harvey, Simes and Nye (1995) explained that magic “depends on the belief in a holistic interconnected universe of energies and forces” (p.186), which is clearly in evident in the participant’s quotes. Starhawk (1989), in her classic Pagan text, explains that life comprises a paradox; that “all things are one, yet each thing is separate, individual and unique” (p.39). She claims



that whilst Western religions focus on the separateness aspect of the paradox and Eastern religions focus on the singular aspect of the paradox, Paganism accepts each aspect equally and magical practices cultivate a different form of perception (that she calls “starlight vision”) that allows us to see things as a collective whole rather than merely as separate entities (p. 32). This is an evidently holistic world view as it recognises that we are separate parts of a collective, connected whole.

### 6.6.2. The interconnected microcosm

Participants displayed a very holistic view of health and illness, which defines health not merely as the absence of disease but as a state of peak well-being. Accordingly the holistic view of health acknowledges not only the importance of physical factors but also the influence of emotional, social, psychological, environmental, and spiritual factors (Edlin and Golanty, 1992). Consequently participants acknowledged that illness does have biological causes such as germs or genetic pre-disposition, but also discussed psychological and spiritual factors that can influence our health and well-being as being of equal importance.

#### 6.6.2.1. Biological aspect

The western medical model of illness was accepted by the participants (unlike some other types of healers e.g. Johrei practitioners), with many giving biological explanations for illness when asked;

you’ve gone, standing next to some, somebody would say that’s karma but you’re standing next to someone who’s got a filthy cold, they erm, sneeze all over you, and guess what? You get a filthy cold, (*pause*) erm, that was bad luck wasn’t it? ...what about hereditary, I mean my, all my parents and grandparents and all the rest of it are all dead, and they all died of cancer so... I think these things are hereditary and that’s why (Donkey, Lines 344-352)

I think obviously its many aspects some things are obviously biological some things aren’t are they? (Shayla, Lines 977-978)

I know the causes of illness. I know why people get sick, I know that there are bags, bugs in there and I know that (Greenwitch, Lines 1452-1453)

it really depends on what kind of illness you mean. I mean some illnesses are contagious between people...and you’re more prone to catch them because

your immune system is in some way compromised (Yarrowwitch, Lines 851-855)

you've got actual injury, you've got genetics unfortunately there's not a great deal you can do about that err, and other such external factors like environment, pathogens, biohazards, poisons (AlegGrai, Lines 901-903)

y'know be it something simple or cancer or y'know something life changing like that umm, (*pause*), it's also the everyday- there's germs in the world. You're gonna get ill, y'know (Stormoak, Lines 498-500)

I think there's a combination of psychological, emotional and physical factors...in all illness. Umm, I think there are some things that are, are physically happening...and then impact psychologically or emotionally on the person (Athena, Lines 666-671)

All of these participants discussed biological causes of illness as one possibility. Shayla, Yarrowwitch and Athena all expressly state that biological causes are just one of a number of possible causes, suggesting that the biological model of health and well-being is not the only one that they ascribe to. For the majority of these participants biological causes are the first explanations they give when asked about the causes of disease, suggesting that this explanation is considered the most likely explanation of illness and clearly is not dismissed or neglected in favour of other causes of illness that are also accepted in the holistic model. Interestingly even Donkey and Stormoak who first posit fate, luck or karma as a cause of illness suggest that this manifests through a biological mechanism of disease, suggesting that biological model still plays a role in illness even when the root causes are altogether more immaterial. From a holistic point of view root causes of illness can take many forms other than biological, as seen by the lists of possible factors given by Athena and Yarrowwitch. We see that the Pagan, holistic model of health and well-being accepts and respects the western medical model but considers other factors and influences to be equally important.

As the participants accept the biological explanation of illness and the effect of psychological influences, conventional forms of treatment are not shunned- if potential castees can be helped by orthodox means i.e., allopathic medication or counselling/therapy the participants will not advocate spell work, however in such situations spell work can be seen as a useful adjunct to these practices;

Witches aren't like other... new age healers [we] don't come into any conflict with kind of allopathic medicine and start telling people not to take their tablets and all that... they'll supplement it, we'll complement it but we won't suggest stopping taking their stuff that they're prescribed (Yarrowwitch, Lines 1105-1110)

it can be pretty clear from the get-go that a broken leg requires A&E...spellcraft, you following?... but we can use spell craft to cause a, a speed up in the healing process...and to (*mic cuts out*) pain... (AleqGrai, Lines 472-476)

Yarrowwitch and AleqGrai both state that spell work has limitations, and that conventional treatments are often necessary, however spell work can be used as an adjunctive, complementary therapy. This conception of healing magic as an adjunct to allopathic medicine is one that is seen in some of the Pagan literature on healing also; in her book on healing magic, prolific Pagan author D.J. Conway (2002) clearly states that those acting as healers should never recommend a castee to cease orthodox treatments in favour of holistic ones. When outlining the ethics of healing magic Farrar, Farrar and Bone (1999) assert that one should always refer castees to trained professionals if you do not have the knowledge or confidence to provide treatment and that one should co-operate with a castees other health care providers rather than compete. Orion (1995) describes Pagan healers as “not averse” to combining the best of conventional medical treatments with holistic CAM treatments.

#### 6.6.2.2. Psychological aspect

One of the other main causes of illness discussed by participants was that of psychosomatics – that psychological or emotional states can have physical manifestations;

everybody uses the phrase “worry yourself sick”... and you can...worry yourself physically sick (Yarrowwitch, Lines 838-842)

Really illness is a manifestation of, of our anger towards ourselves, I mean depression is definitely, without absolutely any doubt, anger at ourselves...and not being able to express it to other people. So for whatever reasons, it, so you, so you *indecipherable* on to yourself and so you hurt yourself because depression is, is actually hurting yourself...it's destroying yourself, that's a

good example. For a lot of sicknesses, I'm not saying all of them, that would be ridiculous, but to a lot of sicknesses our minds (*pause*) and our experiences have got a lot to do with our own sicknesses (Rhiannon, Lines 881-891)

I think there are some illnesses that are actually caused (*coughs*) psychologically or emotionally and then they manifest themselves in physical symptoms... I've worked with a number of people who have either been very anxious or very stressed... and really want to, to release from that and find their centre... but because of their anxiety and because of their stress they manifested physical symptoms, umm, ulcers, stomach pains, headaches that wouldn't go away, umm, pains in their shoulders or joints, erm, things that they were originally trying to treat symptomatically through umm, paracetamol ah, or, y'know, analgesics of some sort and they really weren't getting the results they wanted because it wasn't the physical thing that needed to be fixed (Athena, Lines 673-686)

Yarrowwitch, Rhiannon, and Athena all state that emotional or psychological states such as worry, anxiety, and anger can all manifest in physical symptoms of illness. Athena further explains that in these cases the bio-medical approach would not be considered the most appropriate as the cause of the issue is not a physical one and so treatment of just the physical symptoms does not address the root cause. We can also see that the participants don't suggest that these types of issues are made up or considered to be "all in the castles head", the psychological or emotional issues are not dismissed but treated as valid causes of physical illness that need to be remedied.

They all, along with Stormoak, also expressed the possibility that psychosomatics can contribute to the success of spells;

Partly I, I do, I do believe in, in self-healing. I do believe that if some, it's like, if somebody tells you you're gonna be better sometimes it will actually work (Greenwitch, Lines 408-409)

I think they're eighty per cent faith and belief, twenty per cent action... I think there's a powerful aspect to our psyche... and oftentimes if you have the expectation and the will and the desire for something... it can be manifested... So I, I, I think there's a certain amount of, a large percentage of, a large percentage of it, per-, percentage of it is psychological. (Athena, Lines 628-638)

I could be wrong and it could be its purely psychological “somebodies healing me so therefore I’m gonna feel better physically”(Stormoak, Lines 576-578) just as you think, if someone came up to you and said “I’ve got a lot of power and I can actually harm you with a spell I’m gonna do and I’m gonna harm you” (*pause*) and even if you didn’t believe that a person could... there’d be some nagging thought well “maybe they can”... something could happen and you say “oh! You see, you see!”...: it doesn’t matter who, so it’s, it’s also a lot of how you believe things...and perceive things (Rhiannon, Lines 648-659)

By acknowledging that psychosomatics may be at least partly responsible for the success of spells, participants are reinforcing the idea that there are many factors that contribute to our overall health and well-being. Interestingly even when acknowledging the possibility of psychosomatics the participants still do not offer this as a sole explanation of spell work. Psychosomatics is conceded to possibly play a role in the success of spell work but there is still another unexplained mechanism, and participants do not feel that they can be explained solely as elaborate placebo.

Psychological and emotional well-being were not only discussed in terms of psychosomatics, participants also discussed situations where magic is used to help “treat” non-physical issues that may be impacting the castee’s health and well-being without resulting in physical ailments;

the spell crafting and or rituals that I might do at the behest of someone else, umm, e.g. to help them find balance, to help them get over a situation umm, to help them maybe shift their perception of something erm, for protection obviously, I’ve been asked to do several of those ....for example, I’ve done, erm, I’ve done work with a number of individuals over, umm, depression or sorrow or getting beyond a loss... (Athena, Lines 188-191 7 742-743)

I know a few people with mental health issues, including myself and I’ve done healing for, for those types of things umm, but also I suppose the weirdest one I suppose was, erm, a friend who, she wasn’t in an abusive relationship, there was no physical violence or anything like that umm, but it wasn’t a very pleasant relationship, there was a lot of arguing...so I’ve done healings of, almost, situations like that...where I, I’ve , y’know with her permission, I’ve sent healing to her and, and kind of the situation to kind of calm it down so that

they can sort through the things rationally...rather than kind of shouting and screaming at each other. So basically I'll, huh *laughing*, I'll try and heal any situation (Stormoak, Lines 259-271 )

then well, there are healing aspects [to magic], of course. Erm, not, sort of, even necessarily, err, physical healing aspects, but even non-physical ones trying to help out people, erm, who are in a bit of a state... if you've got somebody that you know is going through a bad time and they have said something to you, err, about it and you've kind of said, 'well, do you want me to, sort of, erm, send 'healing'?' in inverted commas, and they say yes, then it doesn't have to be healing because they've broken their ankle or something, it can be just, err, an emotional, positive input, that you put into them and this has happened, err, in, in various ways with me before.... (Donkey, Lines 98-108)

you've got obviously the main aspect is using your healing, using the, using the magic there, but it's also, it's giving somebody faith, it's giving somebody courage...cos they know that you're doing something for them, so not only are you helping them in regards to the magic but you also are giving them mental strength as well...which I do believe helps people, umm, to move on in they're trying to move away from a difficult situation....for me, when I, when it comes to healing in my life it had been more bereavement...heartache, sadness (Shayla, Lines 870-878 & 1020-1023)

All the above quotes give examples of times when the participants have been asked to cast spells not to cure physical ailments but to help make changes to a maladaptive situation or to help "treat" emotional issues. In all of these situations spells were used to help castees cope with their difficult situations, acting as a kind of magical form of support for castees as these experiences are happening, in a way that may not be available from other types of intervention. All of the participants felt that these situations still fell under the healing milieu, again evidencing a holistic view of health and well-being.

#### 6.6.2.3. The spiritual aspect

As we have seen the holistic view of health encompasses many factors other than body and mind. Stormoak discussed the effects of spiritual factors;

the third [cause of ill health]I suppose is, is an illness almost of the soul. ...I suppose a common one is, is people denying a part of themselves y'know, they really love doing something and because people will laugh at it they don't do it...so almost a little bit of their soul withers a bit or something like that, I can't think...how to describe it, and that can, I suppose in my mind I believe it can manifest in a physical ailment. (Stormoak, Lines 538-561)

Stormoak distinctly explains that her example is of the influence of spiritual factors- she states that denying ourselves of something that we love can cause part of our "soul" to wither, which can result in physical symptoms. While this is reminiscent of a psychosomatic cause of illness, Stormoak does not state that this denial has an emotional or psychological impact but a spiritual one- the acknowledgement of spiritual causes is another aspect of the holistic view of health.

## 6.7. The Energetic Being

All of the participants discussed the concept of energy in one form or another, The Pagan concept of energy seems best described by Keith (2005) who labelled it "Subtle Energy" to discriminate from the forms of energy known to the physical sciences such as kinetic energy, thermal energy, or electric energy.

Participants shared the view held by other traditions of Distance healing such as Reiki and Johrei that we have more than one type of body, and that changes in the "energetic body", as a result of subtle energy sent via spell work, can impact the physical body or cause psychological or emotional changes;

at the moment I'm reading a lot about\* martial arts erm...they keep talking about Chi, ummm and the meridians, obviously the Chinese go in for this in a big way with acupuncture and acupressure...and they believe that there are things which are not purely physical but, but which are still withinside of our bodies' sort of thing, that can affect how we operate and illness and what have you. Erm, now I'm not sure whether that's right or not. But I, I don't believe that this sort of, physical, materialistic lump is all that there is to us, I think there's more to it than that but I'm not going as far as saying that its supernatural (Donkey, Lines 361-369)

quite often there is something y’know, wrong with your energetic body or whatever or the other way round, y’know one’ll cause the other cause the other... and it, because they’re so interlinked, I think what you do on one say on the physical body will have an effect on the energetic body (Stormoak, Lines 545-549)

I mean we believe that we’ve, you’ve got more than one body... but the physical body is just a shell, a wee pearl in the middle of the oyster...but it’s the lowest and kind of densest, most material part of ... your spirit and everything is not contained within it, quite the opposite that your body’s contained within your spirit, essentially a spiritual being having a physical experience (Yarrowwitch, Lines 889-898)

These quotes display the belief that humans have multiple types of bodies that are interlinked and can influence one another. A similar belief among American Neo-Pagans was found by Orion (1995), she explained that they understood people to have an energy pattern that surrounds the body. The energy within this field “infuses, creates, and sustains the physical body moves in emotions, feelings and thoughts and is the underlying fabric of the material world.” (p108). There was no mention from participants that ailments solely reside in the energetic body, as is believed in Johrei, but the energetic body is believed to influence the physical body. Stormoak explains that ailments can originate in either the energetic or physical body and that both are affected by illness, regardless of where the illness originated. According to Orion (1995) obstruction or suppression of energy or energetic torpor are often considered to be causes of illness and unhappiness. This concept is clearly related to the holistic view of health and well-being that participants discussed.

The concept of the energetic body has parallels in a number of different healing modalities. So many in fact that one could argue that this concept is universal. Reyner (2001) discusses a number of different conceptions of the energetic (or subtle) body from various cultures and time periods including the Ka of ancient Egypt; believed to be an energetic double of the physical body, the thymos of ancient Greece, the Chakras and nadis of Hinduism, the seven subtle bodies of the Theosophical movement and the Etheric body of the Anthroposophy movement (p. 58-61) . Likewise Benor (1995, p.5) lists thirty two different concepts of healing energy ranging from the East Asian concept of Qi, Kabbalistic “Astral Light”, through to the more modern concept of distant mental



influence of living systems (DMILS) suggested by Braud. That these concepts exist in almost every society across aeons demonstrates the universality of the concept of healing energy.

Whilst each of these concepts is comparable they are not exactly the same, each has its own distinct characteristics and in this respect the Pagan concept of energy and the energetic body is no different. The Pagan concept of Subtle Energy that emerged from the data is tenebrous. However it does have some core attributes that will be discussed in this section;

- It is something which is necessary for optimal health and wellbeing, as depletions can have a negative impact on our health and wellbeing.
- It is something which we have personal reserves of, but which also exists independently of us.
- It is something that we can manipulate and send out of ourselves to effect change.
- This energy can be increased through acts of “raising energy”

These characteristics of subtle energy that participants discussed, are similar to the characteristic of subtle energy given by Keith (2005)

1. It is related to a person's health and feeling of well-being. A healer seems to pass energy from or through herself and into a sick person, and, somehow, the energy effects a positive change.
2. It is an electric *something* that can be raised magically and is sensed as a heightened feeling of power.
3. Everyone appears to be able to learn to sense and manipulate subtle energy. Some people seem more talented in this respect than others, but practice seems to improve both the amount of energy available and one's control over it.
4. Different people tend to sense it in different ways...
5. For many, subtle energy appears to carry information that can only be described as psychic...

6. Subtle energies often appear associated with particular places- Stonehenge is the classic example- and can also be associated with objects.

7. Subtle energy appears to be associated with all life, and even with nonliving things, like certain rocks or crystals...

8. Raising, directing, focusing, and directing subtle energy is controlled entirely by *intent*. I picture what I want the energy to do...and it happens.”

(Keith, 2005, pp238-239)

### 6.7.1. Personal Energy Reserves

Participant's described the energetic body as a personal reserve of energy that has individual “signatures” that can be sensed by others, can interact with each other or can be depleted, either through spellwork or by those actively seeking to increase their own energy reserves.

Athena discusses the concept of signatures in personal energy on two occasions;

I have only refused to do work for two different people, umm, and only because with one instance our energy was completely off between the two of us... it felt problematic ... so I didn't feel that I was the appropriate person to help them, so I put them in touch with somebody else who I think they have a much better connection with...so being able to connect to a person that you're trying to help is, is very important (Athena, Lines 310-319)

I've done it with a couple of people that I've never met at all ... when we did [a healing spell] with the big group...and then a few weeks later finding out that the individual was explaining the different energies that was coming in...and pretty much nailed and described every person that was involved, erm, and even though I'm the one who kept saying 'I don't think I got through'...on both of those occasions, the individual nailed me as being the strongest source. (Athena, Lines 563-572)

In the first instance Athena explains that she did not feel that the energies of herself and her potential castee were complementary. This resulted in her feeling any spell that she cast for them would be ineffective, which lead to her decline their request. Athena points out that this was a rare occasion, suggesting that she does not react to everyone's energy in this way which in turn implies that there are differences in peoples' energy. In

the second instance Athena further reinforces the notion that people have individual energy patterns when she describes a time when she was part of a group working to heal an individual. The castee later described the different energies that they were receiving and was able to give an accurate description of each of the practitioners involved. This would suggest that not only are these energies individual and unique, but that they also bear similarities to our more mundane characteristics. Whether these similarities are in appearance or characteristics of our personality is not explained.

The concept of a personal energy fits well with the requirements of a representation of the castee (as discussed in section 6.5.2.) and the idea of sympathetic magic as discussed by Yarrowwitch. It would seem that the trace left on objects is an energetic one, and it is through using these energetic identifiers that practitioners are able to send healing to specific castees, even if they have not met them.

Athena is the only person to talk about it being necessary to have complementary energies, however it does resemble Greenwich's assertion that she could not conduct a working for someone whom she does not like (see section 6.3.2)

The personal reserves of energy not only appear to be unique and individual, but also somewhat finite. Half of the participants discussed feeling tired as a result of this energy being depleted through spell casting;

I mean [spellcasting] takes your energy away y'know... (Rhiannon, Line 746)

if you're daft enough to do it when you haven't got enough energy then it'll definitely tire you out... (Yarrowwitch, Lines 698-699)

You're taking the responsibility of extending your own psyche out to help somebody else or hurt somebody else as the case may be in some cases... that's kinda the pay back [of spellcasting], it's an on-going thing, you're gonna be tired in the morning. (AleqGrai, Lines 701-705)

The other time I refused the work was because erm, I think it was a request of someone in all fairness who was trying to take the piss... I'm not gonna put myself out there and expend the energy that you expend when you're working like this...for a laugh (Athena, Lines 321-328)

AleqGrai simply states that spell casting often leaves one tired; however Yarrowwitch, Athena and Rhiannon explicitly link this to energy. Rhiannon and Athena both explain

that one's energy is depleted by the act of spell casting and Yarrowitch explains that lack of adequate energy reserves is guaranteed to result in spell casting taking a toll on one's vitality. It is Athena's quote that emphasises the impact that this can have on the practitioner. She states that she will not 'waste' her energy reserves on spells that she does not consider to be genuine requests. The impact spell casting has on her is something that she does not take on lightly or without good reason. All of these quotes demonstrate a perceived link between the subtle energy of the energetic body and the condition of the physical body.

Athena's caution with regard to spell casting is justified when we take into consideration the accounts of Rhiannon, Yarrowitch and Shayla about extreme subtle energy depletion leading to more serious illnesses;

I had a basket where people would give me y'know thoughts or, or worries and I would put this in this basket... and I had candles around to help people, y'know, with problems and I, and I did it for two years and after, after about two years I actually got very, very ill... I couldn't lift my arms... I started getting a real pain on my neck ... I was in constant pain for about a year... I couldn't sleep, I couldn't eat, I, I literally I was in pain twenty four hours a day. Umm and that's actually what made me stop reading tarot and, and, and carrying on casting spells for people... I know it sounds psychological but it felt like, now looking at it in hindsight, that I was carrying just too much... I was just carrying too much responsibility and carrying too much and trying to do too many spells to help people and it was actually crippling me... when I stopped reading cards and I stopped completely reading, it took me, within six months I was, I literally healed myself completely with no medication and it was just, I think it was just the, the burden (Rhiannon, Lines 749-768 & 783-785)

I mean a lot of people never do any workings for anyone else and make that a point of principle...and others do some, depending on the circumstances and others seem to consider themselves to be the fourth emergency service and go diving in there unasked...and, well, they burn out and they tire out and they get fed up with it and then they end up joining the first group and go 'I'm not doing any more for anybody' (Yarrowitch, Lines 7676-683)

you get people that sometimes are so wanting, so desperate so in need... to have something to change in their life that you're using so much of your energy to try to achieve it for that person... that also can have an effect on you emotionally (Shayla, Lines 527-533)

Yarrowitch discusses burnout in more general terms compared to Rhiannon and Shayla who speak from personal experience. Rhiannon recounts her experience of developing chronic pain, she believes, as a result of casting too many spells. Rhiannon's suspicions were confirmed to her by her improvement subsequent to her cessation of tarot reading and spell casting. For Shayla the effects of burn out are not physical, rather emotional; she finds herself overwhelmed by negative emotions such as anxiety when casting too much. This concept of spell burnout reinforces the idea that one's energetic body and one physical body are linked; As suggested by Starhawk (1989) and Keith (2005) depletion of the energy that makes up the energetic body has an effect on one's physical and emotional health and vitality, participants claim that extreme depletion can lead to severe, even chronic conditions.

The concept of the energetic body as discussed by practitioners is that it is linked to our physical body and acts a reservoir of personal subtle energy. This energy is unique to the individual, bearing features of them. Changes in one's energetic reserves can have (sometimes dramatic) effects on health and well-being. It is often this energy that is tapped during spell craft, meaning that practitioners will often report physical repercussions as a result of spell casting.

### 6.7.2. Spells as energy transference

Casting spells is seen as a way of sending subtle energy and often involved the production (or "raising") and directing of energy;

you visualise a goal, you send energy towards it and that helps it manifest... (Stormoak, Lines 477-478)

normally when I, if I cast a spell, once I cast a spell, so I, I'll get as much energy as I can onto the spell...I find the energy should be, should be harnessed (Rhiannon, Lines 664-668)

it comes down to the amount of energy that you need to actually push in order to be able to get a momentum in the work that you're bringing into

play....raising energy and be brought about in a number of different ways; you've got wine, you've got drugs, you've got dance, you've got sex... y'know, this can be sex on your own, this can be sex with other people, err this can be raising energy, what we call the cone of power. (AleqGrai, Lines 289-291 & 339-343)

I've just wanted to give them a bit of energy to get them through (Greenwitch, Lines 1038)

Stormoak talks about "sending" energy, Rhiannon describes it as "putting energy into the spell", AleqGrai calls it "pushing" energy and Greenwitch refers to it as "giving energy", all of which suggest that subtle energy is directed from one source to another. These descriptions of spell craft mirror that given by Cunningham (2003) in his introductory text to Wicca, in which he defines magic as arousing personal power, assigning it purpose and then directing it towards its goal. Given that participants discuss depletion of their personal energy reserves as a result of spellcasting, it stands to reason that the energy that participants send in their spell is, as Cunningham describes, their own personal subtle energy. This is confirmed when participants further explain that this transference of energy is not without problems.

As discussed earlier, energy from personal reserves (that are often depleted during spellwork) retains features of the individual from which it originates, and the transfer of energy is not a one way interaction- a number of participants spoke about taking on the ailments of their castees either by choice or inadvertently;

and oftentimes, erm, because I'm a bit of a sponge... I have to be very careful then, because I have taken other's manifestations onto me...not intentionally....but there are some forms of healing that that only works through... so there are times when I have to take that risk upon myself in order to help an individual. Umm, but I choose those tasks very carefully (Athena, Lines 350-354 & 403-405)

I often would feel drained, because when I did the...mediumship, clairvoyancy and everything else like that, I became quite drained, quite weak, quite ill and at the time I think I took on board too many peoples sadness. (Shayla, Line 516-519)

I knew someone who could... heal people and it took her a long time to realise what was going on, but I know that she, umm, took people's illnesses on to herself... because she didn't know how to protect herself. (Stormoak, Lines 395-399)

you take the pain into yourself, and it really hurts yeah? (AleqGrai, line 761)

Shayla, Stormoak, and Athena discuss this castee-caster transference as inadvertent and unintentional, however AleqGrai and Athena also state that this can be done intentionally as a method of alleviating the castee's suffering. This would suggest that the transfer of ailments works to remove those issues from the castee's bodies (both physical and energetic). This reinforces the idea that personal energy contains and retains features of the individual from whom it originates, including their ailments, to the point that the energy raised and sent by casters can have the same effect. Athena spoke earlier about personal energy retaining identifying features of the caster, likewise Stormoak discusses the risk of caster energy also containing features of their own ailments which can inadvertently be passed on to the castee amongst the healing energy;

I tend not to do healing on other people when I, myself, am ill umm, y'know in whatever form... I don't wanna transfer that to the other person (Stormoak, Lines 404-405)

Stormoak explains that she does not do workings when ill to ensure that nothing is passed on to the castee. Although others do not explicitly state that they also do this, the discussions of the physical ramifications of spellcasting would suggest that they are unlikely to do workings when feeling low on energy anyway. Stormoak's caution could also be due to the "an it harm none" ethics of spellcasting, although her intentions may be good Stormoak is aware that there is a risk of castees contracting her ailments resulting in her inadvertently causing harm thus she refrains from casting when ill to prevent this. The discussion of the energy contained within the energetic body retaining features of the individual, and the points about the transference of ailments that can occur both ways in spell casting, fit in with Keith's (2005) fifth point about subtle energy- that it carries information, in this case information regarding the ailments of the original source.

AleqGrai talks about counteracting these effects by working in a group with the additional people working to heal the main caster of any problems they may pick up through this accidental transference:

there are circumstances where you might work in a triad of, of healers where somebody is the operant healer and then you're working on the actual healer themselves to ground anything that coming back at them, so that they don't, umm, get the issues coming back on them (AleqGrai, Lines 1105-1108).

AleqGrai explains that working in a group in this way allows the 'peripheral' casters to divert castee energy away from the main caster to ensure that they do not acquire the castee's maladies. Peripheral casters divert this energy by "grounding", a practice that is discussed later on in this section. This is not the only time that casters may work in groups.

Participants felt that it was possible, and necessary sometimes, to pool one's personal energy with others. This occurred in the context of group work or rituals but (as Athena discusses) does not always require everyone to be physically present in the same place:

I've done a number of them as a group with other members who have been around the globe, literally, at the same time. Erm, that's kind of really unique work in and of itself, when you've got five or six Priests and Priestesses...around the globe all working at the same tw-time for the same one individual. Umm, that's pretty intense because you've got all these people trying to raise power at the same time and then all sending it in the same direction. (Athena, Lines 545-551)

if you were casting a spell in a circle within a group it could be for a universal intent and no limit really, since the energy will come from all those in the circle – in this case the more the merrier!... the energy would increase if we had several people casting the spell with the same intent." (Rhiannon, personal correspondence)

I feel that more energy can be produced by a group than an individual... (Stormoak, personal correspondence)

one notices a difference [with group work] anyway umm because there seems, it seems to generate more 'power', power in inverted commas umm when there's a group of people as opposed to by yourself. (Donkey, Lines 537-539)



These quotes suggest that pooling of energy works to increase the potency of a spell and can be done when multiple spells are cast in one sitting i.e. when it is necessary to raise more energy than usual. This is further evidence of the finite aspect of the personal energy within the energetic body. The idea that more people means more energy is raised is indicative of limits to how much energy an individual is capable of producing. AleqGrai also talks about other practitioners interceding to divert the negative energy away from the main healee, rather than pooling energy, this arrangement allows the caster to conduct healing work without the possible ramifications of castee ailment transference.

Ostensibly spells work through the transference of subtle energy from one person to another. Despite the fact that energy in spell work is imbued with a specific purpose, it still retains some of the features of the person from which it originates. This includes identifying features such as illness which can be transferred with the energy. This transference is not just one way, as practitioners report sometimes contracting the maladies of their castees and find ways to prevent this happening.

### 6.7.3. External energy

Not all energy utilised in spellcraft comes from the caster's energetic body. As we have seen in section 6.5.2. correspondences are used in spell casting partly because they contribute to the energy raised. Stormoak and Greenwich discuss utilising or "channelling" forms of energy external to the energetic body to ensure that their personal reserves are not depleted;

I had a friend called Jim\* ... And y'know when he was doing healing he would...imagine, umm, this kind of healing ability coming down... through the hands...and then, he would kind of imagine this, sparkly rod coming out of their head...and up to a place where the energy was... and he'd do another sparkly rod down to where he was, so he had a triangle...of energy going through, erm, that way, he didn't get depleted. (Greenwich, Lines 1456-1473)

so it tends to be when I'm doing spells, a lot of the time I am using Reiki energy...when I'm doing healing I specifically though... channel that energy (Stormoak, Lines 624-627)

Greenwitch explains her friend's method for channelling an external energy during healing and Stormoak states that during her healing spell work practices she specifically utilises universal Reiki energy. Stormoak previously explained that she did not become adept at channelling and directing energy until she began to learn Reiki in which "Universal" energy is channelled through the healer to the healee. The fact that Stormoak specifies that it is Reiki energy that she uses would suggest that she considers the practice to be out of the ordinary for the majority of Pagan spell work practices. Given that Greenwich doesn't actually discuss using external energy herself and that five of the remaining six participants do not discuss it at all, this may be the case. However AleqGrai discusses channelling external energy when dealing with "Psychic Vampires" – people who deliberately or not, can drain people of their personal energy reserves;

psychic vampire...the classic example of this in the real world is what we call a trophy wife. Do you understand the term?... she's the girl who's highly intelligent, married exceptionally well, very, very highly educated, hits her forties, the kids are gone, erm, the husband's a workaholic, he's never home, and she desperately, desperately, desperately wants to be loved *pause* they'll drain you dry, absolutely drain you dry, so you will be emotionally wiped out... other one's to look for, ok? I mean I always ... learn to channel from the great big whatever-it-is you give her all the milk, it's the same way that you would deal with a vampire, erm, the difference between a, a y'know a trophy wife and, an actual astral vampires themselves is that you don't let the vampire go, you keep feeding them until they pop (AleqGrai, Lines 1085-1099)

AleqGrai explains that the only way to deal with this behaviour without detriment to oneself, is to ensure that the energetic needs of the psychic vampire are met by channelling an external energy force. Although AleqGrai is the only participant to have discussed this concept, belief in psychic vampires is not uncommon among Pagans; it is discussed by eminent Pagan authors such as Janet and Stewart Farrar (1992) and Dion Fortune (1997) who describes the effects of psychic vampirism and differentiates between those who engage in such activities actively (Vampires) and those who do so unwittingly (Parasite) (Fortune, 1997, p63). Orion (1995), in her anthropological study of American neo-pagans, explains that the concept of a psychic vampire is widely accepted and then goes on to describe a working she observed conducted by a coven in a bid to deter one of their members from her own inadvertent psychic parasitism.

Stormoak refers to the energy that she channels as Reiki energy, however Greenwich and AleqGrai are less specific in their discussions of this external energy source. Greenwich simply states that her friend connects to a place where the energy is and AleqGrai describes it as channelling from the “great big whatever-it-is”. All of these descriptions suggest some kind of ubiquitous, omnipresent energy; Reiki energy is understood to be a universal energy and Greenwich and AleqGrai’s descriptions suggest an energy that can be accessed anytime, anywhere. This concept of an imminent, omnipresent energy fits in with the animistic and pantheistic nature of Pagan beliefs and is discussed by leading Pagan authors; Both Starhawk (1989) and Cunningham (2003) describe types of subtle energy that are external to us, specifically Divine energy/energy of the Gods. This is described by Cunningham (2003) as “the life force, the source of universal power which created everything.” (p20) this energy is universal and omnipresent, meaning it is possible for Pagans to access this source of subtle energy rather than depleting their own personal reserves. Again we see parallels with Keith’s characteristics of subtle energy namely that it is passed *from or through* the healer - whereas personal energy is passed *from* the healer, external subtle energy is channelled *through* the healer.

#### 6.7.4. Grounding

Once energy has been raised and directed in spell work, many participants discussed the need to “ground” themselves i.e. to rid themselves of excess or negative energy. The act of grounding was seen as a way to prevent taking on the ailments of their castees;

sometimes the only way you can make them go away is to take them on yourself and then I have to go do some work post to kind of get rid of whatever I’ve taken on ....it’s very beneficial for the person that I’m healing, umm, but it means I need to go do some work afterwards to get rid of it so I don’t carry it around with me (Athena, Lines 356-357 & 369-371)

I had to ground myself every day... I was grounding myself it felt like I was just overwhelmed to other people’s emotions and anxieties all the time (Shayla, Lines 521-524)

Athena and Shayla describe grounding as a way of discarding the potentially contaminated energies of castees. We can see from Shayla’s quote that it is not only physical illnesses that can be transferred through energy, but also psychological and

emotional dispositions that can likewise have a debilitating effect on the caster. Grounding works to prevent this malignant energy from residing in the caster's energetic body. Stormoak's description of her grounding practices give a better understanding of the concept;

basically from the head working down, part of that erm, bubble separates itself so that, it's almost like erm, I don't know an energetic ice scraper is the only way I can think of describing it... scrapes down the inside I suppose, of my energetic body I suppose is the way to describe it, taking any black nastiness, because anything negative I tend to see as, as dark and nasty not, not kind of dark and nice, kind of night time dark but kind of dark and ... it kind of scrapes all that out and out through my feet... it kinda comes out into a ball it's, it's kinda all the nastiness is on the inside and it's got almost a protective bubble around it so it can't contaminate anybody else and it can't reattach itself to me and then, quite often I'll erm, mentally throw that out of a window into ground and see it being absorbed kind of thing (Stormoak, Lines 448-463)

Stormoak describes the grounding process as a way of removing any polluted energy from her energetic body and directing it into the earth to be absorbed into the universal energy pool. Cunningham (2003) and Starhawk (1989) refer to grounding as "earthing the power" and explain that magical workings and sabbat rituals result in excesses of energy- this surplus energy needs to be modified to assimilate with our personal energy otherwise it can have negative implications on our health or wellbeing. This modification occurs through the process of grounding or earthing. It should be noted that Starhawk (1989) also refers to a process called "grounding" which occurs prior to magical workings as a way of tapping into universal energies and so not depleting our own personal energy reserves. However she does note that earthing excess power is also referred to as grounding (p59).

## 6.8. Conclusions

The lack of hierarchy and ability to control how one practices one's own faith was a fundamental aspect of Paganism, and one of the principal reasons for becoming Pagan. Pagans are very self-sufficient when it comes to their own spiritual development: it is very much the choice of the individual if they wish to become Pagan or learn more, and once that decision is made it remains the responsibility of the individual to learn about

their new faith rather than having the information delivered to them. This also results in Paganism being a very fluid belief system as it allows adherents to tailor a personalised, idiosyncratic set of practices that can change and adapt to the practitioners needs and circumstances. However there still remains a respect and reverence for traditional or historic practices with many practitioners taking inspiration from them or incorporating them into their personal practice.

Both the castee and the casters intentions are of key importance in spell casting. One must establish the motivations of the castee to ensure that the caster knows what they are being asked to bring about, that the castee understands the full implications. Casters must ensure that the design of the spell adheres to the harm none ethic. Casters must also ensure that potential castees are not in a sensitive frame of mind that may result in workings having a negative psychological impact. The caster's intentions need to be established to ensure that the caster is not abusing the power that spell casting affords them and that they are working in the best interests of the castee and any others who may be involved.

The belief that both castees and casters have in the likely efficacy of a spell can have important mediating effects on the success of spell work. Castees disbelief tends to be associated with magic in general rather than the skill of individual casters, conversely caster disbelief tends to be in the form of disbelief in their own abilities rather than disbelief in magical practices altogether. Castee disbelief appears to manifest as a difficulty in the caster sending (rather than creating) energy and the castee receiving the energy. It does not appear to influence the caster directly. Caster self-disbelief does appear to work to reduce the casters capacity to conduct spell work effectively. Castee disbelief does not have as limiting an effect as caster disbelief, which is thought to always render a spell ineffective, as spells for sceptical castees can still be effective. Ultimately for a spell to work the caster must have faith in their abilities, castee belief appears to only have a mediating effect.

Spell work is the act of creating, programming and sending energy through the use of ASCs. Ritual practices and representations of the targets of spells (be they human targets or the aims and objectives) are used to facilitate this process as mnemonic devices, and in the case of sensory tools through contributing to an immersive atmosphere. The creation of the sacred circle is especially important as it provides the practitioner with a space and atmosphere that allows them to enter the requisite ASC by

being separate from the mundane world. The ASC that Pagans strive for in spell work has remarkable parallels with Csikszentmihalyi's flow state.

The concept of holism is reflected in the Pagan world view. Every individual is connected and it is through this connection that magic works. All aspects of our lives have an important influence on our health and well-being and so all aspects of poor health and well-being should be addressed when trying to remedy someone's ailments, whether that is through magic, more conventional interventions or a combination of both.

Pagans, like members of a variety of distance healing traditions, believe in the concept of an energetic body that can influence health and well-being. The Pagan concept of the energy contained within this body is tenebrous, however it does have some clear core attributes;

- It is something which we have personal reserves of, but which also exists independently of us.
- This energy can be increased through acts of "raising energy"
- It is something that we can manipulate and send out of ourselves to effect change.
- It is something which is necessary for optimal health and wellbeing, as depletions can have a negative impact on our health and wellbeing.

## 6.9. Implications

Analysis of the interview data yielded the following implications for the third phase of the research, the randomised controlled trial.

Only recruit skilled practitioners, who have experience of designing and conducting healing spells and have faith in their own abilities.

Ask participants to provide specific requests to allow the practitioner to tailor the spell to their requirements.

For researchers and practitioners to review each spell request prior to workings, to ensure that the requests comply with the ethic of 'Harm None'. If requests do not comply, practitioners can use more generic wording to request improvement in health and well-being.

**Extending the non-contact healing paradigm to explore distant mental** interaction effects of pagan  
healing spells

Require participants to provide both a picture and a personal item to provide practitioners with a symbolic representation.

# 7 SPELL CASTING TRIAL

## 7.1 Introduction

This chapter describes the design, procedure and results of a randomised controlled trial (RCT) investigating the effects of Pagan healing spells on health and wellbeing. The design of this trial was informed by the findings of phases one and two. In Phase one earlier non-contact healing studies were reviewed and it was found that although there was an overall effect, its interpretation was made difficult because of a number of methodological or conceptual weaknesses. These included the fact that non-contact healing is generally understood by practitioners to have holistic and non-specific outcomes that can be difficult to capture in narrow, symptom oriented outcome measures (Benor, 1995; Walach, 2001; Laskow, 1992; Mason, Tovey & Long, 2002). Conventional RCTs are considered to lack model validity, meaning that they do not reflect the way that non-contact healing occurs in real life settings, and they do not take into account the models of health and healing followed by the traditions they are testing. The possible negative effects of non-contact interventions are often not considered or accounted for in conventional RCTs (Hobbins, 2005; Paul, 2008). Using clinical populations can result in impure control groups as it is likely that they will be the subject of some kind of healing intention from friends and loved ones, even if the participants are unaware of it (Roberts, Ahmed, Hall, & Davison, 2009, p.3; Cohen, et al 2000, p.41; Masters, Spielmans, & Goodson, 2006, p.21).

Many of these issues can be resolved by consulting with healers about their practices and tailoring the RCT design to suit the method of healing under investigation (Vickers,



1996; Mason, Tovey & Long, 2002; Carter, 2003; Voerhoef et al, 2005). Model validity can be improved by speaking to practitioners about how they practice and using that information to inform the design of the trial rather than adapting healing procedures to suit conventional trial design. More appropriate outcome measures can likewise be selected based on practitioners discussions of their concepts of health and wellness and how a successful outcome is most likely to manifest. Discussing possible negative effects of interventions with practitioners allows for these effects to be controlled for, for participants to be informed and thus to give fully informed consent. The issue of pure control groups is not one that can be addressed by consulting with healers, however it can be through the use of a non-clinical population, as in this RCT.

The meta-analysis also revealed issues with the quality of the research being produced in this area and suggestions were made to address these quality issues;

- Future research should ensure homogeneity of approach across healers
- Have a clearly circumscribed population with explicit inclusion/exclusion criteria:
- If participants are randomly allocated to conditions rather than matched for potential confounds then need to assess for differences in demographic data:
- Ensure both patients and those interacting with them are blind to condition allocation:
- Sham condition to closely mimic behaviours after direct observation or training but precluding intention to heal (e.g. Arithmetic), and using actors who have no prior healing experience or ability:
- Have explicit criteria for the appointment of healers and intercessors:
- Have explicit instruction to healers regarding desired outcomes in terms of factors actually measured in the course of the study:
- Describe precautions to prevent normal communication with patients that could affect blindness, monitor healers to ensure no facility for normal communication and check for perceptible differences between experimental and sham conditions:
- Determine if treatment produces energetic field that could have residual effects if other patients scheduled soon after:

- Need to pre-specify primary outcomes. Where multiple DVs are measured should report appropriate omnibus tests (e.g. MANOVA) before individual variable tests to avoid concerns over cherry picking:
- Need to report effect sizes as well as p-values:
- Some indication that study sizes have been designed to have sufficient power to detect the putative effect.

Where relevant, these suggestions have been implemented in phase three of the research as described in the following chapter. As there is no sham condition suggestions for an effective sham protocol are not relevant. Likewise as the healing is over large distances and not proximal it is not possible to investigate the possibility of an energetic field, this also makes normal communication that could affect blinding highly unlikely. This RCT does not have sufficient statistical power, however as it is the first study to investigate Pagan spell work in this way, it is hoped that it will act as a catalyst for further research into this area with a more appropriate sample size.

Phase two of the research was to interview Pagan practitioners about their practices with the aim of gaining a deeper understanding of those practices that would allow for the RCT in phase three to be suitably adapted as was recommended from phase one findings.

The interviews revealed that Pagan practice is fluid and idiosyncratic but with a core common theme of the practitioner working in a manner that suits them. The intentions of both the casters and castees were considered to be very important. Casters should have only positive, selfless intentions when casting spells and castee's requests should not be fulfilled if there was any risk of harm coming to themselves or others. Things that could contribute to this process as either energetic contributors or mnemonic devices, such as crystals, incense, photos etc were important, especially as an aid to achieving and maintaining a state of flow – the state of consciousness that practitioners sought to achieve during workings. Spells were described as a way of raising energy, “programming” it for a specific purpose and sending it out to a specified target. Therefore spells were considered to be fast acting, with results starting to be seen a few days after casting.

Castees scepticism is believed to reduce the efficacy of spell casting and caster scepticism was believed to render spell work completely ineffective. The model of health and wellness that practitioners adhere to is a holistic one, as it is with other forms

of non-contact healing. Finally Practitioners discussed the concept of the *energetic body* and framed healing spells as a form of energy medicine.

How the information from both the meta-analysis and the interviews was implemented in the design and analysis of the RCT is discussed in this chapter, followed by the results and their implications.

The phase one meta analysis results suggest that subjects in the active condition exhibit a significant improvement in wellbeing relative to control subjects under circumstances that do not seem to be susceptible to placebo and expectancy effects. Therefore this RCT tested the following hypotheses;

- Group A (i.e. those who received healing between T1 and T2) will show a greater improvement on all outcomes between T1 and T2, compared with group B (those who received healing between T2 and T3).
- Group B will show a greater improvement on all outcomes between T2 and T3, compared with group A.

## 7.2 Method

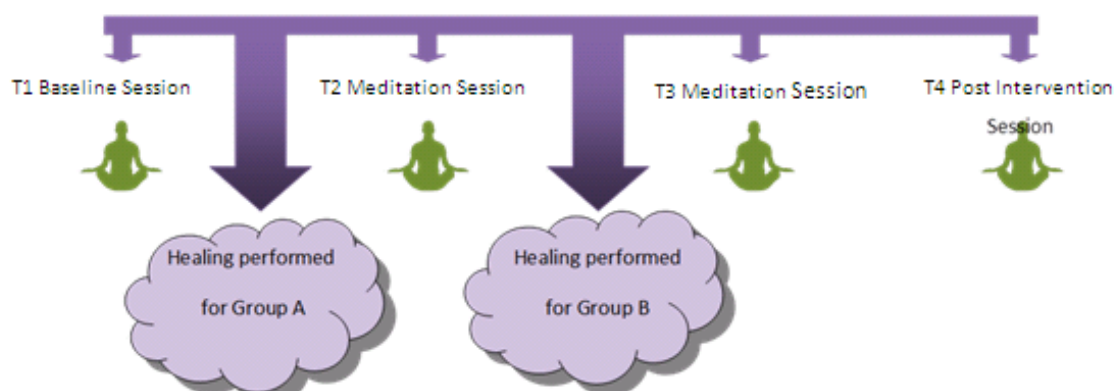
### 7.2.1 Design

This phase utilised the Randomised Controlled Trial design. In an RCT participants are randomly assigned to either an active condition or a control condition. The RCT is considered the “Gold standard” for assessing the effectiveness of an intervention (Utts, 2003, in Jonas & Crawford, 2003, p.244; Walach, 2001) as random assignment ensures there is no disparity between the groups. If both groups only differ in regards to the intervention that they receive, then any change that is observed in outcome measures are the results of the intervention being tested and not confounds from differing group characteristics. Although some complementary and alternative medicine (CAM) researchers and practitioners question the validity of RCTs as a method of investigating CAM interventions (as they differ so much from allopathic interventions for which RCTs are most commonly used to assess) (Benor, 1995; Walach, 2001; Laskow, 1992; Mason, Tovey & Long, 2002), it has been suggested that trial designs only need to be tailored to the intervention they are designed to assess, to ensure that they effectively

capture the effects and accurately reflect real life practice (Vickers, 1996; Mason, Tovey & Long, 2002; Carter, 2003; Voerhoef et al, 2005). The ways in which this trial has been adapted to suit Pagan spell work practices are discussed in the materials section of this chapter.

More specifically this trial utilised the delayed intervention (or delayed-start) randomised design. In this design participants are randomised to receive either the active treatment or a control treatment in the first stage, with those assigned to the control treatment receiving the intervention in the next stage (Velengtas, Mohr & Messner, ND). This design allows researchers to bypass ethical concerns around withholding possibly beneficial treatments (Velengtas, Mohr & Messner, ND; Higginson et al, 2006) that arise when using parallel groups. This was particularly pertinent as offering participants the opportunity to be healed and then denying healing to half of them would not be considered ethical from a Pagan perspective. It is important in delayed start trials to define adequate stage durations (Velengtas, Mohr & Messner, ND). This is usually based on information about the disease being investigated. However because this was not a clinical trial and used a healthy sample stage duration was based on information from the phase two interviews about the intervention itself, which was considered to be fast acting. The structure of the design is shown in figure 7.1.

**Figure 7-1: Delayed Intervention RCT design**



Trials had to coincide with both term dates (to achieve maximum numbers of participants per session) and a new or waxing moon as the practitioner felt that this

temporal correspondence was important to the design of the spell. This was revealed during conversations with the practitioner during trial two which occurred in the waning period of the moon, which the practitioner felt made it more difficult to cast for increase and gain. The practitioner explained that it was not impossible to do so but that it would take more energy and that normally she would cast such spells to coincide with the waxing moon. For the sake of model validity, further trials were planned around these moon phases. The practitioner also stated that she frequently cast spells for multiple people at once (whilst still tailoring the design to their specific individual needs) and so working in such a way would not be a departure from her usual way of working.

### 7.2.2 Participants

Participants were gathered from the University of Northampton Psychology Department Research Participation System, using snowball sampling, and through adverts (see figure 7-2) placed on the researcher's personal Facebook page and displayed during undergraduate Psychology lectures. The only recruitment criteria were that participants were aged 18 or over and had no debilitating medical conditions. Using a non-clinical sample helps to remedy the issues of an impure control group raised by the meta-analysis. Participants themselves decided what constituted debilitating. If participants queried what constituted debilitating they were advised that it would be something that greatly interfered with their life and that they could use their own discretion to decide if that described their condition. Participants who disclosed any condition were advised that no guarantees could be made about any possible improvement in their condition, and not to consider the trial a form of treatment for their condition.

Participants recruited from the participant pool received six credits towards their research methods module for completing the study.

44 participants completed the full programme; 30 Females and 14 males. Participants were aged between 18 and 55 with a mean age of 24.

57 Participants in total were recruited, the attrition rate was 21%; with 12 participants not completing the programme. Two participants left in week two, seven in week three, and three in week four. One participant's data could not be used because the practitioner refused to conduct any working for them as she felt that their request was not in their best interest and that even requesting for a general improvement in health and wellbeing

(the fall-back position should a participants request be unfeasible or unethical) would result in negative effects.

**Figure 7-2: Participant recruitment poster**



The Practitioner was selected from the participants of phase two who indicated an interest in taking part in phase three. The practitioner selected was Yarrowwitch who has over 40 years' experience in Paganism and frequently conducts healing spells. Using an experienced practitioner who frequently conducts spells ensures that the practitioner has belief in their own abilities which was identified as an important factor in the interviews. Using a single practitioner ensured a homogeneous approach to all trials, as suggested in recommendations from phase one. To ensure model validity no direction was given to the practitioner as to how rituals should be conducted; the interviews in phase two revealed that the main commonality amongst Pagans is working in a way that works for them. Therefore dictating how the practitioner should work would be counterproductive as it would negatively impact the model validity.

### 7.2.3. Materials

#### 7.2.3.1. Scepticism questionnaire

Phase two interviewees explained that castee scepticism can have an impact on the success of spell work. As a result participants in phase three were asked to complete three questions regarding their level of scepticism to allow exploration of the possible impact of castee belief.

**Figure 7-3: Scepticism Questionnaire**

		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
A	I believe that distant healing is possible	1	2	3	4	5
B	I believe that Pagan spell casting works	1	2	3	4	5
C	I believe that I can experience health and well-being changes over the course of this study	1	2	3	4	5

Pre-existing paranormal belief scales such as Tobacyk's revised paranormal belief scale (1988) and the Australian Sheep Goat scale (Thalbourne, 1995) were considered but were eventually rejected as they either did not address belief in spells (Thalbourne, 1995) or only asked participants if they believed in the existence of magical practices and practitioners. Given that respondents were taking part in a study investigating the effect of spell work, questions regarding the existence of its practice were considered redundant. As these questions did not address respondent's belief in the *efficacy* of such practices it was considered necessary to develop a brief set of questions that did. This questionnaire was only administered in the first session

#### 7.2.3.2 WHOQOL-BREF

The WHOQOL-BREF is a quality of life measure (QOL) adapted from the longer WHOQOL-100. The WHOQOL-100 was developed by the WHO across fifteen international centres, ensuring cross cultural validity (WHO, 1996; Skevington, Lofty , & O'Connel 2004). The scale was developed using focus groups to establish the facets of QOL that a scale should address. This led to a pool of 263 items across 29 facets of QOL. These items were piloted amongst sick and healthy populations within each centre leading to the final scale of 100 items; four items for each of 26 facets of QOL grouped into six domains and 4 overall QOL items. The WHOQOL-BREF was developed to provide a short form version of the WHOQOL-100. The WHOQOL-BREF measures quality of life from 26 items (one for each facet of QOL identified in the WHOQOL-100) across four domains; Physical, Psychological, Social Relationships and Environmental (see figure 7.4).

Interviews in phase two revealed a holistic view of health and well-being in Paganism and many of the interviewees explained that spells can have non-specific effects. The WHOQOL-BREF was selected as the outcome measure as it is a holistic outcome measure and was therefore considered most likely to capture the effects of spell work and to comply with the Pagan model of health and wellness.

Given the multicultural approach taken to its development, the WHOQOL BREF has cross cultural validity (Skevington, Lofty , & O'Connel, 2004; Hawthorne, Herman, & Murphy, 2006), significant discriminant validity , and construct validity (Skevington, Lofty , & O'Connel 2004).

The WHOQOL BREF asks participants to answer based on the last two weeks. This was kept for the first baseline session but then was changed to cover only the preceding week for the other three sessions. In the WHOQOL BREF manual it states “It is recognised that different time frames may be necessary for particular uses of the instrument in subsequent stages of work...and therefore changing the timescale may be appropriate.” (WHO, 1996, p.8) however there is no indication on the effect this may have on the reliability and validity of the test.



**Figure 7-4: WHOQO-BREF facets within the four domains**

Domain	Facets incorporated within domains
1. Physical Health	<p>Activities of daily living</p> <p>Dependence on medical substances and medical aids</p> <p>Energy and Fatigue</p> <p>Mobility</p> <p>Pain and discomfort</p> <p>Sleep and rest</p> <p>Work capacity</p>
2. Psychological	<p>Bodily image and appearance</p> <p>Negative feelings</p> <p>Positive Feelings</p> <p>Self-esteem</p> <p>Spirituality/Religion/Personal Beliefs</p> <p>Thinking, learning, memory and concentration</p>
3. Social relationships	<p>Personal relationships</p> <p>Social support</p> <p>Sexual activity</p>
4. Environment	<p>Financial resources</p> <p>Freedom, physical safety and security</p> <p>Health and social care; accessibility and quality</p> <p>Home environment</p>

Opportunities for acquiring new information and skills  
Participation in and opportunities for recreation/ leisure activities  
Physical environment (pollution/noise/traffic/climate)  
Transport

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#### 7.2.3.3 Photograph and personal item

Participants were required to provide a photograph of themselves and a personal item. These were sent to the practitioner to act as a representation of, and energetic link to the castee as described by interviewees in phase two. All items and photographs were kept in a locked box to which only the researchers and practitioner had access, and were transported to the practitioner via a secure delivery service to ensure participant confidentiality.

#### 7.2.3.4 Spell request form

Participants in Phase two explained that castee's requests needed to be specific to ensure that they complied with ethical considerations and so that spells could be designed appropriately. As a result participants completed a spell request form which was sent off to the practitioner along with their photograph and personal item. The request form included guidelines advising participants of the ethical issues to consider when making their request (see figure 7-5).

The guidelines advise that spells should affect only the participant themselves and that they should have considered the full implications of their requests. These guidelines were included to ensure that any spell requests adhered to Pagan ethical principles described by interviewees in phase two. The practitioner was able to reject any requests that she felt to be against her ethical principles and to instead use a generic request for an improvement in health and well-being. Participants were advised in the information and consent form that this may occur. The spell requests also provided the practitioner with explicit instructions regarding desired outcomes as suggested in the recommendations from phase one.

**Figure 7-5: Spell request form**

### **Guidelines for spell requests**

Remember that these spells are aimed at improving health and well-being, not for such things as luck, excessive financial gain or love spells.

Spells work best when they are unambiguous, so try and be specific, for example rather than asking to just be happier, think about what would need to change for this to happen; for example would you like to be able to handle stress better, or would you like to be more patient, or more sociable?

Remember that the requests must only affect you, for example you could not request that a sick family member be healed, as practitioners need specific permission from the person for whom they are doing the working. Likewise you would not be able to request that you get a certain grade in an exam as this would affect the free will of other people who have not given their permission, such as the person marking the exam. Instead you could ask that you are better able to revise for the exam, are less nervous when in the exam and better able to focus etc.

Avoid using terms such as "forever"; remember that change in life is inevitable and so making permanent changes may not be beneficial to you in the long run.

Really think about the possible outcomes of what you are asking for. Are you sure that you fully understand the impact of that request becoming reality? Is it really what you want?

If you have any questions, please do not hesitate to ask for assistance

#### 7.2.3.5 Body scan meditation

The meditation was offered as an incentive for participants to attend all four sessions to allow for complete data to be collected at the appropriate times in the cycle of spell work. It was also as a way to relax participants so that they could objectively reflect on their previous week, giving an accurate measure of their QOL without being influenced by more immediate experiences. Meditation practices do have an impact on health and well-being (Goyal et al, 2014), however as all participants were engaging in the same practice and comparisons were being made between groups rather than pre-post for the whole group, the impact of this variable was controlled for. If participant's were able to inform the researcher of an absence from a session then the scales were sent to them to be return via email, with a request that the scales were filled out around the time that the rest of the group would do so. As many of the absences were due to ill health the meditation was only sent if requested by the participant. Any unexplained absences, where data could not be collected, resulted in that participant's data being unusable.

The meditation used was an audio guided 25 minute body scan meditation developed by the University of San Diego Centre for Mindfulness. Participants were given mats and cushions as body scan meditations are usually done lying down. During a body scan meditation one's attention is focused on the various parts of the body, starting with the toe of the left foot and moving up the leg, then focusing on the right foot and leg, before gradually moving up the rest of the body, and finally focusing on the body as a whole. This particular meditation was chosen as it was pre-recorded, so the same meditation would be delivered in each session. It was only 25 minutes long and participants received instruction the whole way through, making it an accessible meditation practice even for those who may not have tried it before.

#### 7.2.3.6. Flow state scale

The flow state scale was administered to the practitioner after each working. As discussed in section 6.5.1. the conditions that practitioners described as necessary for a successful spell were very similar to those described by Csikszentmihalyi (1988), and the state that participants describe being in during spell casting is comparable to the flow experience of total involvement. Practitioners explained that the main aim of rituals was to foster focus on the intentions of the spell, and that the more focussed one is on the intentions the more successful a spell is likely to be. The Flow State Scale (Jackson & Marsh, 1996) is a measure of flow across nine subscales; challenge-skill,

action-awareness, clear goals, unambiguous feedback, concentration, sense of control, loss of self-consciousness, transformation of time, and autotelic experience. The scale was designed to measure whether or not athletes had achieved the flow state in their activities, and is intended to be administered directly after said activities have ended. No overall score is given rather a score for each subscale. The flow state scale was given to the practitioner after their workings to assess whether or not they were in flow to allow for investigations into the impact of the flow state (and specifically the concentration subscale) on the success of the spell. The nine factor model was the reason why this measure of flow was selected- by measuring the various aspects of the flow experience researchers are able to see if the state achieved by practitioners is in fact a flow state and also allows for investigation into the specific aspect of the experience that participants have said is an important factor in successful spell work – concentration.

The practitioner returned the Flow state scale after the first and second trials only, when questioned about this she explained that she does not conduct workings if she does not achieve the state explored in the scale (Flow) and therefore she felt it unnecessary to continue completing the scales. (Yarrowitch, personal communication)

### 7.3.Procedure

The programme ran over four weeks, with participants attending sessions once a week at the university.

At T1 first a plenary session was held during which the participants were given an overview of what would happen over the course of the trial, this plenary session also provided an opportunity to address any issues or questions participants may have had for the researcher.

Participants then took part in the body scan meditation described in section 7.2.3.5; They were offered mats and cushions and advised to either lie or sit and to remove their shoes. Once participants were settled the lights were dimmed and the audio recording, guiding participants through the meditation, was played. During the meditation the researcher supervised to ensure no participants showed signs of distress and to wake those who had fallen asleep.

Once the meditation was completed the lights were brightened and the participants completed the WHOQOL- BREF, The scepticism scale and the spell request form, as

well as providing the researcher with their item and photograph. Each participant's item, photograph and spell request were placed in envelopes and passed to another member of the research team who randomly allocated participants to either group A (healing then wait list condition) or group B (wait list then healing condition) on a double blind basis using random number tables. The envelopes and group allocations were then sent to the practitioner.

Before the T2 meeting the practitioner (at a remote location) conducted their practice for each participant in group A.

At T2, one week later, participants again took part in a plenary session during which participants could talk about their experiences of the past week, completed the meditation and filled out only the WHOQOL-BREF. Participants were made aware that the plenary sessions were confidential and that information shared in those sessions was not to be shared outside of the sessions.

Before the T3 meeting, the practitioner (at a remote location) conducted their practice for each participant in group B. After which they returned the photographs and possessions, again via secure delivery service.

At T3, another week later follows the same schedule as T2.

No workings were conducted in the intervening week between T3 and T4 thus allowing for measures of residual results. At T4, one week later, participants again came to the university to take part in the plenary session, the meditation session, to complete the quality of life measure and a qualitative question about their experiences during the trial period. At this point the possessions were returned to the participants, who were again given the opportunity to ask any further questions they may have for the researcher.

## 7.4. Ethical considerations

This study was approved by the University's School of Social Sciences Research Ethics Committee. As there were different considerations for the participants and the practitioner they are presented separately here;

### 7.4.1. Participants

Potential participants who expressed an interest in taking part in the trial were sent an information and consent form (See appendix 9) or directed to the University of

Northampton Psychology Research Participation System Site to give them a better understanding of the aims of the research and what participation would involve. The trial page on the Psychology research participation system site contained the exact same information as the information and consent form. Regardless of their method of recruitment, all participants completed an information and consent form. The information and consent form made potential participants aware of the aims and procedure of the study, who was undertaking the research, the duration of participation, and how their data may be used.

The information and consent form advised participants that the healing in the study was not a replacement for professional medical or psychological treatment, that they should seek professional help should any such issues arise during the course of the study, and that the well being questionnaire was not being used as a diagnostic tool and therefore they would not receive feedback on their scores. Participants were made aware that the plenary sessions were confidential and that information shared in those sessions was not to be shared outside of the trial. The information and consent form also advised participants that the nature of Pagan morality meant that spells were cast only with the intention to improve health and well being, therefore no negative spells were being cast and therefore any misfortune that they might experience during the trial could not be attributed to participation in the trial.

The information and consent form addressed the BPS ethical concerns for research; Potential participants were advised of their right to withdraw up to one month from the date of their participation. The consent form asked for specific consent for their anonymised quotes from the open ended question to be used in conference proceedings and peer reviewed journal articles as well as possibly being included in university or community talks/lectures, newspapers, magazines, or online. Participants were allocated a participant number to guarantee anonymity.

To ensure confidentiality, data was stored on a password protected computer and in a locked filing cabinet, personal items and photographs were stored in a locked box to which only the researchers and practitioner had access, and were transported to the practitioner via a secure courier service. Participants were verbally advised that as it was possible for their items and photographs to be lost in transit not to use items of great financial or sentimental value.



#### 7.4.2. Practitioner

The practitioner selected to take part in the study was provided with an information and consent form (see appendix 10). The information and consent form made the practitioner aware of the aims and procedure of the study, who was undertaking the research, the duration of participation, and how the data may be used.

The information and consent form addressed the BPS ethical concerns for research; the practitioner was advised of her right to withdraw without having to give a reason, with the request that if such a withdrawal prevented the completion of any spells that they let the researchers know so that the participants could be advised. The information and consent form also assured that this research was not a test of their abilities; rather it was to see if Pagan healing spells can operate under the same conditions as other forms of healing that have been tested with some success. The consent form asked the practitioner to confirm that they would remain anonymous and that they would not try and use their participation in the study for any personal gain, this was included to ensure that the practitioner's motivations for conducting the spell work were altruistic, in accordance with the issues of caster intentions raised in the interviews. The practitioner was also asked to provide an outline of how each working was designed so that all the methods used in the study could be accurately reported and they consented to this information being disseminated as the researchers saw fit. However they were advised that if this went against the values of their tradition they could provide only those details they felt comfortable sharing.

Phone calls were made to the practitioner after each working to see how the working went and that she was still comfortable continuing with the trials.

#### 7.5. Results

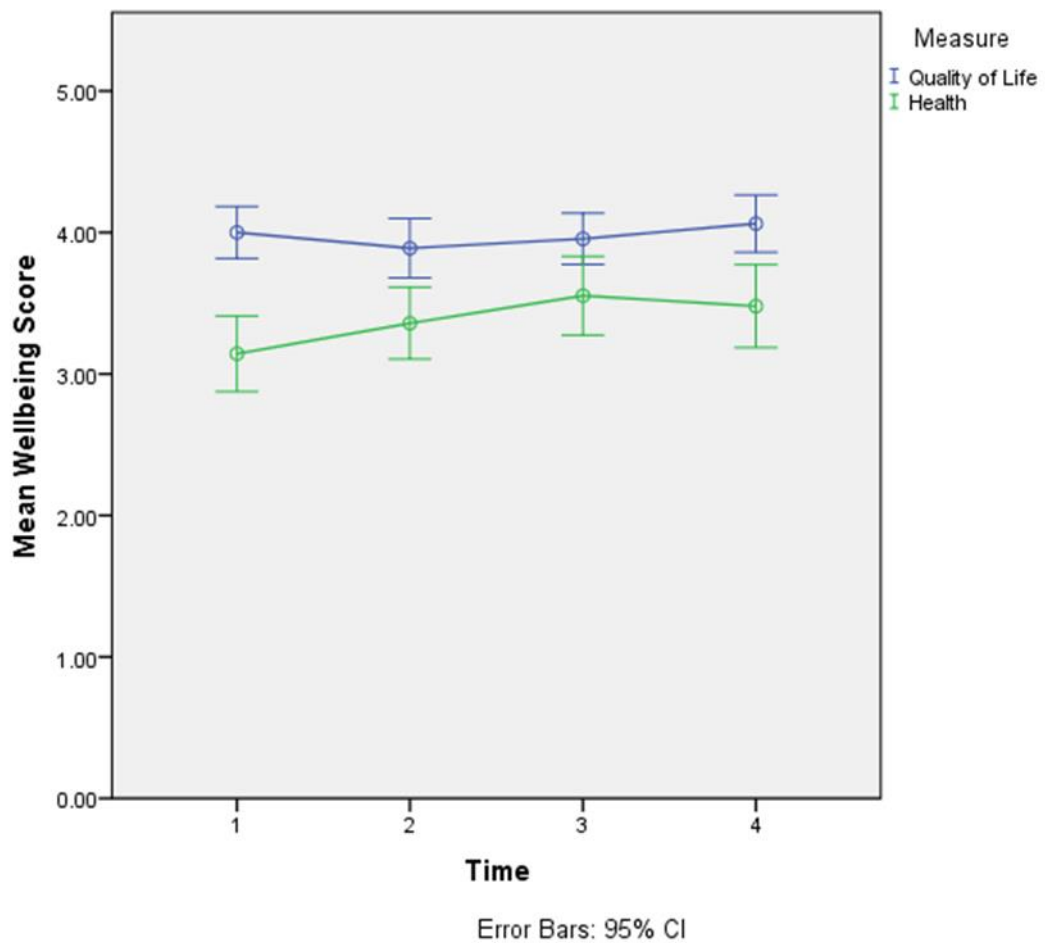
The WHOQOL BREF was used as the outcome measure for the RCT. The WHOQOL BREF has six main outcomes; General health and general quality of life (QoL); which are each measured on a five point likert scale, and four "domains"; which comprised of a number of "facets". Final domain scores could range from 4 to 20.

In the recommendations for future research in phase one, it was stated that "Where multiple DVs are measured researchers should report appropriate omnibus tests before individual variable tests to avoid concerns over cherry picking": Given that the WHOQOL-BREF results in six DVs, The first step was to establish if there had been

any improvement in participants as a whole; if none of the participants had shown improvement then both hypotheses could be rejected immediately. This was done using MANOVA analysis. When analysing the two questions measuring general health and quality of life there is a significant, positive change from T1 to T4 ( $F= 4.021, p = .025, \eta^2 = .149$ ). When examining the questions independently it becomes apparent that this result is due to significant positive changes only in general health ( $F= 8.217, p = .006, \eta^2 = .149$ ) and not quality of life ( $F= .465, p = .498, \eta^2 = .010$ ). These analyses met the sphericity assumption

Figure 7-6 depicts changes in the General Health item and the General Quality of life item in more detail (the y axis shows the full possible range of scores to give a true indication of the changes seen)

Figure 7-6 General health and General QOL scores across time



General health and QoL were scored on a five point likert scale. General Health shows a steady increase from T1 to T3 with a slight drop at T4, however the final score is still slightly higher by about .5 of a point. QoL remains relatively stable across the trial.

When examining the four domains of the WHOQOL- BREF there is a significant, positive change from T1 to T4 ( $F= 4.363, p = .005, \eta^2 = .284$ )

**Figure 7-7: Domain Scores across time (all participants)**

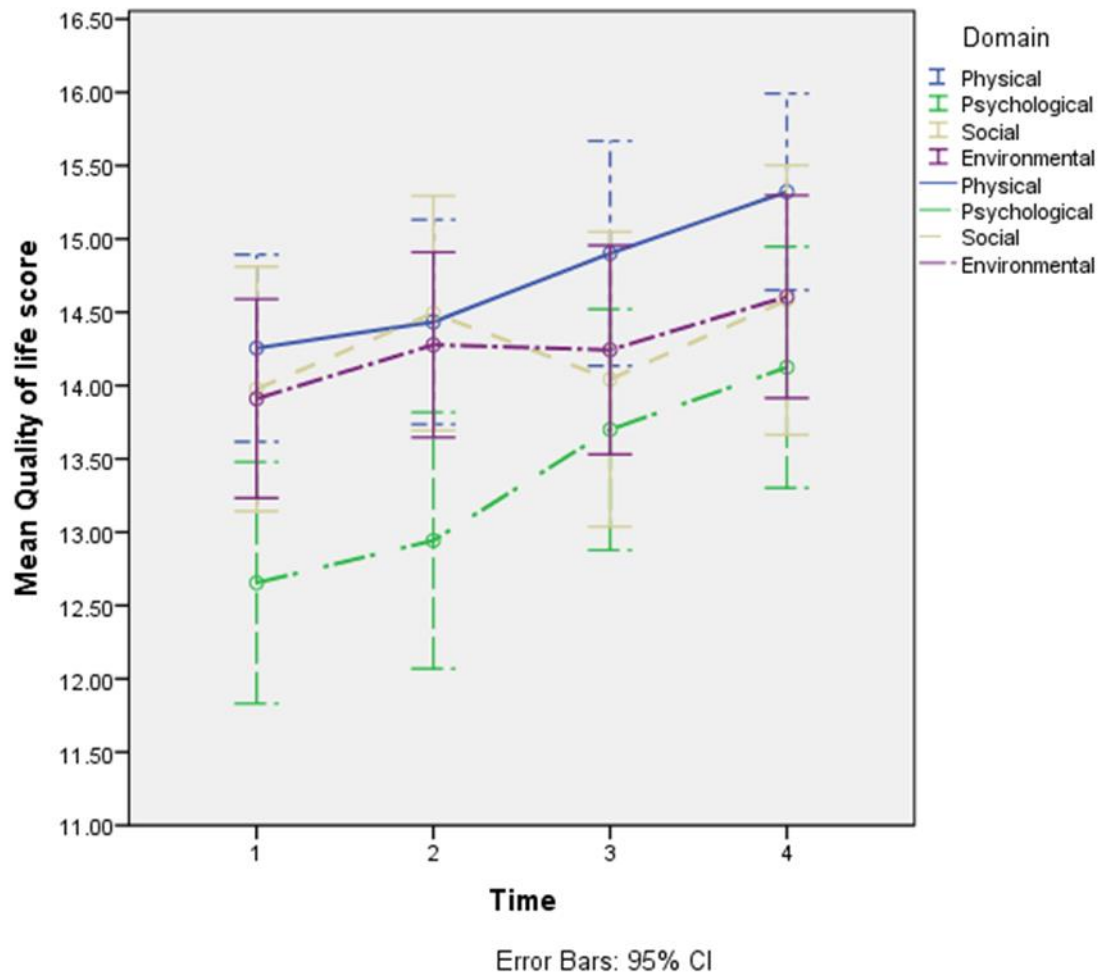


Figure 7-7 shows the changes in the four individual domains across the whole trial period, due to the similarity of scores across domains the scale of the y axis in 7-7 has been reduced in order to better differentiate between the plausible range of scores upon which these variables may lie in the target population.). It is apparent that the Social and Environmental domains show very little change over the course of the trial. There is a slight increase of about .5 of a point in both domains in T2, however the scores return to the baseline level by T4. Both the Physical and Psychological domains show an improvement of about 1 point from T1 to T4. The changes in each domain were examined using separate MANOVAs. The results showed that the improvements in the Physical and Psychological domains were significant but those in the Social and Environmental domains were not.

**Table 7-1 MANOVA results for individual Domain changes**

Domain	F	P	$\eta^2$
Physical	9.12	0.04	0.163
Psychological	15.31	.001<	0.246
Social	2.692	0.11	0.054
Environmental	3.38	0.72	0.067

When analysing the spell requests made by participants it was revealed that the majority of requests fall into the Psychological domain (which shows the greatest increase) followed by the Physical domain, the Social domain and finally the Environmental domain. This suggests that participants showed the greatest improvements in the areas requested for in the intervention.

#### 7.5.1. The hypotheses

There were two main hypotheses being tested in this study;

Group A (i.e. those who received healing between T1 and T2) will show a greater improvement on all outcomes between T1 and T2, compared with group B (those who received healing between T2 and T3).

Group B will show a greater improvement on all outcomes between T2 and T3, compared with group A.

Difference scores between the time periods were calculated for each outcome and analysed using MANOVA. Although the data violate the assumptions for parametric testing parametric tests were selected as it would not be possible to conduct the necessary analysis using non-parametric tests; although there is a non-parametric ANOVA equivalent there is no non-parametric MANOVA equivalent. Non-parametric tests are not as powerful as parametric tests and it is common practice to use parametric tests when the DV is robust with solid psychometric scores as is the case with the WHOQOL-BREF.

The difference scores were analysed to control for any variance in baseline scores, as suggested in the recommendations for future research. Whilst ANCOVA would control

for baseline difference in data, this method of analysis was not selected as it would result in items from the individual domains being measured against each other e.g. T1 scores for Q20 in the social domain being measured against T2 scores for Q11 in the psychological domain, which is not useful and may adversely influence the results.

#### 7.5.1.1. Testing the first hypothesis

The difference in all outcomes on the WHOQOL- BREF between T1 and T2 were calculated and compared between group A (the active condition) and group B (the wait list control condition) using MANOVA. Between T1 and T2 there was no significant difference between the two groups on any of the six outcomes. This means that hypothesis one was rejected.

**Table 7-2 MANOVA results difference scores all outcomes T1- T2**

Domain	mean	std. dev.	F	p	$\eta^2$
QoL	-0.11	0.77	0.35	0.56	0.01
Health	0.19	0.85	2.21	0.14	0.04
Physical	0.17	2.05	0.10	0.76	0.00
Psychological	0.26	1.98	0.33	0.56	0.01
Social	0.52	2.48	0.47	0.50	0.01
Environmental	0.31	1.72	0.30	0.59	0.01

#### 7.5.1.2. Testing the second hypothesis

The difference in all outcomes on the WHOQOL- BREF between T2 and T3 were calculated and compared between group A (now the control condition) and group B (now the active condition) using MANOVA. Between T2 and T3 there was no significant difference between the two groups on any of the six outcomes. This means that hypothesis two was also rejected

**Table 7-3 MANOVA results difference scores all outcomes T2- T3**

Domain	mean	std.dev	F	p	$\eta^2$
QoL	0.09	0.65	0.29	0.59	0.01
Health	0.17	0.79	1.80	0.19	0.04
Physical	0.34	1.94	1.21	0.28	0.03
Psychological	0.63	1.83	0.88	0.35	0.02
Social	-0.37	2.80	1.01	0.32	0.02
Environmental	0.06	1.71	0.40	0.53	0.01

The lack of difference between the two groups suggests that the intervention was unsuccessful; however the overall score for the Psychological and Physical domains significantly improved for all participants from T1 to T4 suggesting that this may not be the case. All participants showing an improvement with no group differences could be the result of placebo effects, participating in a mindfulness meditation practice (Grossman, Meimann, Schmidt & Walach, 2004; Hofmann, Sawyer, Witt & Oh, 2010; Davis & Hayes, 2011), or even the Hawthorne effect.

To investigate if a specific effect could be detected, the individual items in the physical and psychological domains (i.e. the two domains that showed improvement across the trials) were subject to the same analysis.

#### 7.5.2.Scepticism analysis

To measure the possible impact of participant scepticism on outcome measures scepticism scores were correlated with outcome difference scores for the time period relevant to their group (i.e. T1-T2 for group A and T2-T3 for group B). The scepticism measure was three five point likert scale questions. Rather than conduct multiple correlations, internal consistency analysis of the three questions was conducted as this indicates whether or not the three scores could be combined into one single metric for each participant. This would allow for one single score to be correlated with each of the six outcome measures. The result was  $\alpha = .761$ . The higher the  $\alpha$  value, the higher the internal consistency (Salkind, 2011) therefore an  $\alpha$  of .761 suggests sufficient internal

consistency allowing for a single combined scepticism score to be correlated with outcome measures.

None of the outcomes were significantly correlated with scepticism (see table 7.6), suggesting that scepticism does not influence outcomes.

**Table 7-4 Scepticism –outcome correlations**

Outcome	r	p
QoL	-0.01	0.97
Health	0.05	0.71
Physiological	-0.15	0.30
Psychological	0.01	0.96
Social	-0.15	0.30
Environmental	0.18	0.21

## 7.6 Discussion

Overall these results appear to be inconclusive; Participants do show an improvement across the length of the study in domains directly related to their spell requests which is suggestive of an effect of the intervention. However the lack of significant group differences does not support this as there were no differences between the groups when one group had received the intervention and one group had not, suggesting that the intervention does not result in changes in health and wellbeing.

### 7.6.1 Inadequate stage duration

The lack of group differences in the T2-T3 time period may be the result of inadequate stage durations; each stage duration was one week meaning that it is feasible that there were ‘carry over effects’ i.e. during T2-T3 participants in group A may still receive benefits from their intervention between T1 and T2. In turn, meaning that even if group B made significant improvements from T2-T3 as a result of their intervention a group A were also showing improvements no group differences are evident. It is also possible that any improvement participants may have received could have taken longer to manifest that the week estimated, meaning that the true impact of the intervention may



not have been captured at the appropriate times for each group. Some allopathic medical treatments do take time to result in perceptible changes such as antidepressants (Frazer & Benmansour, 2002; Gelenburgh & Chesen, 2000) and radio therapy (National Cancer Institute, 2007), so it is possible that the assessment windows were too narrow. This possibility is supported by the fact that participants showed improvement in domains related to their requests over the whole of the trial. It should also be noted that the recommended timescale for the WHOQOL BREF is two weeks and that reducing that timeframe may have also reduced the sensitivity of the scale to change. Although the WHO state that the timeframe can be changed as required by the research no indication is given of the impact this may have on the reliability and validity of the scale (WHO, 1996, pg.8).

Whilst it is not possible to eliminate the possibility of the improvements being a result of the placebo effect, the fact that scepticism is not significantly correlated with any outcome does suggest that participant's expectations of the efficacy of the intervention did not influence their scores and therefore that the placebo effect does not entirely explain their improvement across the trial period. These issues could be addressed by lengthening the assessment window or by using a wait list control group that does not receive the intervention until after data collection.

#### 7.6.2. The complication of meditation

It could be argued that the improvements seen across the period of study may be the result of the mindfulness meditation that participants took part in as part of the trial; Davis and Hayes (2001) conducted a review of research investigating the benefits of mindfulness meditation. There is strong evidence to suggest that mindfulness meditation practices can have a positive impact on emotional regulation; decreasing rumination, anxiety, and depression, as well as enhancing focus and concentration. These benefits clearly mirror the improvements seen in participants in domain 2. However the majority of these studies used comprehensive mindfulness training such as an eight week MBSR (mindfulness based stress reduction) program, 10 day intensive mindfulness meditation retreats or they used experienced meditators. Participants in this study only practiced a 25 minute body scan meditation once a week for four weeks, which is unlikely to produce the same results, especially given that evidence suggests the amount of practice is a mediating factor; with improvements such as working memory capacity, decreased

rumination, and decreased emotional reactivity all being predicated by the amount of meditation practice (Davis & Hayes, 2001). Likewise Grossman, Niemann, Schmidt & Walach (2004) conducted a meta-analysis of both the mental and physical health benefits of MBSR interventions. 18 studies with a total of 894 participants investigated mental health outcomes such as anxiety and depression. 9 studies with a total of 566 participants investigated physical health outcomes such as pain rating and medical symptoms, which has clear parallels with domain 1 of the WHO QOL-BREF. MBSR training was found to be moderately effective for improving both mental and physical health ( $d = 0.50, p < .0001$ , and  $d = 0.42, p < .0001$  respectively). As with the Davis and Hayes (2011) review because these studies used the 8-10 week MBSR programme, the same results could not be expected after 25 minutes a week for four weeks. The significant improvements in both the physical and psychological domains of the WHO QOL\_BREF are unlikely to be the result of the meditation alone. To my knowledge there are no studies that investigate the impact of such brief periods of meditation.

### 7.6.3 Demand characteristics

Demand characteristics occur when participants try to guess the aims of the experiment and attempt to please the researcher by acting accordingly (Jones & Forshaw, 2012). It is a common pitfall in psychological research. However this phenomenon may have been compounded in this trial as the majority of the participants were students whom I teach and so they may have felt the desire to conform to the researcher's expectations more acutely.

The research question was very clear and, given the necessities of spell working ethics, impossible to conceal meaning that participants conforming to demand characteristics would show greater improvement on health and wellbeing scores than they actually felt. This could have two impacts on the results; the improvements shown across the trial may not be an accurate reflection of the participant's experience, or participants in the control conditions (group B at T1-T2 and group A at T2-T3) may have reported a greater improvement in outcomes than they felt resulting in reduced group differences.

As it is necessary for practitioners to receive full consent and information regarding the changes that castees wish to achieve it would not be possible to limit the possibility of demand characteristics in future research. However using a non-student population or research staff who are not also teaching staff would go some way to reducing the likelihood of demand characteristics in future research into this area.

#### 7.6.4. Low sample numbers

This trial has a low sample size which impacts the statistical power of the results. The high level of commitment required from participants can partly explain the low recruitment numbers and the attrition rate of 20%; Participants had to attend sessions for four weeks and it is likely that this deterred some from taking part. This could be resolved working with multiple practitioners to allow for parallel trials. Working with multiple practitioners would also allow for the investigation of possible practitioners effects.

The stigma that still surrounds Paganism is another likely explanation for low recruitment numbers. A number of students explained that despite being interested in taking part in the study, negative stereotypes of witchcraft and spell casting meant they were too scared to do so. This matter can only be resolved by countering negative stereotypes through education and awareness raising.

The use of a clinical population may help with many of these issues as data collection could occur alongside treatment meaning that the commitment from participants is lessened, this could also help to alleviate the issue of demand characteristic was is exacerbated through the use of a student population in this trial.

### 7.7 Summary

The results of this trial are inconclusive; overall there are no group differences to suggest that the spell casting worked. However this may be a result of inadequate time periods, especially given that all participants did show an increase in health and wellbeing domains directly related to their spell requests which is unlikely to be explained fully by either the meditation they participated in or the placebo effect. Further research into this area that use increased assessment windows, wait list control groups who receive the intervention after data collection and non-student populations is suggested.

# 8 CONCLUSION

## 8.1 Introduction

The aim of this thesis was to explore Pagan healing spells as a form of distance healing. This was done by firstly reviewing the existing literature and evaluating the state of the current research. This is important when we consider the 44-58% of the UK population will use CAM at some point in their life – it is in the public interest to evaluate the efficacy of such interventions. Secondly the reader was introduced to Paganism through a literature review and interviews with practising Pagans about their craft. Finally a randomised controlled trial into the efficacy of Pagan healing spells was conducted in a bid to close the gap in the research resulting from the omission of empirical studies into the practices of this burgeoning belief system.

## 8.2 Phase One

The aim of phase one was to synthesise and review the existing non-contact healing research to establish the effect of non-contact healing interventions and to evaluate the quality of the existing research to inform the design of the RCT in phase three. Phase one comprised of chapter two and chapter three.

### 8.2.1 Chapter two

Chapter two was a narrative review of the existing literature around distance healing, including a brief introduction to the diverse distance healing approaches and a discussion of the research into their efficacy, with an exploration of the various issues to be considered when conducting research in this field.

The multiple reviews that were discussed all had the same conclusions: despite finding a small to moderate significant effect no definitive conclusions could be drawn due to poor methodology, poor reporting, or a combination of the two. Therefore further high quality research was considered necessary. Furthermore it was revealed that some proponents of distance healing believe that the holistic and subtle nature of such interventions render it unsuitable to investigation using the existing standard medical methodology (the RCT design).

I proposed that many of the methodological issues could be addressed through the use of non-whole human targets, which can help to counter arguments of placebo, poor blinding, and inadequate randomisation and so on. Likewise the issues around the suitability of the RCT design to distance healing research can be addressed by consulting with practitioners about their traditions and designing the study around those practices.

### 8.2.2 Chapter three

Chapter three presented the meta-analysis of existing distance healing research to provide a quantitative overview of the current research. Meta-analysis was selected as it provides information that narrative reviews cannot; combining research results and subjecting them to further statistical processes means that the true impact of what is being studied is revealed. The use of effect sizes means that the results are not influenced by sample size and statistical power and the use of moderator variables allows us to investigate the influence of other variables.

The meta-analysis was novel in its approach as the human and non-whole-human research were considered separately so that the possible influence of placebo and expectancy could be assessed. This is especially important in this literature as many of the methodological weaknesses discussed in chapter two undermine findings precisely because they leave results open to interpretation of placebo. By using samples that are, by their very nature, not subject to placebo or expectancy effects we are able to eliminate this alternative interpretation thus resulting in much stronger evidence. The methodological quality of each paper was judged to investigate the possible influence of methodological quality on the effect. This is also of particular importance in this area because the poor methodological quality of much of the research is cited as a reason why definitive conclusions cannot be drawn despite consistent results showing a healing

effect. This was also a novel approach as this measure is much more in depth than the Jadad scale (1996), allowing for a more detailed investigation of which aspects of methodological quality impact effect size and to what degree. By ensuring that the quality assessors were blinded and independent of the data collection a strong case can be made for the validity of these assessments. These innovative features of the meta-analysis mean that it is not only comprehensive and up to date as intended but also trailblazing in its rigour.

This meta-analysis found compelling evidence to support an effect of non-contact healing; within the human sample a small effect was found ( $r=.203$ ), in non-whole human samples a small effect was also found ( $r=.258$ ). The presence of the effect in both samples means that placebo or expectancy effects alone are not sufficient to explain the effects.

Within the non-whole human population there was a correlation between randomisation and effect size, however the positive results were still present even after controlling for poor quality meaning that artefacts resulting from poor research design or execution cannot account for the effect in this population. Given that results cannot be wholly explained by either placebo or poor methodology we can conclude that distant healing interventions do have a positive effect on health and well-being.

When looking deeper into the results one finds some interesting variations in the size of the effect seen. The effect size varies with target sample and method used. The In-vitro cell samples showed the highest effect size ( $r=.342$ ) followed by the animal group ( $r=.277$ ) and finally the plant group ( $r=.125$ ). Although speculations can be made, the reasons for this variation remain unknown.

Within the human population the randomization and overall quality score were negatively correlated with effect size, suggesting an additional unknown methodological factor that influences the effect of non-contact healing in humans. However the positive results were still present after controlling for quality, meaning that extant variables cannot account for the healing effect found.

The effect size in this sample varies with the method of healing used: the most consistent methods, Reiki and Johrei and Therapeutic touch, showed the highest effect sizes ( $r=.224$  and  $r=.203$  respectively) followed by the idiosyncratic group ( $r=.193$ ) and finally the intercessory Prayer group ( $r=.138$ ) suggesting that the more consistent and homogenous the approach, the better.

These variations may provide clues for future researchers as to the mechanisms behind distance healing.

#### 8.2.2.1 Strengths

This meta-analysis is the most comprehensive and up to date since Astin, Harkness and Ernst (2000). It includes research published since that analysis and omits research included in that analysis that has since been rendered suspect (Harris, 2004; Flamm, 2005) thus giving a more accurate view of the state of the research in this area.

One of the key strengths of this meta-analysis is the inclusion of a separate category of non-whole human samples. By including this research and considering it separately from the human research one is able to eliminate the possibility of placebo or expectancy effects, which is not possible with human studies. This gives a clearer indication of the true effects of non-contact healing interventions.

The measure of methodological quality used was in-depth and exacting, with 17 items assessing individual aspects of research methodology and one overall assessment item. The more commonly used Jadad scale, whilst valid and reliable, consists of only three items (Jadad, Moore & Carroll, 1996) therefore giving a more limited evaluation of methodological quality. Also the use of blinded judges who were independent of the research eliminated possible bias.

A conservative approach was taken to the statistical conversions necessary for the meta-analysis, with results reported simply as non-significant being assigned an effect size of zero rather than being removed from the analysis all together. This helped to counter some of the file drawer effect and publication bias evidenced in the funnel plots.

#### 8.2.2.2. Limitations

The main weaknesses of this analysis come from the existing research papers rather than from the execution of the analysis; the lack of quality and the issue of publication bias. Whilst poor quality research seems to be pervasive in this subject area, there are high quality trials that still suggest that subjects in the active condition exhibit a significant improvement in well-being relative to control subjects under circumstances that do not seem to be susceptible to placebo and expectancy effects. The issue of publication bias is one that is present in all areas of research publication, not just CAM research. Given the high Fail safe Ns for this research (46,196 for non-whole human

samples and 103,497 for human samples) it seems unlikely that publication bias could account for the results seen.

Recommendations were made in section 8.5 to help to address the common issues of methodological rigour shown in this research.

## 8.3 Phase two

The aim of phase two was to discover the common features of Pagan practice that needed to be accommodated in the RCT design as well as being a stand-alone study investigating Pagan practices from a psychological (rather than sociological or anthropological) perspective with the aim of shedding new light on this belief system that has received little attention from the field of psychology. Phase two comprised of chapters four, five, and six.

### 8.3.1 Chapter four

Chapter four reviewed the existing literature around Pagan practices to explore what has been discovered about Pagan practices, how that research has been conducted, and what the issues with that research might be. It was revealed that the majority of the research in this area comes from anthropology or sociology, demonstrating a gap in the psychological literature. It was also shown that much of the research focusses on American populations or if it does use British samples, it is likely outdated, demonstrating a further gap in the literature.

Nevertheless Pagan ritual practices were revealed to be a creative act which produces rituals that are filled with personal meaning and symbolism, and are representative of the syncretic, spiritual bricolage approach that is inherent within Paganism. Healing was shown to be an important part of Paganism as a whole and directly related to the holistic world view of Paganism.

### 8.3.2 Chapter five

Chapter five presented an overview of the interview data collection and the thematic analysis process.



### 8.3.3 Chapter six

Eight main themes were identified within the interview data, all of which had some implications for the phase three RCT design.

Pagans are very fiercely independent with regards to their spiritual practices. There are no spiritual leaders or holy books to adhere to, and they like it that way. The result is a very fluid belief system as it allows adherents to craft a bespoke set of practices that can adapt any changes in the practitioner's needs, circumstances or tastes. Despite this, there remains an admiration for traditional and historic practices, which are often a source of inspiration for personal practices. This means that specifying to the practitioner how to work would be inimical to model validity and so the practitioner was given free rein regarding the design of the ritual and asked to provide an outline of their ritual procedure.

Intentions play an important role in spell casting; the motivations of the castee must be established to provide clear instructions for the practitioner and to ensure that the castee fully comprehends the implications of their requests. Casters must ensure that all aspects of the spell adhere to the ethic of harm none. The caster's intentions must also be examined to avoid abusing the power that spell casting affords them and to ensure they are working in the best interests of all involved. As a result castees were asked to provide the practitioner with spell requests, and were advised of the various features of ethical spell requests. To ensure the practitioners motivations were in accordance with the harm none ethic the consent form included an item confirming anonymity and prohibiting the use of her participation in the study for any personal gain.

The belief of both castee's and casters can have implications for the success of spell work. Casteer disbelief appears to present as a difficulty in the sending and subsequent receiving of spell energy. Practitioner's lack of self-belief appears to completely undermine their abilities. Therefore it was vital in the RCT that only a confident practitioner, with faith in their own abilities, was selected. A measure of scepticism for participants was also included to further investigate the relationship between belief and efficacy.

Spell work is the act of creating, programming and sending energy through the use of altered states of consciousness (ASCs). Ritual practices are designed to facilitate practitioner's achieving and maintaining this altered state. The ASC that Pagans strive

for in spell work has remarkable parallels with Csikszentmihalyi's flow state. This finding resulted in a measure of flow being administered to the practitioner in the RCT in a bid to explore this further. However this turned out to be unnecessary as the practitioner confirmed that the flow state was of vital importance to her practice, that if she did not achieve flow she would not conduct workings.

The Pagan world view is a holistic one; all living things are connected and all aspects of our lives have an important influence on our health and well-being. This holistic view also includes the concept of an energetic body that can influence health and well-being. This holistic view influenced the choice of outcome measure selected for the RCT with a multidimensional outcome measure being chosen.

#### 8.3.3.1 Strengths

The modern Pagan movement is one that has received attention from sociologists and anthropologists but rather little from psychology. Examining data from Pagan interviewees from a psychological perspective has shed new light on aspects of this community and its practices as well as applying existing Psychological concepts in new areas, providing a greater understanding of both. This is especially important given that the number of people identifying as Pagan has doubled in recent years (Office for National Statistics, 2012).

Interestingly, Bandura's (2001) theory of personal agency is clearly demonstrated by those in the Pagan community, this is meaningful as it offers Psychologists some insight into what might draw rational, educated people to a belief system that is often dismissed as irrational and obtuse. Whilst there has been discussion in the existing anthropological and sociological literature regarding the independence and strength of will demonstrated by Pagans (Adler, 1986; Luhrmann, 1989; Orion, 1995; Bloch, 1998) this has not previously been explored in terms of Bandura's (2001) theory of personal agency.

A surprising discovery was that participant's descriptions of ritual showed clear parallels with Csikszentmihalyi's (1988) concept of flow. This is especially exciting as it provides a greater understanding of the phenomenology of Pagan ritual, presenting a previously denigrated practice in the same way as meditation, helping to frame it as a serious spiritual practice with legitimate benefits to the practitioner. Like the concept of personal agency, the importance of altered states in Pagan ritual has been previously identified in the existing literature (Adler, 1986; Starhawk, 1986; Orion, 1995) however it has not been identified as Flow.

By exploring Paganism from a psychological perspective and applying psychological theories we are able to understand Paganism from a different perspective. Paganism is often derided by the public for the use of magic and ritual, and in academia magical thinking is pathologised or considered faulty cognition (Zusne and Jones, 1989). Conversely personal agency and flow are not pathological, indeed flow has been found to have enormous benefits and is considered an ‘optimal experience’ (Csikszentmihalyi & Csikszentmihalyi, 1988), by applying these concepts to Paganism we are able to view it in a more balanced way and to understand better how such occult belief systems are able to continue and even flourish in the modern scientific world.

#### 8.3.3.2 Limitations

The weaknesses in this phase of the research mainly come from my own familiarity with the topic as an ‘insider’ and my lack of experience conducting interviews; given my familiarity with terms and concepts I did not embody the role of naïve interviewer as well as I could have, and did not ask interviewees to elaborate on points that I should have. The questions regarding the advice that interviewees would give for researching spells was often misinterpreted and not considered from the perspective of scientific research. I did not clarify this and therefore may have lost out on information or advice that could have been beneficial when designing the RCT in phase three. Whilst these are weaknesses in the research I do not feel that they have compromised the validity of the findings. Mistakes are inevitable in early career research, and a necessary to learn from.

The sample of participants was not as diverse as it could have been given the plethora of Pagan traditions, at least half of the participants have some kind of Wiccan background even if they weren’t practicing Wicca at the time of the interviews. However the higher prevalence of Wiccan influenced practitioners is reflective of the Pagan community as a whole (Berger, Leach & Shaffer, 2003), and the findings from these interviews mirror those of larger anthropological studies such as those by Luhrmann (1989), Adler (1986) and Orion (1995).

#### 8.3.3.3 Implications

For researchers who may wish to explore Pagan practices in the future it is vital to realise that these practices should not be adapted to suit a research design; to do so would be to strip them of their value and their power. Pagan practices are intensely personal, designed specifically to allow the practitioner to enter an altered state of

consciousness that is considered vital for effective ritual. Paganism is anti-establishment and anarchistic - to impose a frame work on practitioners to suit a research design goes against this. Rather researchers should look to understand Pagan practices and design research around those practices and not the other way round.

## 8.4 Phase three

Chapter seven comprised Phase three of the thesis which described the RCT investigating the efficacy of Pagan healing practices. The aim of this phase was to introduce Pagan healing practices into distance healing research by testing it empirically in a study informed by both the reviews of the distance healing literature and the interviews with practicing Pagans. The delayed intervention design was used in the RCT. In this design participants are randomised to receive either the active treatment or a control treatment in the first stage, with those assigned to the control treatment receiving the intervention in the next stage (Velengtas, Mohr & Messner, ND).

The results from the RCT were inconclusive. All of the participants showed an improvement in quality of life dimensions associated with their spell requests over the period of the trial. However as no group differences were demonstrated at either intervention time point, the possibility of placebo effects cannot be eliminated, as there is no evidence that participants were responding specifically to the healing administered to them.

Further research needs to be conducted in this area to establish any effects.

### 8.4.1 Strengths

This research is innovative in its topic and approach. Pagan healing spells have not been subject to this kind of research before; the majority of the research in this area has been looking at the phenomenology and cosmology of Pagan practice, rather than trying to measure tangible results. Given that practices such as Reiki and intercessory prayer have been the focus of a plethora of research and the increasing prevalence of Paganism in the western world, research of this type seems overdue.

By consulting with practitioners and tailoring the trial design to their descriptions this research succeeded in applying rigorous scientific methods of investigation without sacrificing model validity - something notoriously difficult to achieve in non-contact healing research

### 8.4.2 Limitations

Considering that this research has not been attempted before, some issues with experimental design are to be expected; the main flaw in the trial design was that of inadequate stage durations as each stage was only one week long. It is feasible that participants may have taken longer to respond to the intervention than the week estimated. There is also a possibility of ‘carry over effects’ which could impact the group differences. This could be avoided in future research by delaying the second intervention by more than a week or by using an interrupted time series or a stepped wedge trial design.

This trial also suffers from a low sample size which reduces the reliability and validity of the results. The low sample size is likely the result of the high level of commitment required from participants; Participants had to attend sessions for four weeks and it is likely that this deterred some from taking part. The attrition rate of 20% supports this idea. This issue could be addressed by extending the data collection period or working with multiple practitioners to allow for multiple trials to be run in parallel. Working with multiple practitioners would also allow for the investigation of possible practitioners effects.

One reason for low recruitment numbers is the stigma that still surrounds Paganism. A number of students explained that they were interested in taking part in the study but due to the negative stereotypes of witchcraft and spell casting were too scared to do so. This matter is more difficult to resolve; ignorance and prejudice can only be challenged through education and discourse, something that I hope this research will contribute to.

## 8.5 Recommendations for future research

The major drawback of research in this area is a lack of methodological rigour and model validity. In chapter 3 I presented a number of recommendations to improve methodological rigour in future non-contact healing studies and proposed that researchers should consult with practitioners prior to designing trials to ensure that any research shows sufficient model validity.

These suggestions were implemented in my own trial; with interviews being carried out with eight practicing Pagans to inform the design of the RCT. There were still issues with the phase three trial, it is recommended that future research into healing spells utilise a wait list control group that does not receive the intervention until after the data

collection period, assessment windows of longer than one week, and to use a clinical population.

It is hoped that this research will demonstrate that it is possible to accommodate the experiences of healers into trial design without compromising on quality or rigour. It is important for future distant healing researchers to engage with practitioners for whom healing is a lived experience. It is also hoped that this study will inspire other researchers to investigate the efficacy of healing spells. Although the results of this trial were disappointing this is only one trial with a small sample size. Much more research needs to be conducted before the true effect can be established. This research can provide a framework for any future researchers interested in this under-represented group.

## 8.6 Conclusion

The RCT results do not mirror those of the meta-analysis; there was not enough evidence to suggest an effect of Pagan spell casting outside of the placebo effect. However this should not be sufficient to dissuade other researchers from investigating Pagan healing spells – this is the first study of its kind and therefore is likely to have methodological flaws that can be improved upon. Also it is important to note that non-significant findings were included in the meta-analysis which still resulted in findings that support the efficacy of distance healing practices, a single study alone does not give us the evidence necessary to make definitive conclusions. It is also worth noting that participants did show improvement over the period of the study, in areas of quality of life that were directly related to their spell requests – these results are interesting enough to prompt further study.

The meta-analysis results raise questions around the power and influence of human intention; these results suggest that simple, focussed human intention can have an effect of the physical world. The meta-analysis has shown that the effect is still present even after controlling for placebo and in high quality research – the two most logical explanations for such extraordinary results. After eliminating the logical explanations we are left with, what many would consider, the illogical explanation – that thought can influence matter. For many this conclusion is unpalatable (at best) but as scientists we must go where the evidence leads us, no matter our personal opinions on the results. More research is needed in this area, to allow us to explore this effect in greater detail –

the meta-analysis shows us that the effect varies according to who or what is being healed and which approach is being used and we do not yet understand the mechanism by which healing works. There are many questions still unanswered but given the strength of the evidence in the meta-analysis and the fact that it supports findings from other researchers (Astin, Harkness & Ernst, 2000), what we should be asking is not does distance healing work but *how* does distance healing work.

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# 10 APPENDICES

APPENDIX 1 META-ANALYSIS DATABASES .....	267
APPENDIX 2 ORIGINAL SIGN50 SCALE .....	277
APPENDIX 3 AMENDED SIGN50 SCALE.....	279
APPENDIX 4 EXAMPLE OF A CENSORED METHODOLOGY .....	281
APPENDIX 5 META-ANALYSIS CALCULATIONS .....	282
APPENDIX 6 INTERVIEW INFORMATION AND CONSENT FORM .....	283
APPENDIX 7 CODING LIST.....	286
APPENDIX 8 INTERVIEW THEME SUMMARY .....	291
APPENDIX 9 RCT PARTICIPANTS INFORMATION AND CONSENT FORM .....	295
APPENDIX 10 RCT PRACTITIONER INFORMATION AND CONSENT FROM .....	300
APPENDIX 11 LIST OF PRESENTATIONS AND PUBLICATIONS .....	304
APPENDIX 12 COPY OF “TWO META-ANALYSES OF NONCONTACT HEALING STUDIES” ..	307
APPENDIX 13 COPY OF “NONCONTACT HEALING: WHAT DOES THE RESEARCH TELL US?” .....	308
APPENDIX 14 COPY OF “PSI HEALING RESEARCH” .....	309
APPENDIX 15 2015 IMAGES OF RESEARCH ENTRY (3RD PLACE WINNER) .....	310
APPENDIX 16 TABLES DESCRIBING STUDIES INCLUDED IN PHASE ONE META-ANALYSIS	312

## APPENDIX 1 META-ANALYSIS DATABASES

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## APPENDIX 2 ORIGINAL SIGN50 SCALE

		<b>Methodology Checklist 2: Controlled Trials</b>	
Study identification (Include author, title, year of publication, journal title, pages)			
Guideline topic:		Key Question No:	Reviewer:
Before completing this checklist, consider:			
1. Is the paper a <b>randomised controlled trial</b> or a <b>controlled clinical trial</b> ? If in doubt, check the study design algorithm available from SIGN and make sure you have the correct checklist. If it is a <b>controlled clinical trial</b> questions 1.2, 1.3, and 1.4 are not relevant, and the study cannot be rated higher than 1+			
2. Is the paper relevant to key question? Analyse using PICO (Patient or Population Intervention Comparison Outcome). IF NO REJECT (give reason below). IF YES complete the checklist.			
Reason for rejection: 1. Paper not relevant to key question <input type="checkbox"/> 2. Other reason <input type="checkbox"/> (please specify):			
<b>SECTION 1: INTERNAL VALIDITY</b>			
<i>In a well conducted RCT study...</i>		<i>Does this study do it?</i>	
1.1	The study addresses an appropriate and clearly focused question.	Yes <input type="checkbox"/>	No <input type="checkbox"/> Can't say <input type="checkbox"/>
1.2	The assignment of subjects to treatment groups is randomised.	Yes <input type="checkbox"/>	No <input type="checkbox"/> Can't say <input type="checkbox"/>
1.3	An adequate concealment method is used.	Yes <input type="checkbox"/>	No <input type="checkbox"/> Can't say <input type="checkbox"/>
1.4	The design keeps subjects and investigators 'blind' about treatment allocation.	Yes <input type="checkbox"/>	No <input type="checkbox"/> Can't say <input type="checkbox"/>
1.5	The treatment and control groups are similar at the start of the trial.	Yes <input type="checkbox"/>	No <input type="checkbox"/> Can't say <input type="checkbox"/>
1.6	The only difference between groups is the treatment under investigation.	Yes <input type="checkbox"/>	No <input type="checkbox"/> Can't say <input type="checkbox"/>
1.7	All relevant outcomes are measured in a standard, valid and reliable way.	Yes <input type="checkbox"/>	No <input type="checkbox"/> Can't say <input type="checkbox"/>
1.8	What percentage of the individuals or clusters recruited into each treatment arm of the study dropped out before the study was completed?		
1.9	All the subjects are analysed in the groups to which they were randomly allocated (often referred to as intention to treat analysis).	Yes <input type="checkbox"/> Can't say <input type="checkbox"/>	No <input type="checkbox"/> Does not apply <input type="checkbox"/>
1.10	Where the study is carried out at more than one site, results are comparable for all sites.	Yes <input type="checkbox"/> Can't say <input type="checkbox"/>	No <input type="checkbox"/> Does not apply <input type="checkbox"/>
<b>SECTION 2: OVERALL ASSESSMENT OF THE STUDY</b>			
2.1	How well was the study done to minimise bias?	High quality (++) <input type="checkbox"/>	

**Extending the non-contact healing paradigm to explore distant mental interaction effects of pagan healing spells**

SECTION 2: OVERALL ASSESSMENT OF THE STUDY		
		Acceptable (+) <input type="checkbox"/> Low quality (-) <input type="checkbox"/> Unacceptable – reject 0 <input type="checkbox"/>
2.2	Taking into account clinical considerations, your evaluation of the methodology used, and the statistical power of the study, are you certain that the overall effect is due to the study intervention?	
2.3	Are the results of this study directly applicable to the patient group targeted by this guideline?	
2.4	<b>Notes.</b> Summarise the authors' conclusions. Add any comments on your own assessment of the study, and the extent to which it answers your question and mention any areas of uncertainty raised above.	

## APPENDIX 3 AMENDED SIGN50 SCALE

		<b>Methodology Checklist: Controlled Trials</b>	
<b>SIGN</b>			
Study identification			
Checklist completed by:			
<b>SECTION 1: INTERNAL VALIDITY</b>			
<i>In a well conducted RCT study...</i>		<i>In this study this criterion is:</i>	
1.1.	The study addresses an appropriate and clearly focused question.	Well covered Adequately addressed Poorly addressed	Not addressed Not reported Not applicable
1.2.	The assignment of subjects to treatment groups is randomised	Well covered Adequately addressed Poorly addressed	Not addressed Not reported Not applicable
1.3.	Participants/Targets are kept 'blind' about treatment allocation	Well covered Adequately addressed Poorly addressed	Not addressed Not reported Not applicable
1.4.	Investigators are kept 'blind' about treatment allocation	Well covered Adequately addressed Poorly addressed	Not addressed Not reported Not applicable
1.5.	Data analysts are kept 'blind' about treatment allocation	Well covered Adequately addressed Poorly addressed	Not addressed Not reported Not applicable
1.6.	The treatment and control groups are similar at the start of the trial	Well covered Adequately addressed Poorly addressed	Not addressed Not reported Not applicable
1.7.	The only difference between groups is the treatment under investigation	Well covered Adequately addressed Poorly addressed	Not addressed Not reported Not applicable
1.8.	Controls in place for extraneous variables	Well covered Adequately addressed Poorly addressed	Not addressed Not reported Not applicable
1.9.	Healers applied a consistent method of treatment	Well covered Adequately addressed Poorly addressed	Not addressed Not reported Not applicable
1.10.	Rationale given for selection of healers	Well covered Adequately addressed Poorly addressed	Not addressed Not reported Not applicable
1.11.	No of healers	1-3 >3	
1.12.	Controls in place to prevent Healers affecting participants/targets by conventional means	Well covered Adequately addressed Poorly addressed	Not addressed Not reported Not applicable

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1.13.	All relevant outcomes are measured in a standard, objective, valid and reliable way	Well covered Adequately addressed Poorly addressed	Not addressed Not reported Not applicable
1.14.	What percentage of the individuals or clusters recruited into each treatment arm of the study dropped out before the study was completed?		
1.15.	There is no scope within the design for optional stopping or otherwise capitalising on chance variation in outcome	Well covered Adequately addressed Poorly addressed	Not addressed Not reported Not applicable
1.16.	All the subjects are analysed in the groups to which they were randomly allocated (often referred to as intention to treat analysis)	Well covered Adequately addressed Poorly addressed	Not addressed Not reported Not applicable
1.17.	Analyses are clearly preplanned and correct for multiple analyses where appropriate	Well covered Adequately addressed Poorly addressed	Not addressed Not reported Not applicable
SECTION 2: OVERALL ASSESSMENT OF THE STUDY			
2.1	How would you rate the overall quality of the study out of 10		
2.2	Comments		

## APPENDIX 4 EXAMPLE OF A CENSORED METHODOLOGY

[REDACTED] The experiment was divided into trials which represented each subject's attempt per week to influence the fungus, usually three trials per session, and three sessions for both series 1 and 2.

The second author, M. M., was solely responsible for the preparation and measurement of fungus cultures throughout the experiment. On each Monday, the first day of every session, sixty 90 mm. glass petri dishes with a 1.5 per cent water agar medium were inoculated with the fungus *Rhizoctonia solani*. After inoculation, two stacks of five cultures each were placed in each of six paper bags which were sealed and placed on the same shelf in an incubator

[REDACTED] at 25° C. On the top of each paper bag a number was written that represented the five cultures located directly below it. Thus, one bag had the numbers 1 and 2, the next bag had the numbers 3 and 4, and so on. Variables such as humidity, light, and atmospheric pressure were not controlled, but both experimental and control cultures were exposed to identical conditions and were not disturbed for the duration of the session (approximately 72 hours).

The first author, W. T., was solely responsible for securing subjects for both groups. Group 1 consisted of W. T. and six others who knew and had frequently interacted with the first author for the last 1½ years. Group 2 consisted of eight volunteer subjects who either did not know W. T. or who had infrequently interacted with him. In order to help subjects orient themselves they were all shown six pictures that pertained to the target area, such as: outside the Plant Sciences Building at the University of Tennessee, a view of the room and incubator that contained the targets, a view of the incubator door open five feet away from the six paper bags, etc. All targets were randomly generated from a PDP 11/04 computer by a third party not associated with the experiment and randomly distributed to the subjects.

Subjects were separated from the cultures by a range of 1-15 miles. They were allowed to concentrate from the location of their choice provided it was one mile or greater from the targets. They were also requested to concentrate for at least 15 minutes per day. Subjects were free to concentrate at any time during the day or night and could utilize any technique available to them to elicit results.

In analyzing the results, if the mean growth for the set of five experimental cultures was less than the mean growth of the five control cultures, the trial was considered a hit. Otherwise, the trial was recorded as a miss or as a tie if the two means were identical. In the first series, group 1 [REDACTED]

Only seven trials were completed instead of the planned nine trials because two subjects withdrew from participation directly preceding initiation of sessions 1 and 3. Group 2 completed nine trials.



## APPENDIX 5 META-ANALYSIS CALCULATIONS

To convert a t- value to r:

$$r = \sqrt{\frac{t^2}{t^2 + df}}$$

To convert an F-ratio to r:

$$r = \sqrt{\frac{F_{1,v2}}{F_{1,v2} + df_{error}}}$$

To convert an  $\chi^2$  to r

$$r = \sqrt{\frac{\chi^2}{N}}$$

where the  $\chi^2$  must have a df=1

To convert a standard Z-value to r

$$r = \frac{Z}{\sqrt{N}}$$

Taken from Clark- Carter (2010)

## APPENDIX 6 INTERVIEW INFORMATION AND CONSENT FORM

### Research Project Description and Consent Form:

#### Effects of Pagan Healing Practices on Health and Well Being.

This Project is studying the effects of Pagan healing spells on health and well-being. As part of the research we will be interviewing practising Pagans in an effort to better understand their experiences, as there has been little academic research looking at Pagan magic from a practitioner's perspective.

My emphasis is on healing practices, as this is the main subject of the study; however I am interested in gaining a better understanding of other aspects of Paganism and spell craft in general. The third phase will be to test the effects of Pagan magic on health and well-being, if you would be interested in taking part in the third phase please let me know, you are under no obligation to take part in any further aspects of this study if you do not wish to.

#### Why should I take part?

One of the aims of this project is to make academics and the general public more aware of what it is that Pagans believe and how they practice those beliefs, including spell craft, especially healing spells. By taking part, you are able to anonymously inform people of your practices, which may help to dispel some of the many myths and misunderstandings that surround Paganism.

#### What you will be expected to do

You will be asked to take part in an interview in which you will be invited to share your experiences of Paganism in general and specifically of your experiences of healing practices. All interviews will be audio recorded with your permission and will take place in a mutually agreed upon, private, comfortable and safe place, to be arranged prior to the interview. You will not be asked to discuss anything you do not wish to due to either personal preference or the values of your tradition. You will be given a copy of the transcript of your interview and a summary of the themes derived from the interviews, which you will have the opportunity to comment on. Whilst there is no specific time limit on the duration of the interviews they are expected to last roughly one hour. If you would like to see the list of questions to be asked, before the interview, please contact the researcher.

Participation is voluntary

Participation is entirely voluntary. You may withdraw from the interview at any time without having to give a reason. If you wish to withdraw from the study after the interview is completed, you have one month from the date of your interview to do so, again without having to give a reason. If you do choose to withdraw after the interview has taken place, your information and interview data will be destroyed.

#### Confidentiality and Data Protection

Your identity will be anonymised using a pseudonym. Where quotes are used within the study, all identifying details will be removed or anonymised. Quotes may also be used at academic conferences and/or published in academic journals, there is also a possibility that study findings may be the subject of university or community talks/lectures and may also be reported in newspapers, magazines or online. Any quotes used will also be anonymised to protect your identity. If you do not wish for your quotes to be used in this manner, please indicate on the consent form. Data from the interviews (e.g. recordings, transcripts and analysis etc.) will be stored in a locked filing cabinet or password protected computer, which only the researchers have access to. Once transcripts have been produced, the audio recordings will be destroyed, the transcripts will be stored for an indefinite amount of time. Although we ask you to sign a consent form, this will be kept separate from the rest of your data, if you wish to receive a copy of your transcript or to withdraw your data, you only need to contact me to let me know and mention what your pseudonym is.

#### Contact Information

If you wish additional information about this research project please contact me:

[Charmainemarie.sonnex@northampton.ac.uk](mailto:Charmainemarie.sonnex@northampton.ac.uk) (01604) 892964

If you wish to know more about the project as a whole or my registration at Northampton University please contact one of my supervisors:

Prof Chris Roe:

[Chris.Roe@northampton.ac.uk](mailto:Chris.Roe@northampton.ac.uk)

(01604) 892623

School of Social Sciences

The University Of Northampton

Park Campus

Boughton Green Road

Dr Elizabeth Roxburgh:

[Elizabeth.roxburgh@northampton.ac.uk](mailto:Elizabeth.roxburgh@northampton.ac.uk)

(01604) 893732

### Effects of Pagan Healing Practices on Health and Well Being, Consent Form

Please Tick

	Y	N
I understand that I must be 18 or over to take part and confirm that I am	<input type="checkbox"/>	<input type="checkbox"/>
I understand the nature of the study and how my data will be used	<input type="checkbox"/>	<input type="checkbox"/>
I understand that I may withdraw from the study at any time	<input type="checkbox"/>	<input type="checkbox"/>
I understand that I may withdraw my data up to one month after the date of my interview	<input type="checkbox"/>	<input type="checkbox"/>
I have been given a copy of this description for my own records	<input type="checkbox"/>	<input type="checkbox"/>
I agree to quotes from my interview being used in academic conferences and journals	<input type="checkbox"/>	<input type="checkbox"/>
I agree to my interview being audio recorded	<input type="checkbox"/>	<input type="checkbox"/>

Signed \_\_\_\_\_

Date \_\_\_\_\_

Pseudonym \_\_\_\_\_

Would you be interested in taking part in the third phase of this study?

Yes ☐

No ☐

If you would like a copy of the transcript of the interview, please leave your email address below:

## APPENDIX 7 CODING LIST

Theme/Code	AleqGrai	Athena	Donkey	Rhiannon	Greenwitch	Shayla	Yarrowwitch	Stormoak
Fate/Higher power	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protection	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Triads	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Interconnectedness	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power of the unconscious	<input type="checkbox"/>			<input type="checkbox"/>				
Post-spell peace	<input type="checkbox"/>			<input type="checkbox"/>				
Intent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living your beliefs	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				
core of similarities	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				
Candles	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Burning	<input type="checkbox"/>			<input type="checkbox"/>				
purification	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
physical cost of spells	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>	
Abilities/Gifts	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ethics	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
rhyme	<input type="checkbox"/>			<input type="checkbox"/>				
Equality/balance	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Psychological causes of illness	<input type="checkbox"/>			<input type="checkbox"/>				
simplicity	<input type="checkbox"/>			<input type="checkbox"/>				

fluidity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
helping others	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
nature	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Spiritual agency	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
and it harm none	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
castees request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
placebo	<input type="checkbox"/>			<input type="checkbox"/>				
mundane/rational explanation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
magic as psychology	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
supernatural as normal	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
reading	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
liminal space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
immediate results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
impact of belief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
representation of target	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
different way of thinking	<input type="checkbox"/>			<input type="checkbox"/>				
divination	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
relationship with caste	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
managing expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Free will	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Acquired skill	<input type="checkbox"/>				<input type="checkbox"/>			
Biological causes of illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
helping the person to help themselves	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Jungian	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
equality with emphasis on female	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			

**Extending the non-contact healing paradigm to explore distant mental** interaction effects of pagan healing spells

not instant results	<input type="checkbox"/>				<input type="checkbox"/>			
monkey's paw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Love	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Focus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>			
importance/difficulty of words	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
surprise at efficacy	<input type="checkbox"/>				<input type="checkbox"/>			
animal abilities	<input type="checkbox"/>				<input type="checkbox"/>			
healing mild physical ailments	<input type="checkbox"/>				<input type="checkbox"/>			
spell casting is serious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
techno-paganism	<input type="checkbox"/>				<input type="checkbox"/>			
success is self-evident	<input type="checkbox"/>					<input type="checkbox"/>		
can only work if castee wants it to	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	
guidance	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	
Instinct	<input type="checkbox"/>					<input type="checkbox"/>		
taking on the ailments of others	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>
Coming home experience	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
no negative effects for castee	<input type="checkbox"/>					<input type="checkbox"/>		
grounding/roots	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
learning from others	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
healing situations/ holism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>
gather peoples experiences	<input type="checkbox"/>					<input type="checkbox"/>		
spell work more effective for physical ailments	<input type="checkbox"/>					<input type="checkbox"/>		
intuition	<input type="checkbox"/>					<input type="checkbox"/>		
moon	<input type="checkbox"/>					<input type="checkbox"/>		

Limitations	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
treating root cause	<input type="checkbox"/>						<input type="checkbox"/>	
bringing what you want to you	<input type="checkbox"/>						<input type="checkbox"/>	
not getting in your own way	<input type="checkbox"/>						<input type="checkbox"/>	
environmental causes of illness	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
oiling the cogs	<input type="checkbox"/>						<input type="checkbox"/>	
witch as way of thinking	<input type="checkbox"/>						<input type="checkbox"/>	
specificity	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	
psychological impact of spells	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	
castee contributions	<input type="checkbox"/>						<input type="checkbox"/>	
knowledge as legacy	<input type="checkbox"/>						<input type="checkbox"/>	
lineage	<input type="checkbox"/>						<input type="checkbox"/>	
western medical model	<input type="checkbox"/>						<input type="checkbox"/>	
personal development	<input type="checkbox"/>						<input type="checkbox"/>	
caution with vulnerable people	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	
more people= more power	<input type="checkbox"/>		<input type="checkbox"/>					
literal existence of beings	<input type="checkbox"/>							
reciprocity	<input type="checkbox"/>							
will of the caster	<input type="checkbox"/>	<input type="checkbox"/>						
preparation	<input type="checkbox"/>							
inadequacy of scientific instruments	<input type="checkbox"/>							
practice to learn	<input type="checkbox"/>							
physical results	<input type="checkbox"/>	<input type="checkbox"/>						
scary/dark side of spell casting	<input type="checkbox"/>							
negative PR of the witch	<input type="checkbox"/>							



**Extending the non-contact healing paradigm to explore distant mental** interaction effects of pagan healing spells

myths of Pagan roots	<input type="checkbox"/>							
empowerment	<input type="checkbox"/>							
disenchantment/disaffection with society	<input type="checkbox"/>	<input type="checkbox"/>						
not a special ability	<input type="checkbox"/>							
lack of organisation in Paganism	<input type="checkbox"/>							
outsider status	<input type="checkbox"/>							
group as protection	<input type="checkbox"/>							
debrief		<input type="checkbox"/>						
emotional impact of spells		<input type="checkbox"/>						
subjective results		<input type="checkbox"/>						
environment for spell casting		<input type="checkbox"/>						

## APPENDIX 8 INTERVIEW THEME SUMMARY

### Summary of Interview Analysis

I would like to thank you again for taking the time to be interviewed and responding to my subsequent questions. Once I had completed all of the interviews they were transcribed and subject to thematic analysis. Thematic analysis, as the name suggests, involves looking for prominent themes within material. I analysed each interview individually, looking for the themes in each one and then I looked at all of the interviews together to see what themes they had in common.

What follows is a summary of the main themes that were found in all of the interviews. If you think that certain aspects have been mis-interpreted or that vital aspects are missing, please do not hesitate to let me know.

#### Spiritual Agency:

For a number of the participants, the lack of hierarchy and ability to control how one practices one's own faith was a fundamental aspect of Paganism, and one of the principal reasons for becoming Pagan.

Pagans are very self-sufficient when it comes to their own spiritual development: it is very much the choice of the individual if they wish to become Pagan or learn more, and once that decision is made it remains the responsibility of the individual to learn about their new faith rather than having the information delivered to them.

This also results in Paganism being a very fluid belief system as it allows adherents to tailor a personalised, idiosyncratic set of practices that can change and adapt to the practitioners needs and circumstances. That this fluidity is an inherent aspect of Paganism that appears to be exercised by many means that even though people's practices may vary, there are not accusations of people practicing in the 'wrong way', all ways of working are accepted.

Even those who are part of the hierarchical systems that involve degrees and mentoring encourage those interested to read and practice for themselves. This results in Paganism being a rather individual and idiosyncratic belief system. The lack of spiritual authority also means that Pagans dictate their own moral code, and take responsibility for their own actions.

#### Holistic Worldview:

The concept of holism is that the whole is greater than the sum of its parts and all of those parts are important and connected. We can see how this is reflected in the Pagan world view, our past is an important part of ourselves on a macro, cultural level and on a micro, personal level- our historic, cultural traditions have value and can inform our modern practice. Every individual is connected and it is through this connection that magic works. All aspects of our lives have an important influence on our health and well-being and so all aspects of poor health/ well-being should be addressed when trying to remedy someone's ailments, whether that is through magic, more conventional interventions or a combination of both.

#### Magic as Mundane:

For the participants, magic is not only real but almost mundane- it is as ordinary as cooking or driving. Magic is seen as natural rather than supernatural, with explanations for it to be found in modern science and psychology. Magic is seen to have limitations and is not seen as a solution to every problem. Although people outside of Paganism may view magic as an irrational concept, when viewed through the eyes of Pagans, the opposite is true.

#### Focus:

Spell work is the act of creating, programming and sending energy through the use of focused intention. Ritual practices and representations of the targets of spells, be they human targets or the aims and objectives, are used as aids to focus.

Preparation of the correct representations requires that practitioners consider their intentions carefully, familiarising them deeply with those intentions and priming their focus. This makes it easier to concentrate when actually casting the spell. Having the representations present during the spell casting also acts as an aid to maintaining that concentrations and focus. When representations have specific magical correspondences they can also work to aid in the generation of energy. All of these aspects work to create an immersive atmosphere in which the practitioner is totally engaged with their practice.

The ritual nature of spell work is also an aid to focus, especially in group or coven work. It ensures that the groups are working cohesively, focusing on the same thing with no distractions that could be caused by group members using differing techniques.

The creation of the sacred circle is especially important as it provides the practitioner with a space and atmosphere that allows them to enter an altered state of consciousness that promotes focus, by being separate from the mundane world.

By using these various tools to foster focussed attention Pagans are also facilitating the “flow” experience.

#### Intent:

Both the castee and the casters intentions are of key importance in spell casting. One must establish the motivations of the castee to ensure that the caster knows what they are being asked to bring about, that the castee understands the full implications and that the request is possible and ethical. Casters also ensure that potential castee's are not in a sensitive frame of mind that may result in workings having a negative psychological impact. The casters intentions need to be established to ensure that the caster is not abusing the power that spell casting affords them, that they are working in the best interests of the castee and any others who may be involved, as well as to ensure that they are working to the best of their abilities.

#### Energy:

The Pagan concept of Subtle Energy is tenebrous, however it does have some clear core attributes ;

It is something which we have personal reserves of, but which also exists independently of us.

This energy can be increased through acts of “raising energy”

It is something that we can manipulate and send out of ourselves to effect change.

It is something which is necessary for optimal health and wellbeing, as depletions can have a negative impact on our health and wellbeing.

**Belief:**

The belief that both castee's and casters have in the likely efficacy of a spell can have important mediating effects on the success of spell work. Castees disbelief tends to be associated with magic in general rather than the skill of individual casters, conversely caster disbelief tends to be in the form of disbelief in their own abilities rather than disbelief in magical practices altogether. Castees disbelief appears to manifest as a difficulty in the caster sending (rather than creating) energy and the castee receiving the energy. It does not appear to influence the caster directly. Caster self-disbelief does appear to work to reduce the casters capacity to conduct spell work effectively. Castees disbelief does not have as limiting an effect as caster disbelief, which is thought to always render a spell ineffective, as spells for sceptical castees can still be effective. Ultimately for a spell to work the caster must have faith in their abilities, belief from the castee makes spells more likely to be successful than those for disbelieving castees but is not a necessary component.

## APPENDIX 9 RCT PARTICIPANTS INFORMATION AND CONSENT FORM

Participant Information sheet:

Effects of Pagan Healing Practices on Health and Well-Being.

Thank you for expressing an interest in participating in this study. This Project is studying the effects of Pagan healing spells on health and well-being.

Many studies have been conducted looking at the effectiveness of healing methods such as Reiki and Intercessory Prayer, however none has been published that look at how effective Pagan healing spells are. It is the aim of this study to see if any beneficial effects can be detected.

What you will be invited to do

As a participant in this study you will be asked to come into the university on four occasions over four weeks to take part in a meditation session and to complete the questionnaires that we will use to assess your general health and well-being and to see if you think there has been any change in your circumstances that could be attributed to spell work.

At the first of these sessions we will ask what you would like to see happen as a result of the practices conducted during the study. This is to make sure that the work done for you is tailored to your specific requirements. At some point during that four week period a beneficial healing spell will be cast on your behalf. Neither we nor you will know exactly when this will happen (this is to ensure that the findings of the study are not the result of placebo effects).

We will use the results for the questionnaires to see if your health and well-being improve over the duration of the study. Because we are not using these tools in a diagnostic capacity, we are not able to give individual feedback on these scores.

Each visit will conclude with a plenary session, this means that everyone is free to discuss their experiences and to ask the researchers any questions they may have about the study or raise any concerns they may have. Everything discussed at the plenary sessions is confidential and will not be shared with anyone outside of the study.

Who will be casting the spell?

All the practitioners taking part in the research are Pagans who have had experience with healing practices and are skilled at what they do. Practitioners are not located in Northampton, this is to make sure that there is no chance of contact between participants and practitioner that might affect the results.

Pagan practitioners abide by a strict code of ethics that means that they will not conduct any spell work that may be detrimental or harmful in any way. Practitioners and researchers will review the requests made by participants and reserve the right to substitute specific requests for a general request for the improvement to the participant's health and well-being will be made.

What will they need from me?

Pagan practitioners usually require some kind of representation of the person they are doing work for, to ensure that they can focus better. We ask that you provide a photograph and an object that belongs to you with some significant meaning.

These will be sent to the practitioner by a secure courier service and the practitioner will be provided with a lockable storage box, to which only the researchers and practitioner will have access, to ensure secure storage of any such items.

The Practitioner will not be given your full name or any identifying information about you. They will only be provided with the photograph and the object you have provided along with the summary of what you would like to see happen as a result of the practices conducted during the study.

Your possessions will be returned to you at the fourth session.

Are there any risks?

No. All the spells cast during this study will have the intention to improve health and well-being only. They will all be designed in such a way as to ensure that there is no risk of any harm coming to anyone. If you do become distressed at any point, let the researchers know.

The healing offered in this study is not a replacement for professional medical or psychological treatment and the researchers advise that you seek professional help should any physical or psychological problems arise during the course of the study

Participation is voluntar

Participation is entirely voluntary. You may withdraw from the study at any time without having to give a reason. If you wish to withdraw from the study after your participation in the study is completed, you have one month from the date of your final session to do so, again without having to give a reason.

If you do choose to withdraw after your participation in the study is completed, your information and data will be destroyed. To withdraw from the study simply make a note of your participant code and contact one of the researchers to advise them of your code and that you wish to withdraw from the study.

Confidentiality and Data Protection

In accordance with the Data Protection Act 1998, your questionnaires will be anonymised using a participant code so as to protect your identity. Data will be stored in a locked filing cabinet or password protected computer, which only the researchers have access to.

Where quotes from the questionnaire are used within the study, all identifying details will be removed or anonymised. Quotes may also be used at academic conferences and/or published in academic journals, there is also a possibility that study findings may be the subject of university or community talks/lectures and may also be reported in newspapers, magazines or online.

Any quotes used will also be anonymised to protect your identity. If you do not wish for your quotes to be used in this manner, please indicate on the consent form.

Contact Information

If you wish additional information about this research project please contact me:

[Charmainemarie.Sonnex@northampton.ac.uk](mailto:Charmainemarie.Sonnex@northampton.ac.uk) (01604) 892964

If you wish to know more about the project as a whole or my registration at Northampton University please contact one of my supervisors:



Prof Chris Roe:

[Chris.Roe@northampton.ac.uk](mailto:Chris.Roe@northampton.ac.uk)

(01604) 892623

School of Social Sciences

The University Of Northampton

Park Campus

Boughton Green Road

Dr Elizabeth Roxburgh:

[Elizabeth.Roxburgh@northampton.ac.uk](mailto:Elizabeth.Roxburgh@northampton.ac.uk)

(01604) 893732

## Effects of Pagan Healing Practices on Health and Well Being, Consent Form

Please tick and initial	Y	N	initial
I understand that I must be 18 or over to take part in the study and I confirm that I am	<input type="checkbox"/>	<input type="checkbox"/>	
I understand the nature of the study and how my data will be used	<input type="checkbox"/>	<input type="checkbox"/>	
I understand that I may withdraw from the study at any time	<input type="checkbox"/>	<input type="checkbox"/>	
I understand that I may withdraw my data up to one month after it has been collected	<input type="checkbox"/>	<input type="checkbox"/>	
I agree to quotes from my questionnaire being disseminated by the researcher at academic conferences, academic journals, and University or community talks/lectures	<input type="checkbox"/>	<input type="checkbox"/>	
I have been given a copy of this description for my own records	<input type="checkbox"/>	<input type="checkbox"/>	
I confirm that I have no current illness or disease	<input type="checkbox"/>	<input type="checkbox"/>	
I understand that the healing offered in this study is not a replacement for professional medical/psychological treatment and confirm that I shall seek professional help should any physical/psychological problems arise during the course of the study	<input type="checkbox"/>	<input type="checkbox"/>	
I understand that the practices conducted during this study are for beneficial aims only and recognise and that the researchers, practitioner and university accept no liability for any misfortunes that may occur during the course of this study	<input type="checkbox"/>	<input type="checkbox"/>	
I understand that the information provided in the plenary session is entirely confidential, and confirm that I will not share any of this information outside of the study	<input type="checkbox"/>	<input type="checkbox"/>	

Signed \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

Age \_\_\_\_\_

Gender F/M/Other (please circle as appropriate)

(Researcher use only) Participant code: \_\_\_\_\_

## APPENDIX 10 RCT PRACTITIONER INFORMATION AND CONSENT FROM

Practitioner Information Sheet:

Effects of Pagan Healing Practices on Health and Well-Being.

Thank you for expressing an interest in participating in this study. This Project is studying the effects of Pagan healing spells on health and well-being.

Many studies have been conducted looking at the effectiveness of healing methods such as Reiki and Intercessory Prayer; however, none has been published that look at how effective Pagan healing spells are. It is the aim of this study to see if any beneficial effects can be detected.

What you will be invited to do

As a Practitioner in this study you will be expected to conduct workings for cohorts of 12 participants over two weeks, i.e. six each week.

Participants will come into the university four times over three weeks to take part in a meditation session and to fill out our questionnaires. At the first of these sessions we will ask them what they would like to see happen as a result of the practices conducted during the study. This is make sure that the workings you conduct can be tailored to their specific requirements, as well as to allow you the chance to check that their requirements do not go against your own ethical principles. If you do find any of the requests to be problematic, we ask that you advise us which one and then substitute it for a general request for the improvement to the participant's health and well-being.

During the week between the first and second visit, you will be asked to conduct workings for six of the twelve participants. During the week between the second and third visit you will be asked to conduct workings for the remaining six participants. You will also be asked to fill out a brief questionnaire after each working, which will tell us how engaged you felt during the casting.

Neither we nor the participants will know exactly which group they will be in. We will use the results of the questionnaires to see if their health and well-being improve over the duration of the study.

You will be provided with a photograph an object with some significant meaning belonging to each participant, to aid in your workings. These will be sent to you by a secure courier service and you will be provided with a lockable storage box to ensure secure storage of any such items, you must be the only person with access to the storage box. You will be provided with the photograph and the object along with the summary of what each of the participants would like to see happen as a result of the practices conducted during the study. After all the workings have been completed we will arrange for a courier to come and collect the items from you.

We ask that you provide us with an outline of how you designed each working, so that we may report all the methods used in the study. If this goes against the values of your tradition we only ask that you provide those details that you feel comfortable sharing.

Participation is voluntary

Participation is entirely voluntary. You may withdraw from the study at any time, without having to give a reason but we would ask that you let us know of any issue that might prevent you from completing the 3-week session since we need to let our participants know. To withdraw from the study simply contact one of the researchers to advise them of your pseudonym and that you wish to withdraw from the study.

So as not to inconvenience our research participants, please only consent if you feel confident that you will be able to contribute to whole 3 week sessions. This does not affect your right to withdraw.

This is not a 'test' of your spell casting abilitie

The aim of this trial is to see if Pagan healing spells can operate under the same conditions as other forms of healing that have been tested with some success.

What will happen to the results?

The results of the study may be presented at academic conferences and/or published in academic journals, there is also a possibility that study findings may be the subject of university or community talks/lectures and may also be reported in newspapers, magazines or online.

Confidentiality and Data Protection

In accordance with the Data Protection Act 1998, your identity will be anonymised using a pseudonym. Data will be stored in a locked filing cabinet or password protected computer, which only the researchers have access to.

#### Contact Information

If you wish additional information about this research project please contact me:

[Charmainemarie.Sonnex@northampton.ac.uk](mailto:Charmainemarie.Sonnex@northampton.ac.uk) (01604) 892964

If you wish to know more about the project as a whole or my registration at Northampton University please contact one of my supervisors:

Prof Chris Roe:

[Chris.Roe@northampton.ac.uk](mailto:Chris.Roe@northampton.ac.uk)

(01604) 892623

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Boughton Green Road

Dr Elizabeth Roxburgh:

[Elizabeth.Roxburgh@northampton.ac.uk](mailto:Elizabeth.Roxburgh@northampton.ac.uk)

(01604) 893732

## Effects of Pagan Healing Practices on Health and Well Being, Practitioner Consent Form

Please initial and tick

Y

N

initial

I understand that I must be 18 or over to participate and I confirm that I am

☐
☐

I understand the nature of the study

☐
☐

I have been given a copy of the project description for my records

☐
☐

I understand that my identity will remain anonymous

☐
☐

I consent to an outline of my workings to be published and disseminated by the researchers as they see fit, once the study has been completed

☐
☐

I understand that participants photographs, possessions and spell requests are confidential and must be kept in the locked box provided to me, when I am not using them and must be returned via secure courier service once I have completed all of the workings

☐
☐

I understand that this study is not a test of my abilities and my participation in this study cannot be used for any commercial purposes

☐
☐

I understand that I have the right to withdraw from the study without reason.

☐
☐

Signed \_\_\_\_\_

Date \_\_\_\_\_

Pseudonym \_\_\_\_\_

Age \_\_\_\_\_

Gender F/M/Other (please circle as appropriate)

How long have you been a practising Pagan? \_\_\_\_\_

## APPENDIX 11 LIST OF PRESENTATIONS AND PUBLICATIONS

### Publications:

Roe, C. A., Sonnex, C. and Roxburgh, E. C. (2015) Noncontact healing: What does the research tell us? *European Journal of Integral Medicine*. 7(6), p. 687. 1876-3820.

Roe, C., Sonnex, C., & Roxburgh, E. (2015) Two Meta-Analyses of Noncontact Healing Studies, *EXPLORE The Journal of Science and Healing*, 11 (1), 11-23

Sonnex, C. (2015) Psi Healing Research, *Psi Encyclopedia* <http://psi.circle-interactive.co.uk/articles/psi-healing-research>

### Conference Presentations:

Sonnex, C., (2016) Flow in the space between worlds: comparing the ASCof Pagan ritual work with flow. 20<sup>th</sup> Transpersonal Psychology Section annual conference, Highgate House, Northampton

Sonnex, C., (2016) RCTs at the TRC?! Randomised controlled trials as a viable research method in Transpersonal Psychology. Transpersonal Research Colloquium, Highgate House, Northampton

Sonnex, C., Roe, C. A. and Roxburgh, E. C. (2016) Capturing the healing craft: using the RCT design to explore the effects of Pagan healing spells casting. 40th Society for Psychical Research International Annual Conference, University of Leeds, Leeds

Shadrack, J. And Sonnex C. (2016) Ritual occultation and the space between worlds: exploring the application of the “flow” state in Pagan and Black metal performance practice. Trans-states conference, University of Northampton, Northampton

Sonnex, C., Roe, C. A. and Roxburgh, E. C. (2015) Testing the pagan prescription: using a randomised controlled trial to investigate pagan spell casting as form of distant healing. 58th Annual Convention of the Parapsychological Association and the 39th

Society for Psychical Research International Annual Conference, University of Greenwich, London

Sonnex, C., Roe, C. A. and Roxburgh, E. C. (2015) *Investigating pagan healing spells*. 30th Annual Psychology Postgraduate Affairs Group (PsyPAG) Postgraduate Student Conference, University of Glasgow, UK.

Sonnex, C., Roe, C. A. and Roxburgh, E. C. (2015) *Noncontact healing: what does the research tell us?* Poster presented to: Complementary and Alternative Medicine Strategic Direction and Development (CAMSTRAND) 2015 Conference, London.

Sonnex, C., Roe, C. A. and Roxburgh, E. C. (2015) *Magical flow: comparing the flow experience to the ASC of pagan magical ritual work*. Poster presented to: The University of Northampton Graduate School Poster Competition, Northampton.

Sonnex, C., Roe, C. & Roxburgh, E. (2014) *Monkey's Paws, poppets, sheep and goats; or, the necessary components of successful spells* BPS Transpersonal Section annual conference, Northampton.

Sonnex, C., Roe, C. & Roxburgh, E. (2014) *Making Magic(k); Essential aspects of successful Neo-Pagan spell work*. Society for Psychical Research annual conference, York.

Sonnex, C., Roe, C. & Roxburgh, E. (2014) *Pagan Spellcasting: Discovering the Homogenous among the Heterogeneous* Nineteenth Joint Postgraduate Conference on Religion and Theology, Bristol.

Sonnex, C., Roe, C. & Roxburgh, E. (2013) *Paganism in Practice: Finding the Homogenous within the Heterogeneous* BPS Transpersonal section annual conference, Scarborough.



Sonnex, C., Roe, C. & Roxburgh, E. (2013) The effects of Pagan healing practices on health and well-being. Contemporary religion in historical perspective: engaging outside academia, Milton Keynes.

Roe, C.A., Sonnex, C., & Roxburgh, E. (2012). *Two Meta-Analyses of Distant Healing Studies. Abstracts of presented papers*: Parapsychological Association 55th Annual Convention, Durham, North Carolina.

Sonnex, C., Roe, C. & Roxburgh, E. (2012) Meta analysis of distant healing studies using human samples. Society for Psychical Research annual conference, Northampton.

Sonnex, C., Roe, C. & Roxburgh, E. (2011) *Meta analysis of distant healing studies using non-whole human samples*. Society for Psychical Research annual conference, Edinburgh.

Sonnex, C., Roe, C. & Roxburgh, E. (2011) The effects of pagan healing practices on health and well being. Exploring the Extraordinary conference, York.

Sonnex, C., Roe, C. & Roxburgh, E. (2011) *Distant healing studies using plant, animal and ex-vivo human samples: a meta analysis*, BPS Transpersonal section annual conference, Scarborough.

# APPENDIX 12 COPY OF “TWO META-ANALYSES OF NONCONTACT HEALING STUDIES”

## REVIEW ARTICLE

### TWO META-ANALYSES OF NONCONTACT HEALING STUDIES

Chris A. Roe, PhD<sup>#</sup> Charmaine Sonnex, BSc, MSc, and Elizabeth C. Roxburgh, BSc, PhD

**Objective:** Reviews of empirical work on the efficacy of non-contact healing have found that adopting various practices that incorporate an intention to heal can have some positive effect upon the recipient's wellbeing. However, such reviews focus on 'whole' human participants who might be susceptible to expectancy effects or benefit from the healing intentions of friends, family or their own religious groups. We proposed to address this by reviewing healing studies that involved biological systems other than 'whole' humans (e.g., studies of plants or cell cultures) that were less susceptible to placebo-like effects. Secondly, doubts have been cast concerning the legitimacy of some of the work included in previous reviews so we planned to conduct an updated review that excluded that work.

**Data Sources:** The following databases were searched: Syntex, ASSIA, Psych-NET, Web of Science, Cochrane Library, British Nursing Index, Cinahl Full Text, and Informaworld.

**Study Selection:** Only studies in English were eligible for inclusion. All studies must have examined the effects upon a biological system of the explicit intention to improve the wellbeing of that target; 49 non-whole human studies from 34 papers and 57 whole human studies across 56 papers were included.

**Data Synthesis:** The combined weighted effect size for non-whole human studies yielded a highly significant  $r = .258$ ,

but outcomes were heterogeneous and correlated with blind ratings of study quality; 22 studies that met minimum quality thresholds gave a reduced but still significant weighted  $r$  of .115. Whole human studies yielded a small but significant effect size of  $r = .203$ . Outcomes were again heterogeneous, and correlated with methodological quality ratings; 27 studies that met threshold quality levels gave an increased  $r = .224$ .

**Conclusions:** Results suggest that subjects in the active condition exhibit a significant improvement in wellbeing relative to control subjects under circumstances that do not seem to be susceptible to placebo and expectancy effects. Findings with the whole human database suggests that the effect is not dependent upon the previous inclusion of suspect studies and is robust enough to accommodate some high profile failures to replicate. Both databases show problems with heterogeneity and with study quality and recommendations are made for necessary standards for future replication attempts.

**Key words:** Noncontact healing, Distance Healing, Meta-analysis, Reiki, *Ichiki*, Therapeutic Touch, Intercessory Prayer and Wellbeing

(Explore 2015; 11:11-23 & 2015 Published by Elsevier Inc.)

#### INTRODUCTION

The supposed linkage between religious beliefs and practices and health has long been of interest to psychologists since it provides suggestive evidence for a connection between psychospiritual factors and physical well-being.<sup>1, 2</sup> This research is an extension of conventional accounts of the health benefits of religiosity and/or spirituality that supposes that they are mediated by cognitive and behavioral differences, with those expressing a religious faith tending to be more optimistic and resilient, to believe that the physical world is essentially orderly and meaningful, to engage in healthy behaviors such as regular exercise or meditation, and to avoid unhealthy behaviors such as drug and alcohol abuse

and promiscuous or risky sex (for reviews see Fontana<sup>3</sup> and Koenig et al.<sup>4</sup>). More intriguingly, a number of reviews of the efficacy of healing<sup>5-8</sup> have found that interceding on behalf of patients through prayer or by adopting various practices that incorporate an intention to heal can have some positive effect upon their well-being. However, these reviewers also raised concerns about study quality and the diversity of healing approaches adopted in the studies under review—ranging from techniques that usually involve close physical proximity between the practitioner and the patient, such as therapeutic touch and Reiki healing, through to techniques that work at a distance, such as psychic healing or intercessory prayer to a higher being—and this makes the findings difficult to interpret, since in some cases, the beneficial effects could be attributable to placebo effects or to the consequences of general lifestyle changes that are involved in holistic approaches to medicine. The diversity of approaches included under the rubric of healing also presents problems in explaining the observed effects, since there is so little common ground that it is difficult to conceive of a mechanism that they might all share.

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11

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## APPENDIX 13 COPY OF “NONCONTACT HEALING: WHAT DOES THE RESEARCH TELL US?”

Noncontact healing: What does the research tell us?



Chris A. Roe, Charmaine Sonnex \*,  
Elizabeth Roxburgh

*University of Northampton, United Kingdom*

*E-mail address: [CharmaineMarie.Sonnex@northampton.ac.uk](mailto:CharmaineMarie.Sonnex@northampton.ac.uk)  
(C. Sonnex).*

**Introduction:** Reviews of empirical work on the efficacy of noncontact healing have found that adopting various practices that incorporate an intention to heal can have some positive effect upon the recipient's wellbeing. We proposed to address this by reviewing healing studies that involved biological systems other than 'whole' humans (e.g., studies of plants or cell cultures) that were less susceptible to placebo-like effects. Secondly, doubts have been cast concerning the legitimacy of some of the work included in previous reviews so we planned to conduct an updated review that excluded that work.

### **Methods:**

**Data Sources** – Both psychological and medical databases were searched

**Study Selection** – Only studies in English were eligible for inclusion. All studies must have examined the effects upon a biological system of the explicit intention to improve the wellbeing of that target.

**Results:** The combined weighted effect size for non-whole human studies yielded a highly significant  $r$  of .258. Whole human studies yielded a small but significant effect size of  $r = .203$ . Results were heterogeneous and correlated with study quality; however the effect size remained significant in both groups after controlling for study quality.

**Conclusions:** Results suggest that subjects in the active condition exhibit a significant improvement in wellbeing relative to control subjects under circumstances that do not seem to be susceptible to placebo and expectancy effects. Both databases show problems with heterogeneity and with study quality and recommendations are made for necessary standards for future replication attempts.

<http://dx.doi.org/10.1016/j.eujim.2015.07.023>



## APPENDIX 14 COPY OF “PSI HEALING RESEARCH”

### Psi Healing Research

This article assesses the quality and outcomes of research into forms of complementary and alternative medicine: intercessory prayer, therapeutic touch, Reiki and Johrei and other forms of spiritual or distant healing. The existing research is found to be suggestive of significant effects, although a lack of rigour across most studies means no positive conclusions can as yet be drawn with confidence.



#### Intercessory Prayer

Intercessory prayer (IP) is defined as the act of petitioning a higher power on behalf of someone else.<sup>1</sup> In a 2002 survey of American adults, the Centers for Disease Control and Prevention found that 62% had used complementary and alternative medicine – that is, methods of treatment that fall outside the realm of conventional (or allopathic) medicine – in the last twelve months. Of those 62%, 24.4% used IP, making this the second most popular form of complementary and alternative medicine after prayer for one's own health. Prayer is a part of almost every major religion in the world;<sup>2 3 4 5 6</sup> how one prays, and to whom or what, depends not only on one's religious or spiritual orientation but also on one's personal preference.

The scientific investigation of IP raises issues that are not present in the investigation of other forms of spiritual healing. Each will be discussed individually.

#### Directed or non-directed prayer?

The idiosyncratic nature of prayer is the root of one issue of research specific to IP: whether intercessors should use directed or non-directed prayer. Directed prayers are prayers in which intercessors ask their Higher Power to make manifest specific objectives. Non-directed prayers are prayers which ask for the will of a Higher Power to be made manifest (whatever that will may be), or that ask for whatever is best for the intercessee, such as 'Thy will be done'.<sup>1</sup>

There are strengths and weaknesses to both approaches. Directed prayer appears the most sensible approach to take from a research perspective: telling intercessors what to pray for means that researchers can ensure they are petitioning for health and well-being changes that are being measured. Directed prayer also improves the validity of research, ensuring that all intercessors are providing the same 'treatment' and allowing for other researchers to replicate one's methodology more completely.

However, prayer is a very personal activity, and to homogenize it for the sake of research may be counterproductive. Directing intercessors how to pray may result in inauthentic prayers, as people may not feel the same connection with the divine that they feel when praying normally. Not only could this reduce the ecological validity of the study (as intercessors may not be praying in their usual fashion), it could also influence the efficacy of the practice; intercessors may not feel comfortable with the style of prayer prescribed to them, or may be distracted by conducting a familiar activity in a new way, possibly resulting in reduced concentration or absorption in prayer.

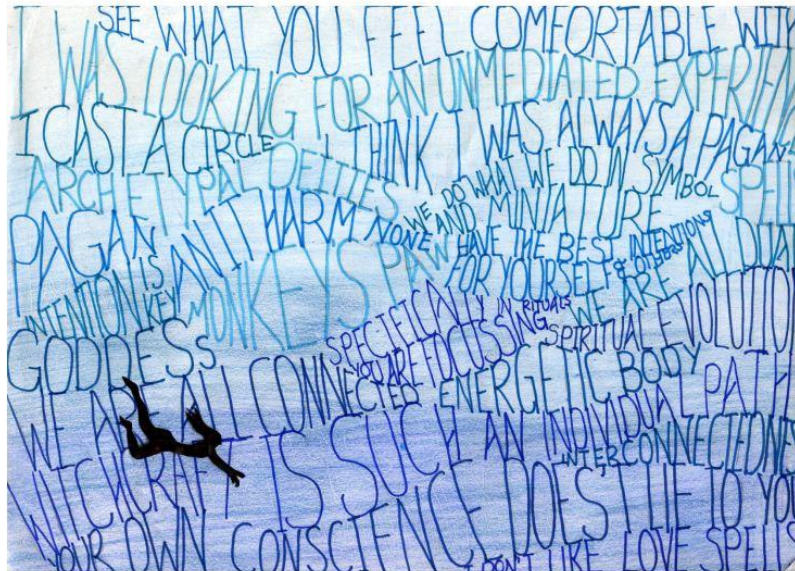
Some intercessors may feel more comfortable with the non-directed approach, as it could be considered presumptuous for a person to dictate to a Higher Power what form an intervention should take. One drawback to this approach is that when prayer is non-directed one is even less certain how the intervention will manifest, leaving open the possibility that it will present by unmeasured means, resulting in a type II error (false negative). Another possible shortcoming of this approach is that what is best for the individual is not always survival, for example a person suffering from an agonizing terminal condition.<sup>1</sup> Both approaches are valid ways of measuring IP, and both have produced significant research results.<sup>1</sup>

#### Impure control groups

The prevalence of IP causes difficulties in research, especially within those studies that utilize clinical samples: participants who are ill are extremely likely to have friends or family members praying for them, and even if they do not, many people say intercessory prayers for people around the world who are sick or suffering.<sup>5 6 7</sup> This means that even those who are in the control group (the group that does not receive the intervention and to which the intervention group is compared) are likely to be in receipt of IP, resulting in a 'contaminated' control group resulting in the true effect of IP being masked. However, it likewise means that participants in the active conditions (those receiving IP) are also possibly receiving IP from friends and family members. This would mean there is likely to be a background level of prayer evenly distributed between the two groups,<sup>7</sup> suggesting that the issue of contamination is

Full copy available at <http://psi-encyclopedia.spr.ac.uk/articles/psi-healing-research>

## APPENDIX 15 2015 IMAGES OF RESEARCH ENTRY (3RD PLACE WINNER)



the data analysis process. I spent almost two years analysing the interviews which influenced not only my academic work but also my personal religious practice as I too am Pagan. These eight peoples' words about their personal beliefs and practices were the entire focus of my work for almost two years and have impacted on me immensely.

Immersed

**Charmaine Sonnex**

**Postgraduate Research Student,  
School of Social Sciences**

My thesis is exploring Pagan healing spells as a form of distant spiritual healing. I am in the process of conducting trials to test how effective healing spells are, and I have previously conducted interviews with eight Pagans about their practices to inform the design of these trials. I analysed the interview data using thematic analysis.

This image reflects how I felt during

I was challenged to decide between 'The Clocks have Changed' (Dr Carmel Capewell) and Immersed for 3rd place.

In the end I decided that while 'The Clocks have Changed' had many positive aspects Immersed 'haunted' my interpretation as this image presented a deep reading questioning my own position regarding the nature of the research. Using statements from interviewee's the image producer worked to weave research methodology with spiritual understanding around the central theme in the work. Researching the effectiveness of Pagan 'spells' in an academic context is an interesting subject to explore and the image presents us with a central figure immersed in a sea of individual understanding of the research ambition while disturbing my rational critical thinking around this proposed subject material. I am still thinking about this research project!

**Roy Wallace** (*BA Hons, PGcert T&L, PGdip Fine Art, FHEA*),  
Senior Lecturer Media Production, School of Arts, University of Northampton

## APPENDIX 16 TABLES DESCRIBING STUDIES INCLUDED IN PHASE ONE META-ANALYSIS

### Whole human studies

Study	Main outcome measure	N	Stats	r	r'
Walach, H. et al. (2008) Effectiveness of distant healing for patients with chronic fatigue syndrome: a randomised controlled partially blinded trial (EUHEALS). <i>Psychotherapy and Psychosomatics</i> ; 77(3): 158–166.	score on mental health component summary	409	(Ancova)F =.22	0.023	0.020
Krucoff, M.W. et al. (2001) Integrative noetic therapies as adjuncts to percutaneous interventions during unstable coronary syndromes; Monitoring and actualization of noetic training (mantra) feasibility pilot. <i>American Heart Journal</i> ; 42(5): 760–769.	total ischemic burden	54	not sig	0.000	0.000
Sicher, F., Targ, E., Moore, D., & Smith, HS. (1998) A randomized double blind study of the effects of distant healing in a population with advanced aids report of a small scale study. <i>Western Journal of Medicine</i> ; 169(6): 356–363.	POMS (distress) score	40	p=.02	0.312	0.321
Byrd, R. (1988) Positive therapeutic effects of intercessory prayer in a coronary care unit population. <i>Southern Medical Journal</i> ; 81(7): 826–829.	post entry hospital course	193	chi square P = .001	0.236	0.239

Benson H, et al. Study of the therapeutic effects of intercessory prayer (step) in cardiac bypass patients: A multicentre randomized trial of uncertainty and certainty of receiving intercessory prayer. (2006) American Heart Journal; 151(4): 934–942.	presence of post op complications (blinded groups only)	1201	$\chi^2 p=.67$	0.000	0.000
Richeson, NE., Spross, JA., Lutz, K., & Peng, C. (2010) Effects of Reiki on anxiety depression pain and physiological factors in community-dwelling older adults. Research in Gerontological Nursing.; 3(3): 187-199.	depression scores	25	$p=0.001$ $u=15$	0.137	0.136
Laidlaw, TM., Naito, A., Dwivedi, P., Hansi, NK., Henderson, DC., & Gruzelier, JH. (2006) The influence of 10 minutes of the Johrei healing method on stress. Complementary Therapies in Medicine.; 14(2): 127–132	Profile of moods state score	33	$f(1, 32) = 8.35$	0.454	0.490
Brooks, A., Schwartz, GE., Reece, K., & Nagle G. (2006) The effect of Johrei healing on substance abuse recovery: A pilot study. The Journal of Alternative and Complementary Medicine.;12(7): 625–631.	Positive emotional state	21	$t(188) = -7.49$	0.864	1.312
Brown, CK. Spiritual healing in a general practice: Using a quality-of-life questionnaire to measure outcome. (1995) Complementary Therapies in Medicine.; 3(4): 230–233.	pre-post general health score on the SF-36 QOL	30	$t=2.51$	0.411	0.435



**Extending the non-contact healing paradigm to explore distant mental** interaction effects of pagan  
healing spells

DaSilva, FE. et al. (2008) Distant healing intention to autistic patients: An exploratory study. 4th Psi Meeting: Parapsychology and Psychology;.	CARS score	10	t test for difference p = .143	0.00 0	0.00 0
Clenad, JA., Price, DB., Lee. AJ, Gerard, S. & Sarma, A. (2006) A pragmatic, three arm randomised controlled trial of spiritual healing for asthma in primary care. British Journal of General Practice.; 56(527): 444–449.	Asthma QOL from baseline to end	88	ANCOVA p=.570	0.00 0	0.00 0
Mathai, J., & Bourne, A. (2004) Pilot study investigating the effect of intercessory prayer in the treatment of child psychiatric disorders. Australasian Psychiatry.; 12(4): 386–389.	strengths and difficulties Q	22	not sig	0.00 0	0.00 0
Abbot, NC., Harkness, EF., Stevinson, C., Marshall, FP., Conn, DA., & Ernst, E. (2001) Spiritual healing as a therapy for chronic pain: A randomized clinical trial. Pain; 91: 79–89.	pain VAS	55	not sig	0.00 0	0.00 0
Greyson, B. (1996) Distance healing of patients with major depression. Journal of Scientific Exploration.; 10(4): 447–465.	Hamilton Rating scale for depression score	32	t=.38	0.06 9	0.06 9
Beutler, JJ., Attevelt, JTM., Schouten, SA., Faber, JAJ., Dorhout Mees, EJ., & Geijskes, GG., (1988) Paranormal healing and hypertension. British Medical Journal.; 296: 1491–1494.	blood pressure readings	75	t = .698	0.08 1	0.08 1
Krucoff, MW. et al. (2005) Music, imagery, touch and prayer as adjuncts to	major adverse cardiac events or	74 8	not sig	0.00 0	0.00 0

interventional cardiac care: The monitoring and actualisation of noetic trainings (mantra) ii randomised study. The Lancet.; 366(9481): 211–217.	readmission to hospital				
Tsubono, K., Thomlinson, P., & Shealy, N. (2009) The effects of distant healing performed by a spiritual healer on chronic pain: A randomised controlled trial. Alternative Therapies.; 15(3): 30–34.	pain VAS pre post	16	f=4.322	0.49 9	0.54 8
Shore, AG.(2004) Long term effects of energetic healing on symptoms of psychological depression and self-perceived stress. Alternative Therapies.; 10(3): 42–48.	BDI score	32	t=-3.01	0.48 1	0.52 4
Sundblom, DM., Haikonen, S., Niemi-Pynttari, J., & Tigerstedt, I. (1994) Effect of spiritual healing on chronic idiopathic pain: A medical and psychological study. The Clinical Journal of Pain.; 10(4): 296–302.	pain VAS post treatment	24	not sig	0.00 0	0.00 0
Vannemreddy, P., Bryan, K., & Nanda, A. (2009) Influence of prayer and prayer habits in outcome in patients with severe head injury. American Journal of Hospice and Palliative Medicine.; 26(4): 264–269.	mortality	26	chi sq = 4.88	0.95 7	2.99 6
Aviles, JM., Whelan, SE., Hernke, DA., Brent, AW., Kenny, KE., O’Fallon, M., & Kopecky, SL. (2001) Intercessory prayer and cardiovascular disease progression in a coronary care unit	CV disease progression	76 2	or =.83	0.00 0	0.00 0

population: A randomized controlled trial. Mayo Clinic Proceedings.; 76(12): 1192–1198.					
Bowden, D., Goddard, L., & Gruzelier, J. (2011) A randomized controlled single-blind trial of the efficacy of Reiki at benefitting mood and well-being. Evidence Based Complementary and Alternative Medicine.; Article ID 381862, doi:10.1155/2011/381862.	DASS score	20	t = .219	0.049	0.049
Bowden, D., Goddard, L., & Gruzelier, J. (2010) A randomised controlled single-blind trial of the effects of Reiki and positive imagery on well-being and salivary cortisol. Brain Research Bulletin.; 81(1): 66–72.	ISQ mean total illness score	30	t = .974	0.175	0.177
Assefi, N., Bogart, A., Goldberg, J., & Buchwald D. (2008) Reiki for the treatment of fibromyalgia: A randomized controlled trial. The Journal of Alternative and Complementary Medicine.; 14(9): 1115–1122.	pain VAS post treatment	47	not sig	0.000	0.000
Larden, CN., Palmer, L., & Janssen, P. (2004) Efficacy of therapeutic touch in treating pregnant inpatients who have a chemical dependency. Journal of Holistic Nursing.; 22(4): 320–332.	STAI-X scores after 3 days of treatment	30	F (2,42)= 3.96	0.000	0.000
Dennison, B. ( 2004) Touch the pain away: New research on therapeutic touch and persons with fibromyalgia syndrome. Holistic Nursing Practice.; 8(3): 142–	Pain VAS	15	not sig	0.000	0.000

151.					
Turner, JG., Clark, AJ., Gauthier, DK., & Williams, M. (1998) The effect of therapeutic touch on pain and anxiety in burn patients. <i>Journal of Advanced Nursing.</i> ; 28(1): 10–20.	Mcgill Pain Q post treatment	99	1 tailed t test p=.064	0.146	0.147
Hawranik, P., Johnston, P., & Deatrich, J. ( 2008)Therapeutic touch and agitation in individuals with Alzheimer’s disease. <i>Western Journal of Nursing Research.</i> ; 30(4): 417–434.	verbally agitated behaviour	51	x2=1.37	0.192	0.194
Zare, Z., Shahsavari, H., & Moeini, M. (2009) Effects of therapeutic touch on the vital signs of patients before coronary artery bypass graft surgery. <i>Iranian Journal of Nursing and Midwifery.</i> ; 15(1): 32–37.	mean pulse rate	44	ANOVA p=.043	0.304	0.314
Engle, VF., & Graney, MJ. (2000) Biobehavioural effects of therapeutic touch. <i>Journal of Nursing Scholarship.</i> ; 32(3): 287–293.	total pulse amplitude	11	p = .999 for intervention	0.000	0.000
Smith-Frank, L., Frank, JL., March, D., Makari-Judson, G., Barham, RB., Mertens, WC. (2007) Does therapeutic touch ease the discomfort or distress in patients undergoing stereotactic core breast biopsy? A randomized clinical trial. <i>Pain Medicine.</i> ; 8(5): 419–424.	VAS pain score	82	t test 2 tailed p=.95	0.000	0.000
Ireland, M. (1998) Therapeutic touch with HIV infected children: A pilot	A state anxiety score pre post	10	F = 1.067	0.185	0.187

study. Journal of the Association of Nurses in Aids Care.; 9(4): 68–77.	(exp.)				
McCormack, GL. (2009) Using non-contact therapeutic touch to manage post-surgical pain in the elderly. Occupational Therapy International.; 16(1): 44–56.	memorial pain scale scores	90	$\chi^2=10.40$	0.34 0	0.35 4
Olson, M., Sneed, N., Lavia, M., Virelle, G., Bonadonna, R., & Michel, Y. (1997) Stress induced immunosuppression and therapeutic touch. Alternative Therapies.; 3(2): 68–74.	CD25	20	not sig	0.00 0	0.00 0
Harris, WS., Gowda, M., Kolb, JW., Strychacz, CP., Vacek, JL., Jones, PG., Forker, A., O’Keefe, JH., McCallister, BD. (1999) A randomized, controlled trial of the effects of remote intercessory prayer in outcomes in patients admitted to the coronary care unit. Archives of Internal Medicine.; 159(19): 2273–2278.	MAHI-CCU score	99 0	$t = 19.83$	0.53 3	0.59 3
Gordon, A., Merenstein, J., D’Amico, F., & Hodges, D. (1998) The effects of therapeutic touch on patients with osteoarthritis of the knee. The Journal of Family Practice.; 47(4): 271–277.	Pain	17	$t = 12.27$	0.94 8	0.96 5
Peck, SD. (1998) The efficacy of therapeutic touch for improving functional ability in elders with degenerative arthritis. Nursing Science Quarterly.; 11(3): 123–132.	Aim2 mobility score	82	$f(1,1)=4.07$	0.21 7	0.22 0

Le Gallez, P., Dimmock, S., & Bird, HA. (2000) Spiritual healing as adjunct therapy of rheumatoid arthritis. British Journal of Nursing.; 9(11): 395–700.	summated change score	29	not sig	0.00 0	0.00 0
Dixon, M. (1998) Does 'healing' benefit patients with chronic symptoms? A quasi-randomized trial in general practice. Journal of The Royal Society of Medicine.; 91: 183–188.	symptom score post treatment	51	T=437.5	0.24 4	0.24 9
Lin, YS. & Taylor, AG. (1998) Effects of therapeutic touch in reducing pain and anxiety in an elderly population. Integrative Medicine.; 1(4): 152–162.	pain intensity	90	kruskall wallis p=.001	0.92 0	1.58 9
Hagemaster J. Use of therapeutic touch in treatment of drug addictions. Holistic Nursing Practice. 2000; 14(30): 14–20.	BI depressions scale	10	F= 4.03	0.55 6	0.62 7
Olson, M., Sneed, N., Bonadonna, R., Ratliff, J., & Dias, J. (1992) Therapeutic touch and post Hurricane Hugo stress. Journal of Holistic Nursing.; 10(2): 120–136.	state anxiety VAS	23	F = 8.52 for 'session'	0.52 0	0.57 6
Samarel, N., Fawcett, J., Davis, MM., & Ryan, F. (1998) Effects of dialogue and therapeutic touch on preoperative and postoperative experiences of breast cancer surgery: An exploratory study. Oncology Nursing Forum.; 25(8), 1369–1376.	STAI score	31	F = 8.15	0.47 5	0.51 7
	STAI score	31	postop not sig	0.00 0	0.00 0

Radin, DI., Machado, FR., & Zangari, W. (2000) Effects of distant healing intention through time and space: Two exploratory studies. <i>Subtle Energies and Energy Medicine</i> ; 11(3): 207–239.	Breathing rate	15	r stat given	0.496	0.543
	Breathing rate	21	r given	0.470	0.510
Walker, SR., Tonigan, JS., Miller, WR., Comer, S., & Kahlich, L. (1997) Intercessory prayer in the treatment of alcohol abuse and dependence: A pilot investigation. <i>Alternative Therapies.</i> ; 3(6): 79–86.	total monthly alcohol consumption	40	F (1,32)= 1.52	0.191	0.193
Conti, JM., Matthews, WJ., & Sireci, SC. (2003) Intercessory prayer, visualisation and expectancy for patients with severe illness implications for psychotherapy. <i>Annals of American Psychotherapy.</i> ; 16: 20–27.	New Hospitalisations (Treatment condition)	95	Chi Sq .08 2df	0.029	0.029
Loveland Cook, CA., Guerrerio, JF., & Slater, VE. (2004) Healing touch and quality of life in women receiving radiation treatment for cancer: A randomized controlled trial. <i>Alternative Therapies.</i> ; 10(3): 34–41.	SF36 score	62	t=2.40	0.294	0.303
Meehan, TC. (1993) Therapeutic touch and postoperative pain: A rogerian research study. <i>Nursing Science Quarterly.</i> ; 6(2): 69–77.	pain VAS (Exp vs sham )	72	F = 5.22	0.262	0.268
Krieger, D. (1972) The response of invivo haemoglobin to an active therapy	Hemoglobin levels	28	t=3.33	0.539	0.603

by direct laying on of hands. Human Dimensions.; 1: 12–15.					
Joyce, CRB., & Welldon, RMC. (1965) The objective efficacy of prayer: A double blind clinical trial. Journal of Chronic Diseases; 18(4): 637–677.	Clinical state	10	n/s	0.00 0	0.00 0
Giasson, M., & Bouchard, L. (1998) Effect of therapeutic touch on the well-being of persons with terminal cancer. Journal of Holistic Nursing; 16(3): 383–398.	Wellbeing score	20	t= -3.73	0.66 0	0.80 3

#### Non-Whole Human Studies

<b>Study</b>	<b>Main outcome measure</b>	<b>N</b>	<b>Stats</b>	<b>r</b>	<b>r'</b>
Braud, W. (2003). Mentally protecting red blood cells at a distance. Distant mental influence. Charlottesville, VA: Hampton Roads Publishing Company, Inc.	haemolysis (protect vs control)	32	F=0.461	0.12 3	0.12 4
Rubik, B., Brooks, A., & Schwartz, G. (2006). In vitro effect of Reiki treatment on bacterial cultures: Role of experimental context and practitioner well-being. The Journal of Alternative and Complementary Medicine, 12(1), 7-13.	Bacteria count	70	X <sub>2</sub> (1) = 15.51	0.47 0	0.51 0



**Extending the non-contact healing paradigm to explore distant mental** interaction effects of pagan  
healing spells

Bengston, W., & Krinsley, D. (2000). The effect of the "laying on of hands" on transplanted breast cancer in mice. Journal of Scientific Exploration, 14(3), 353-364.	Mortality	59	chi sq overall gives 3.23	0.42 1	0.51 0
Snell, F., & Van Der Sude, P. C. (1995). The effect of paranormal healing on tumour growth. Journal of Scientific Exploration, 9(2), 209-221.	mean tumour weight control vs experimental conditions	15	MW_U= 25	0.00 0	0.00 0
	mean tumour weight control vs experimental conditions	42	MW_U=17 .5	0.00 0	0.00 0
	mean survival time	12	t=.01	0.00 1	0.00 1
Bunnell, T. (1999). The effect of "healing with intent" on pepsin enzyme activity. Journal of Scientific Exploration, 13, 139-148.	reaction rate	19	t=2.434	0.37 5	0.39 4
Yount, G., Solfvin, J., Moore, D., Schlitz, M., Reading, M., Aldape, K., et al. (2004). In vitro testing of qigong. BMC Complementary and Alternative Medicine, 4(5)	cell proliferation	96	t= 1.238 (pooled data)	0.12 6	0.12 7
Kiang, J. G., Marotta, D., Wirkus, M., & Jonas, W. B. (2002). External bio energy increases intercellular free calcium concentration and reduces cellular response to heat stress. Journal	free calcium concentration	12	t=2.1	0.55 3	0.62 4

of Investigative Medicine, 50(1), 38-45.					
Nash, C. B. (1984). Test of psychokinetic control of bacterial mutation. <i>Journal of the American Society for Psychical Research</i> , 78(2), 145-152.	mean mutant ratio (promoted v control)	312	$t=1.31$	0.08 4	0.08 4
Lesniak, K. T. (2006). The effect of intercessory prayer on wound healing in non-human primates. <i>Alternative Therapies in Health and Medicine</i> , 12(6), 42-48.	total wound area	22	$F_{(1,17)}=3.72$	0.42 3	0.45 1
Smith, A. L. & Laskow, L. (2000) Intentional healing in cultured breast cancer cells. In <i>Proceedings of the Academy of Religion and Psychical Research Annual Conference</i> . Sourced from <a href="http://www.laskow.net/resources.shtm">http://www.laskow.net/resources.shtm</a> on 21/03/2011	reduction in number of cells	70	$F=7.01$ $p = .0001$	0.35 8	0.37 5
	reduction in number of cells	89	$F=1.0$ $p = .87$	0.00 0	0.00 0
	reduction in number of cells	147	$F=6.89$ $p = .004$	0.21 8	0.22 1
	reduction in number of cells	169	$f= -3.92$ $p = .03$	- 0.12 7	- 0.12 8
	reduction in	115	$f=3.92$ $p =$	0.12	0.12

**Extending the non-contact healing paradigm to explore distant mental** interaction effects of pagan  
healing spells

	number of cells		.06	7	8
Taft, R., Moore, D., & Yount, G. (2005). Time lapsed analysis of potential cellular responsiveness to Johrei, a Japanese healing technique. BMC Complementary and Alternative Medicine, 5(2)	differences in cell deaths	16	p = .37	0.00 0	0.00 0
Hall, Z., Luu, T., Moore, D., & Yount, G. (2006). Radiation response of cultured human cells is unaffected by Johrei. Ecam, 4(2), 191-194.	differences in cell deaths	32	p = .45	0.00 0	0.00 0
Braud, W., Davis, G., & Wood, R. (1979). Experiments with Matthew Manning. Journal for the Society for Psychical Research, 50(782), 199-223.	percentage light transmittance	100	t=8.70 p = p.6 x10-4	0.66 0	0.79 3
Snell, F., & Holt, P. R. (1983). Psychokinesis experiments in casein induced amyloidosis of the hamster. European Journal of Parapsychology, 5(51), 79.	Haemoglobin levels	42	F=3.936	0.29 9	0.30 9
	Haemoglobin levels	50	F=0	0.00 0	0.00 0
Solfvin, G. F. (1982). Studies of the effects of mental healing and expectations on the growth of corn seedlings. European Journal of Parapsychology, 4(287), 323.	total height (SxH)	34	F=2.606; 1,31df	0.12 5	0.12 6
	total height (SxH)	32	F=2.149; 1,29df	0.08 1	0.08 1
	total height	31	F=.212;	0.07	0.07

	(SxH)		1,28df	8	8
	total height (SxH)	33	F=.026, 1.30df	0.10 0	0.00 0
	total height (SxH)	296	F=1.466, 1,293df	0.12 7	0.12 8
Tedder, W. H., & Monty, M. L. (1981). Exploration of long-distance pk: A conceptual replication of the influence on a biological system. In W. G. Roll, & J. Beloff (Eds.), Research in parapsychology 1980 (pp. 90-93). Metchuen, NJ: Scarecrow Press.	mean growth	74	Z=4.13	0.48 0	0.52 3
	Mean growth	41	Z=-1.87	- 0.21 3	- 0.21 6
Macdonald, R. G., Hickman, J. L., & Dakin, H. S. (1977). Preliminary psychical effects associated with three alleged psychic healers. In J. D. Morris, W. G. Roll & R. L. Morris (Eds.), Research in parapsychology 1976 (pp. 74-76). Metuchen, NJ: Scarecrow press.	mean height day 11	32	t=3.646	0.55 4	0.62 5
	day 17	32	t=1.697	0.29 5	0.30 4
Saklani, A. (1988). Preliminary tests for psi-ability in shamans of Garhwali Himalaya. Journal of the Society for Psychical Research, 55(811), 60-70.	height of plants day 13	36	t=0	0.00 0	0.00 0
	height of plants day 13	36	T=2.728	0.42 3	0.45 1

**Extending the non-contact healing paradigm to explore distant mental** interaction effects of pagan healing spells

Radin, D., Taft, R., & Yount, G. (2004). Effects of healing intention on cultured cells and truly random events. The Journal of Alternative and Complementary Medicine, 10(1), 103-112.	cell proliferation	96	F = 1.68	0.13 1	0.13 2
Lenington, S. (1979). Effect of holy water on the growth of radish plants. Psychological Reports, 45(2), 381-382.	length of plant	24	t=.32	0.06 8	0.06 8
Denburg, J. L., Burgess, P. R., Hughes, R. W., & Southwood, M. S. Alteration of growth of cultured neurons by the conscious intention of an energy healer. Unpublished manuscript.	number of neurites from table 3	4246	X <sup>2</sup> = 26.39	0.40 5	0.43 0
Roney-Dougal, S., & Solfvin, J. (2004). Field study of an enhancement effect on lettuce seeds: Working in adverse condition. Proceedings of Presented Papers; the Parapsychological Association Convention 2004,	net weight (second two runs combined)	1440	r=.21	0.21 0	0.21 3
Zachariae, R., Højgaard, L., Zavahriae, C., Væth, M., Bang, B., & Skov, L. (British journal of Cancer). The effect of spiritual healing on in vitro tumour cell proliferation and viability- an experimental study. 2005, 93, 538-543.	cell viability	36	F= .97 p = .35	0.16 0	0.16 1
Nash, C. B. (1982). Psychokinetic control of bacterial growth. Journal for the Society for Psychical Research, 51(790), 217-221.	bacterial growth (promoted v control)	60	t = 1.775	- 0.41 0	- 0.43 6

Schofield, A. M., & Hodges, R. (1991). Demonstration of a healing effect in the laboratory using a simple plant model. Journal for the Society for Psychical Research, 57(822), 321-343.	mean stage of growth	16	t=0	0.00 0	0.00 0
Chen, K., Shifflett, S., Ponzio, N., He, B., Elliott, D., & Keller, S. A. (2002). Preliminary study of the effect of external qigong on lymphoma growth in mice. The Journal of Alternative and Complimentary Medicine, 8(5), 615-621.	inhibition of tumour growth	9	t = 2.078	0.56 9	0.71 4
	inhibition of tumour growth	10	t = 1.43	0.41 2	0.43 8
Shah, S., Ogden, A., Pettker, C. M., Raffo A, I., S., & Oz, M. C. (1999). A study of the effect of energy healing on in vitro tumour cell proliferation. The Journal of Alternative and Complementary Medicine, 5(4), 359-365.	inhibition of tumour cell proliferation by >15%	52	chi sq. = 6.64	0.92 1	1.59 0
Haraldsson, E., & Thorsteinsson, T. (1972). Psychokinetic effects on yeast; an exploratory experiment. In W. G. Roll, R. L. Morris & J. D. Morris (Eds.), Research in parapsychology (pp. 20-21)	Yeast growth	240	z=2.39	0.15 4	0.15 5
Roney-Dougal, S., & Solfvin, J. (2003). Field study of an enhancement effect on lettuce seeds: A replication. Journal of Parapsychology, 67(2), 279.	net weight (combined with results of first two runs	2800	z = 3.42	0.06 5	0.06 5

**Extending the non-contact healing paradigm to explore distant mental** interaction effects of pagan  
healing spells

	from 056)				
Lee, M., Jeong, S. M., Jang, H. S., Ryu, H., & Moon, S. R. (2003). Effects of in vitro and in vivo qi-therapy on neutrophil superoxide generation in healthy male subjects. American Journal of Chinese Medicine, 31(4), 623-628.	production of superoxide after 150secs of Qi treatment	42	t=2.021	0.30 4	0.31 4
Lei, X., Bi, A. H., Zhang, Z. X., & Chen, Z. Y. (1991). The antitumor effects of qi gong-emitted external qi and its influence on the immunologic functions of tumour-bearing mice. Journal of Tongli Medical University, 11(4), 253-256.	inhibition of tumour growth	16	t=3.787	0.71 1	0.88 8
Barrington, M. R. (1982). Bean growth promotion pilot experiment. Proceedings of the Society for Psychical Research, 56(212), 302-304.	appearance of radicles	96	$X_2 = 6.26$	0.25 5	0.26 1
Taft, R., Moore, D., & Yount, G. (2005). Time lapsed analysis of potential cellular responsiveness to joshu, a Japanese healing technique. BMC Complementary and Alternative Medicine, 5(2)	number of cell divisions and deaths	69	ANOVA=0.0014	0.00 0	0.00 0
Wells, R., & Kelin, J. (1972). A replication of a "psychic healing" paradigm. Journal of Parapsychology, 36(144), 149.	arousal time	8	t=2.14	0.60 3	0.69 8