

A RESPONSE

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Many thanks to the editors of *Explore* for their graciousness in publishing such a lengthy article. I am also grateful to the respondents who took the time to pen their thoughtful comments and reflections. My responses to their respective comments will follow, but first a little backstory about the article may be instructive.

Work on the manuscript was begun about 25 years ago, after which I kept returning to it in fits and starts, before shelving it for many years, but never giving up on the possibility of finishing the paper. Finally, last summer, I decided to revisit my research on the subject, update the references, and complete the article.

The original impetus for the paper—and one that has not changed in the intervening years—was that I kept seeing this word, “healing,” used over and over in both academic and lay writing on health, healthcare, and medicine. I noted with some concern that the word was used inconsistently and in multiple contexts, yet I had the sense that many of the people using the term were not clear about what it meant, or even about what they intended it to mean. I came to observe that, at least in the complementary and alternative medicine (CAM) world, the word seems to have been ascribed almost magical properties and has come to mean whatever respective writers want it to mean. This is not conducive to use as a construct for empirical research. Moreover, I noted that its varied uses within CAM contexts conflict with its more consistent and narrow usage in biomedicine. The article was an effort, simply, to document this state of affairs.

My primary concern about the conceptualization of healing, however, relates much less to conflicts between biomedical and CAM definitions of healing. I chose this dichotomy in part as a tool to compare and contrast the various ways that healing has been used. The deeper and more serious issue, I believe, is that research findings regarding healing used in one respective context are used as evidence for healing in another context that may not relate in any way to “healing” according to any definition. Or the flipside of this: research findings that do not pertain to healing at all, such as studies of primary-preventive effects of specific exposure variables in population samples being touted as evidence of the healing or curing of disease. The example that comes immediately to mind, in light of my own research of the past 35 years, involves the hundreds of recent studies of population-health effects of religious behaviors on rates of morbidity or mortality that are misconstrued as “proof” of “spiritual healing.” No matter what anyone reading this journal may believe or wish to be so, this happens all the time and causes much lamenting and frustration among the top line of academic researchers on religion and spirituality within epidemiology, medicine, and the social sciences. Articles have appeared elsewhere

critiquing such work as disheveled and shoddy, literally, and my colleagues in these fields, almost to a person, dismiss most research on “healing” or “spiritual healing” as defective and consider the topic not worth the time or effort. Privately, some of them wonder why I even have chosen to write on the topic for so many years. Naturally, I do not share these views, at all, but mention this here as an indication of how the conceptual imprecision pervasive in uses of “healing” have hindered the growth of a mature scientific field around the subject, and have discouraged some of the best scientists from dipping their toes in the water.

Surveying the literature on healing in its CAM context for the past few decades, one can observe terms like “healing,” “spiritual healing,” “mental healing,” and “energy healing,” for example, used almost interchangeably. One can also observe, as noted, evidence from prevalence or prospective population studies of religious behavior and respective health or well-being outcomes used as evidence of a healing effect of spirituality, even though the study population did not sample sick people and no intervention was investigated; thus healing (in any context) was not even the subject of the study. That this occurs, continually, is scarcely debatable. At the same time, there exist a minority of truly outstanding CAM-oriented studies of healing and spiritual healing, as reviewed by serious and careful scholars such as Dan Benor and Larry Dossey, but they tend to get lost in the cacophony. The conceptual inconsistencies identified in the article thus create multiple unfortunate problems: they create confusion as to what is meant by healing and thus inhibit the evolution of a field of study focused on salutogenesis and they discourage mainstream academic scientists from engaging this topic at all, but they also steer attention away from the really fine work on healing conducted for many years by important figures in the CAM world, including some of the respondents to this paper, and including papers published in this journal.

Now a few words about each of the thoughtful commentaries offered about the article.

Margaret Chesney lucidly affirmed many of the points that I tried to make. Specifically, she noted that I had identified “a chasm between those investigating healing in the biomedical world and those in the CAM world interested in healing.” Indeed! But she may be more hopeful than me, and I applaud her for this: “While a challenge, bridging this chasm may be possible.” I hope that this is true, and I am anxious to help, but at present I remain semidoubtful. Conceptual challenges are among the most resistant to change, as they are so tied to paradigmatic positions and worldviews. By contrast, in my observation, methodological and theoretical challenges are more amenable to evolution. I suspect that collaborative research ventures, bringing together investigators from across

scientific disciplines and fields and medical specialties, and from both biomedical and CAM communities, may be an intentional and productive way to move forward. If there are any creative philanthropists reading these comments, I urge them to get in touch with the editors of this journal; maybe an invited symposium is in order.

Bill Manahan offered some very personal and provocative thoughts that get right to the theme of the article, namely “what is healing?” I am glad that he emphasized that if a study is done of healing, “there needs to be clarity as to whether that means ‘repair of wounds,’ or if it means some sort of intervention, outcome, and/or process.” This is pretty much my main point. To clarify, in my opinion it is not that any of these usages is “wrong” or that the research conducted under any of these contexts is invalid. It is simply that by all of such work being referred to as about “healing,” the lack of precision inhibits a deeper understanding of these subjects, which lessens the impact of the research. Manahan goes on to suggest that “researchers need to define what they mean by ‘healing,’ while at the same time, I believe having multiple meanings for the word is not unusual and quite acceptable.” I do not disagree with his second point here, and believe that his first point is a key: before invoking a substantive term (e.g., healing) in a research study, investigators ought to carefully define their terms; and when reviewing literature and discussing their findings, they ought to ensure that their comparisons are between apples and apples, not apples and oranges.

Eben Alexander compellingly spoke of his own near-death experience (NDE) and those of others documented in the growing literature on the subject. I love these sorts of stories and, like many of my friends and colleagues, cannot get enough of them. My own mother had an NDE many decades ago that caused her to change her life path from that of an artist to that of an energy healer and transformational therapist. As Alexander notes, such experiences demand that we rethink concepts such as “healing,” “spiritual,” and the “miraculous.” In his case, his NDE caused him to “[relinquish] my entire prior worldview of scientific materialism, as well as its cornerstone that the brain creates consciousness.” I came to a similar conclusion as a result of a series of meditation-induced out-of-body experiences (OBEs) during my postgraduate training. Such experiences tell us that healing—as understood in the default vernacular sense(s)—is about far more than the granulation of dermal wounds. The challenge for us is to develop a language that enables us to carefully study and document these phenomena with the critical attention that they merit.

Janet Quinn, a dear friend, has been writing on healing dating back decades, and her work is among the most thoughtful and careful and clearly understood that has ever been offered on this topic. I find it compelling that much of the early writing on healing in a non-biomedical context—as well as on holistic medicine in general—came from the nursing field, among those who were conducting first-rate studies of various touch healing modalities and offering detailed theoretical expositions on the subject. This work, for the most part, was begun years before there was an NIH office devoted to integrative medicine, before there were

textbooks on the subject, and before folks like Benor and Dossey began reviewing studies of healing. I wonder sometimes if the marginality of CAM writing on healing and spiritual healing, from the perspective of the mainstream, is in part a function of ongoing turf conflicts between medicine and nursing and whether there may be a substantial gendered component here, as well. The underlying worldviews of these perspectives on “healing” are so distinct that they may reflect deeper and more longstanding biocultural divides. Another point: if I read it correctly, Quinn suggests that I was advocating limiting use of healing to physical or physiological contexts. Actually, I tried to make clear that I saw a helpful application of this concept to both physical *and* psychological wounds, a position considerably outside the default biomedical definition. The challenge for all of us who are involved in empirical research is to make explicit what we mean by the terms that we are using. With that in mind, I am in agreement with Quinn when she stated, “In the end, healing may be, like pain, what the patient says it is.” But just as pain researchers make clear what they are measuring and treating and studying, so too should we when we are referencing a term that has suffered from decades of imprecise, jargon-laden application. Perhaps a good project would be to catalogue emic understandings of “healing,” and let the concept define itself from the ground up, if you will, without imposition of boundaries defined by scientists and clinicians who, anyway, are not the ones having these experiences.

Mary Jo Kreitzer goes into considerable detail on the very contributions of nursing researchers to the study of healing that I reference above. I am familiar with this work, including the writings of Barbara Dossey, Jean Watson, Janet Quinn (noted above), and other contemporary researchers such as Joan Engebretson and Janet Mentgen, each of whom I know or have met and corresponded with and have cited throughout my writing. I agree enthusiastically that, on the whole, these pioneering holistic nursing researchers have done a better and more consistent job of describing healing and engaging it in a scholarly way than either biomedical scientists or non-nursing CAM authors. Indeed the best writing on the subject from within nursing seems to come closest to bridging both perspectives in as careful a way as has been done to date. In at least one instance, however, I feel that Kreitzer has—as have some of the other commentators—misconstrued what my position is. She states that I find the CAM perspective on healing to be “disturbing and unfortunate, in part because it lacks precision.” She then reiterates that she is sympathetic that a scientist, such as me, would find it “hard to deal with concepts that are mushy.” Au contraire! I have spent decades of my career as an epidemiologist applying population-health methods to the mushiest possible constructs, far mushier than healing: religion, spirituality, mystical experience, psi, prayer, love, transcendence, bioenergy healing—I even published what, to the best of my knowledge, was the first study of New-Age healing ever conducted and was the first use of the phrase “New Age” to appear in that context in the entire medical literature...over 30 years ago. So mushy does not bother me, and I hardly find the CAM perspective on healing to be “disturbing and unfortunate.” I share much of that

perspective! My concern is simply this: that without sufficient conceptual precision, *empirical research on healing*—and on the other constructs that I have spent my career investigating—is doomed.

Dean Radin very rightly notes that “many words have multiple meanings,” and, thus, “Beyond context, it may be that healing is just one of those things that defies precise definition.” That is surely the case here, and I agree also with his paraphrase of Justice Stewart’s famous remark that “I know it when I see it.” This would seem to apply especially to healing, at least as much as to pornography! I have little expectation that my article is going to make any changes in popular usage of such a ubiquitous word as healing, *nor do I wish it to*. The article was not written to advocate for a language police. The intent, simply, was to urge greater care—and dream of some future day of greater uniformity—in its *medical* usage, specifically in its uses in medical and health-related research. As Radin notes, words are importantly defined for purposes of the legal profession; this precision is required to justly and consistently adjudicate disputes. Likewise, in the medical and therapeutic professions, words ought to be used in ways that are transparent to the audiences of those words and that are carefully delimited by the users. The health status of people and populations, and indeed the “healing” of cases of disease and distress, depend upon it.

David Hufford has written for many years on a variety of topics in CAM, including insightful essays on spiritual healing, and notably a classic paper coauthored with Larry Dossey published in the first volume of this journal. I have cited his work more times than I can recall, and have included his writing in the syllabus for an undergraduate class that I have taught on the history of religious healing across cultures since the time of Christ. As a folklorist and medical humanist, he brings a perspective that is otherwise lacking among prominent scholars in CAM and related fields, to their detriment. I appreciate that he took the time to offer reflections on my article. I agree with quite a bit of what he had to say, but dispute other parts of his critique, especially the following two points: (a) that the status quo that I identify as conceptual confusion is not a problem, or is not really conceptual confusion; and (b) that I am advocating for

the biomedical approach to healing, and to a “reductive biomedical framework.” The second point is just not so—I am not sure how he read that into my comments. I am sympathetic with a broader treatment of healing than simply the repair of physical wounds. Moreover, I am supportive of healing used in all three of the CAM contexts that I identify—as an intervention, process, or outcome—and indeed have published separate papers on healing used in each of those contexts in this very journal! As for the first point, Hufford seems to have taken my description of the problematic fallout *for research* of multiple competing usages of “healing” as a statement of conceptual preference. Again, not so. The closest thing to a thesis statement or recommendation here is that uses of “healing” in medical and clinical research and writing try to be more consistent with the term as understood within the context of the natural history of disease—a heuristic conceptual framework that does not imply obeisance to biomedicine or reductionism—so as to help to coalesce a scientific field around the study of salutogenesis, which would benefit us all. Also: I am not certain how Hufford construed my remarks seeking clarification of “healing” as support for the lamentable practice of official committees of physicians offering spurious definitions of spirituality. This is something that I have been explicitly critical of, in print, for many years, at the risk of alienating those among my colleagues who have taken part in such committees. Anyway, I am not sure that I see how any of this applies my documentation of existing conceptual imprecision regarding healing that I believe has inhibited the growth of healing research.

In sum, I greatly appreciate that *Explore* has sought comments from such distinguished and insightful experts. It is a privilege for any academic scientist, including a biomedical scientist, to have his or her work taken seriously enough for a journal to solicit reflections by noted scholars. To close, just so that there is no additional cause for confusion, my most succinct and clearest possible statement on the topic of my article is this: in my opinion, the issue of healing is too important, clinically and scientifically, to be left to sketchy and emotion-driven conceptual engagement (or non-engagement), which inhibits the rigorous empirical research that this subject very, very richly deserves and requires.