BIOENERGY HEALING: A THEORETICAL MODEL AND CASE SERIES

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INTRODUCTION

Clinical and basic science research on modalities of complementary and alternative medicine (CAM) have become increasingly prominent over the past decade. Much of the mainstreaming of CAM within academic medicine can be attributed to the establishment and growth of the National Center for Complementary and Alternative Medicine at the U.S. National Institutes of Health. But, just as likely, the existence and success of the center also reflect a steady elevation in the status of alternative medical practices and practitioners, which began in the 1970s. An observable consequence of the professionalization of CAM and its sanctioning within biomedicine has been a concomitant elevation in status and sanction for many discrete therapeutic modalities, once viewed as one-off exemplars of unconventional medicine but now linked under the common rubric of CAM. The most professionally and socially marginal of these modalities, historically, and the most derided, has been the work of healers (ie, practitioners of various forms of hands-on and/or energy-based healing). As such, their acceptance, even within the CAM community, has lagged well behind practitioners of other, now more accepted therapies such as acupuncture, Traditional Chinese Medicine, herbal medicine, and even homeopathy.

A principal impediment to the acceptance of healing as an established form of therapy has been its seeming resistance to rigorous, systematic empirical research. There is good reason for this perception; what published research exists indeed has been largely (but not exclusively) unrigorous and unsystematic.[1] Yet there is nothing implicit in the phenomenon of healing that requires this to be so. Healing and healers are no less amenable to serious scientific investigation than representative CAM-related topics.[2] Indeed, according to Benor,[1] at least 50 methodologically sound studies of healing directed to various biological organisms have been published, three quarters of which have reported statistically significant results indicative of efficacious outcomes.

Still, the promise of a field of sophisticated, programmatic healing research remains mostly unfulfilled. Many of the good studies are hidden away in obscure or nonmainstream journals and thus are unlikely to enter the academic discourse and stimulate collaborative efforts. Moreover, despite existence of these well-conducted studies, research to date has been plagued, overall, by methodologically flawed studies. These often include analyses informed by theoretically vacant perspectives, or no perspective at all, and by inadequate conceptual models that do not accurately reflect the understandings of healing work postulated by healers themselves. None of this is unique to healing. The historical trajectories of Western medical research on so many CAM modalities were similarly flawed until concerted efforts were made to set coherent research agendas featuring meaningful collaboration between scientists and practitioners.[3] There is no reason to expect that research on healing will not follow the same path. The challenge is to advance the field to the point where a critical mass is reached that can facilitate such collaboration.

Another big impediment to progress in the empirical study of healers and healing is rampant confusion regarding the term *healing*. This issue is summed up by one of the present authors (J.L.) in a forthcoming article in this journal:

> To some, healing is an intervention, as in Therapeutic Touch or Reiki. Healing is something done by healers–a therapeutic modality delivered by a practitioner to a client. To others, healing is an outcome, such as recovery from illness or curing of a disease. As a result of treatment, whether conventional or alternative, we hope to experience a healing. To still others, healing is a process–for example, Antonovsky's concept of "salutogenesis." When the pathogenic process is halted, we then, ideally, may begin healing–moving from a state of disease to a state of renewed health.[2]

This paper examines healing mostly in the first context, as a modality of care delivered by a schooled practitioner to a patient or client, and which, ideally, exhibits a therapeutic or otherwise efficacious effect. The end result, hopefully, is healing in the second context–the remission of a disease state and/or restoration of functioning and well-being– by way of mechanisms subsumed under healing in the third context, as a salutogenic process. To be specific, we are speaking here of healing as the contact or noncontact therapeutic use of the hands, in proximity to the client or patient, and ostensibly transmitting a hypothetical bioenergy or otherwise engaging and working with a subtle biologically based life force or field.

Numerous schools or philosophies of energy healing exist in the United States, some of them supported by established educational and credentialing organizations. Among the most prominent are Reiki, Therapeutic Touch, Brennan, Jin Shin Do, Healing Touch, Bruyere, Qigong, and Wirkus Bioenergy. Other well-known energy healers have built their respective brand through successful clinical practices and instruction and mentorship offered to selected trainees. Although these approaches differ in many important ways– conceptually, theoretically, and in terms of parameters by which energy healing is delivered– common elements have been identified that justify classification of the work of energy healers as a single modality. These pertain mainly to a shared mindset that characterizes successful healers regardless of approach. This mindset has been described in similar, but not identical, ways. A noted esotericist denominates "three D's"– dispassion, discernment, and detach-

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ment.[4] LeShan,[5] an early pioneer of healing research, implicates the ability to focus mentally and to sense a connection to the client. One of the present authors (L.M.), a bioenergy practitioner (BP), identifies single-pointed relaxed focus (a sense of inner quiet), setting of an ideation or intention to be helpful, and empathic compassion or loving kindness directed toward the client.[6]

One of the few energy healing approaches to have been subject to more than cursory empirical scrutiny is the technique taught by Polish-born healer Mietek Wirkus. This school, known as Wirkus Bioenergy, is a noninvasive, nontouch method based on the detection and manipulation of fields of low-frequency subtle energies that encircle and interpenetrate the human body, surrounding every cell like a blueprint or matrix and serving as a medium for the flow of information.[7] Unlike other forms of contact or noncontact healing, especially those purporting to involve psychic or supernatural powers, Wirkus describes his technique as grounded in an energy transfer between healer and healee—specifically, the sensation and transmission of a real, physical energy that is associated with electromagnetic energy.[8] The immediate objective of a bioenergy session, according to Wirkus, is to restore the innate balance between the biochemical and bioenergetic components of the human body.[7] This form of bioenergy healing has been investigated by several interested parties, including the U.S. military, the Menninger Clinic, and members of the academic community; empirical reports have been published in mainstream, peer-reviewed basic science journals.[9,10] Wirkus' bioenergy technique has been found capable of seemingly miraculous physical healings, and Wirkus himself has generated sudden electrical surges registering 80 volts and higher.[11]

The work of healers, not surprisingly, has elicited controversy and skepticism. Superficially, the existence and transmission of potentially therapeutic healing energy seem to contravene the conventional worldview underlying modern biomedicine, constructed as it is on a foundation of philosophical materialism, mechanistic conceptions of human life, and a reductionistic approach to disease etiology and treatment.[12] Criticism and rejection of bioenergy healing by Western physicians is thus not unexpected, especially in light of misunderstandings resulting from unfamiliarity with the topic.[2] An example of the negative tone sometimes injected into these critiques is that of one controversial study purportedly debunking Therapeutic Touch,[13] which although overwhelmingly flawed and itself subsequently debunked,[14] was extremely strident in its triumphant denunciation of healing and healers as inherently fraudulent.

More sensitive and helpful criticism has been offered from within the CAM community. For example, Dossey[15] contends that energy healing, as a moniker and metaphor for the work of healers, is of limited use. The term energy does not make sense when referring to a putative distant therapeutic effect that ostensibly pushes past the known limits, in space and time, of the transmission of any form of energy ever validated experimentally. He prefers use of the terms consciousness and nonlocal mind, since physical scientists have successfully validated and made sense of the sorts of operations at a distance for these constructs that experimental and theoretical work has yet to validate for energy healing.[16] Many healers would disagree with this perspective, but it is nonetheless offered as a call to attend more carefully to conceptual and theoretical issues that must be resolved before a scientific field can fully mature around this topic.

The present paper seeks to clarify conceptual and theoretical issues related to energy healing through consideration of a series of case reports based upon the practice of Wirkus Bioenergy. First, energy healing is described within the context of the salutogenic model of the natural history of health, developed by one of the present authors (J.L.). Second, the theory and practice of bioenergy healing are described, and three cases are presented—one an acute presentation, one a chronic degenerative disease, and one a psychiatric case. These cases, and their interpretation, are derived from the many years of work of this paper's other author (L.M.), a master practitioner and teacher of Wirkus Bioenergy. Finally, implications of these findings are offered and discussed for clinical practice, education, and research.

THEORETICAL CONSIDERATIONS

Prevailing Western biomedical understandings of etiology and treatment focus on the identification and eradication of those factors that hasten pathogenesis, or the process of becoming diseased, both in populations and in individuals. The course or spectrum of pathogenesis, from baseline health to the crossing of an outcome threshold, is typically depicted in several stages traversing exposure, pathological onset, symptomatology or the crossing of the clinical horizon, tissue changes resulting from symptomatic disease, a state of advanced disease, and, eventually, either chronic disease, disability, or death or some type of recovery. This narration of the pathogenic process is known as the natural history of disease.[17]

Healing, as such, has no explicit place in this model, which accounts for its low profile in Western medicine. The word healing, where it is used at all, is reserved solely for the context of wound healing and granulation of a focal lesion. Western medical treatment is mostly about intervening in the pathogenic process, seeking to prevent further tissue and organ damage. Reversal or undoing of the pathogenic process, restoration of prepathogenic states of health, or attainment of high-level states of wellness exceeding the prepathogenic condition—these are not emphasized in Western medicine. Indeed, models of the natural history of disease provide no guidance as to how to proceed. As a result, healing is not engaged as a concept, is not prioritized as a clinical objective, and is not empirically studied.

The most famous effort to rethink the pathogenic orientation of Western medical practice and biomedical science is found in Antonovsky's concept of salutogenesis.[18,19] This concept, he explained, is not just the flipside of pathogenesis—not just oriented to effecting "backward" movement through the natural history of disease, if that were even possible. Rather, it is something radically different. Salutogenesis means the creation of health, or the fostering of healing, much as pathogenesis refers to the creation or development of disease. Through the concept of salutogenesis and his subsequent research and writing on the topic, Antonovsky wished to convey a fundamental point: that those factors that initiate and facilitate healing are not necessarily the reverse or negation of those factors that cause disease. For

example, tobacco smoking may be a significant risk factor for lung cancer and obesity may be etiologic for coronary artery disease, but once advanced cases of these diseases have taken hold we would not expect smoking cessation or weight loss by themselves to cause a malignant tumor to disappear or occluded arteries to unclog, respectively. Healing, in this context, clearly requires something more.

Contemporary research findings from psychosocial epidemiology, medical sociology, and health psychology have been integrated with Antonovsky's theoretical writing on salutogenesis to produce an alternative to the natural history of disease, focused instead on the healing process. This model, developed by one of the present authors (J.L.), describes the stages that must be traversed by an individual or population in moving from a pathophysiological state to a state of remission, recovery, or cure, or to high-level wellness.[17] The course or spectrum of salutogenesis begins with the recruiting of a positive psychological state leading to what Antonovsky referred to as a sense of coherence, and then in turn to a coping response, to host resistance, and to decreased susceptibility to disease. These stages manifest in a sequentially experienced process of cognitive appraisal, enhanced psychological competence, moderation or buffering of a health threat, strengthening of one's physical constitution, and ultimately, amelioration of disease or disease risk.

This model of the natural history of health provides a salutogenic lens through which to conceptualize the healing process. It identifies the pathways, and constituent biobehavioral and psychosocial touchstones, along which a diseased person or morbid population must ideally travel in seeking to heal and to restore wholeness. This model is presumably universal–that is, it operates irrespective of classes of therapeutic interventions or putative physiological mediators. Whether induced and explained by respective methods and mechanisms found in biomedicine, psychosocial therapies, bioenergy-based practices, nonlocal healing (such as purported by paranormal healers), and even the supernatural interventions believed in by the religiously devout, healing comes about through an observable sequence of events that are grounded in the capability of human beings to comprehend, manage, and successfully cope with challenges and threats, thus marshaling the body's innate resources for restoring equilibrium and strengthening resistance.[20] This is the crux of what Antonovsky meant by his concept of coherence.

Such a perspective may shed valuable new light on the nature of the healing process, whether resulting from conventional medical treatment or from encounters with healers. In the context of energy healing, a salutogenic orientation would suggest, to start, that one consider the potential importance of characteristics of the human actors engaged in the healing transaction. This would include not just the patient or client, but the healer, as well as features of the healer-healee exchange. Such considerations are rarely made in pathogenically oriented investigations of mainstream therapies, where the focus is typically on characteristics of the diagnosed disease entity and of the treatment, and sometimes of the patient. This is not surprising, in light of the established conventions and worldview of Western biomedicine, which favor hierarchical power relationships and valuation of physician-defined clinical observations over and above the self-perceptions of patients.[2]

More surprisingly, this focus is also characteristic of research on healing, even the best of this research. In so much of this work, it is as if the healer is invisible and the interaction between healer and client is presumed to be a constant or invariant and thus unworthy of description, measurement, and control. This is well in keeping with the Western biomedical perspective of body as machine, practitioner as technician, and treatment as contextless.

The highly laudable recommendations recently issued by the Samueli Institute, for example, contain over 200 detailed guidelines compiled to guide investigators in designing and conducting the best possible studies of healing.[21] This report addresses factors related to study design, subject selection, research methods, randomization, masking, placebos, controls, assessment, data collection, analysis, and more. Forty of these guidelines pertain specifically to trials of biofield energy healing. None of these, however, has much to say about characterizing or assessing the healer or the healer-healee transaction, except for a couple of notes suggesting that practitioners be qualified and be selected based on reputation or established effectiveness. Clearly, if even a fraction of the Samueli recommendations were to be implemented, research on healing would be dramatically upgraded–but we can do better. For healing research, as for clinical research generally, the focus is still mostly on the diagnosis and the outcome, and much less so, if at all, on attributes of the human beings sharing the care-giving/care-receiving relationship. The idealized case is what seems to matter; the uniquenesses of the people involved and their shared experiences are treated as less important.

If detailed information descriptive of healers and how they ply their trade was more systematically elicited as a part of research studies of healing, what might we expect to observe? This is an important and difficult question. There are no consistent research data and few systematic observations to recommend specific areas to assess, but preliminary thoughts are offered here as a starting point. For example, an important variable may be the extent to which the client is cognitively and emotionally engaged as a full partner in the healing experience. This might be assessed in conjunction with the extent to which the healer is willing to fill the role of facilitator and not just professional expert provider of an external intervention. Might we hypothesize that healing encounters which are egalitarian, involving a give-and-take of information and grounded in shared interaction, are more efficacious and lasting than healing experienced solely as an actively dispensed product to a passive recipient? Might we also hypothesize a further increment in efficacy for healing that is experienced through a healer acting principally as a facilitator of a client's own pursuit of healing through self-actualization, empowerment, and mastery? A close reading of the work of mystics and healers from across the world's esoteric healing traditions,[22] supplemented by evidence from the literatures on psychotherapy[23,24] and spiritual development,[25] suggests something along these lines. These ideas, though, await further exploration in the context of energy healing.

A different question is that of explanation: are there fleshed-out theories of healing that propose mechanisms of effect accounting for efficacious energy healing encounters? From an emic perspective–that is, from within the ranks of energy healers

themselves—numerous theories of healing exist. As detailed elsewhere,[1,26-29] healers taxonomically and typologically describe healing in many ways, engaging and differentiating concepts such as *prāna,* magnetism, nous, bioplasm, and external Qi. Bioenergy practitioners typically have their own unique perspectives on these issues.

Etic perspectives—that is, those originating outside of the energy healing world—may also be useful. Salutogenic theory suggests that well-being and health will result from successful efforts to enhance psychological coherence and coping, through the cognitive, affective, and psychophysiological benefits involved in restoring physical and psychological equilibrium or balance, strengthening one's innate resistance-enhancing resources, and reducing one's further susceptibility to disease. If one reads closely, this is not dissimilar (although communicated differently) from how energy healers typically frame and describe their work. Naturally, healers themselves might choose to emphasize theories based on subtle energies or on cutting-edge physical science theories of consciousness, especially for nonlocal healing at a distance. But for more proximal healing, whether contact (touch) or noncontact, theoretical writing based on concepts of salutogenesis and the natural history of health seem capable of describing a process akin to the therapeutic effect of healing work.

METHODS

The three cases presented below are representative of the work of the coauthor (L.M.) of this paper, a BP and certified bodywork therapist with a private clinical practice in the Midwest. Detailed information on master-level training and certification in Wirkus Bioenergy is available elsewhere.[30]

A typical bioenergy session with this practitioner includes the following sequence of steps:

1. Upon greeting the client, the practitioner establishes an initial energetic impression based on her intuitive faculties.
2. The practitioner takes a history to establish a baseline for bioenergetic intervention. This is a medical and/or personal history and elicits any current symptomatology.
3. The practitioner and client reach a mutual agreement on overall clinical objectives, setting an intention for the bioenergy session or sessions.
4. The BP begins the formal bioenergy session by assessing the etheric layer of the energy field. This field extends approximately one to three inches around the entire physical body. The assessment is done by, first, creating a "ball" of energy between the practitioner's hands, using a deep rhythmic breathing technique. This field of energy between the hands is then used by the practitioner to evaluate and correct imbalances in the client's etheric field. This is accomplished by placing the energy ball around the client's body, first around the left side of the body and then around the right, and slowly scanning down the field. Using the ball of energy, the practitioner "offers" extra energy to areas of depletion and helps to release areas of congestion and distortion. (These three concepts are explained in more depth later.)
5. The practitioner begins to evaluate and correct imbalances in the client's astral field, which extends beyond the etheric layer. The practitioner stands several feet in front of the client with her arms extended forward, using her hands to sense and correct energetic imbalances in the client's astral layer and chakras.
6. The practitioner performs an overall energy reassessment of the etheric and astral layers.
7. In the final step, the practitioner completes the session with transmission of a mental message. At this point, the practitioner reinforces the intention, set at the beginning of the session, through transmission of a mental message directed at the client's sixth chakra, which regulates the mental layer of the body. The practitioner stands in front of the client, cups her hands behind the client's head, creates a ball of energy between her own sixth chakra and her hands with the client's head in the middle, and projects a brief affirmative restatement of the original intention. She holds this for 30 seconds to a minute and closes the energy session by touching her hands to a wall to "ground" extraneous energy accumulated during the session.

Underlying this practice model is a sophisticated theoretical perspective on bioenergy. Many theoretical models postulate how human energy fields are shaped, formed, and interact. None has been proven or validated conclusively by Western science, yet such models are ubiquitous among the world's traditional societies,[31] where normative understandings of an energetic field around the human body can be identified. These models or frameworks serve an instrumental function, most of all conceptually. To work within any system, one must first have a good "map." For bioenergy healers, and other CAM practitioners, the four core constituent elements of subtle energy anatomy constitute just such a map: (a) the subtle bodies or sheaths, (b) the subtle energy centers or chakras, (c) bioenergy, and (d) the subtle energy channels. These concepts go by a variety of names across cultures and therapeutic systems. The present author, informed by her training in Wirkus Bioenergy,[32] in myofascial release, and in modalities based on Traditional Chinese Medicine, has developed an understanding that is at once sui generis and also contextually within a mostly Chinese (rather than Indian) conceptual framework. In other words, she prefers Qi to *prāna* and meridians to *nādīs,* distinctions that are substantive and not just denominative,[33] while retaining selected Indian concepts. The development of an eclectic personal model of subtle energy anatomy and physiology, incidentally, is not uncommon among BPs, who typically possess an eclectic educational background.

In the present practice model, the human energy field comprises seven interpenetrating sheaths or layers of energy arranged in a three-dimensional web spreading out from a vertical channel located in the center of the body. In the energy philosophy of India, this is known as the *shushumnā* channel. The *shushumnā* is situated in the energy field adjacent to the location of the spinal column in the physical body. It is flanked, on the left and right, by respective subsidiary channels known as the *īdā* and *pingalā.* These channels marshal energy that creates and gives form to discrete energy vortices or centers, which in turn serve as distribution points for the energy gathered originally by the central channel. These energy centers, which resemble three-dimen-

sional toroids (or doughnut-shaped objects), are known as chakras, the Sanskrit word for wheels. In most conceptual models, seven major chakras are identified, lined up from "root" to "crown." Like totems, each one is believed to be associated or affiliated with an array of corresponding elements: an endocrine gland, a nerve plexus, a color, a tone, an emotion, a *mantram,* etc. The chakras are differentiated by vibratory rate–higher frequencies as one moves upward along the chakra system–and they possess different functions, analogous to our major organs and their respective functions. Together, the chakras have much to say about the structure, function, and vitality of the body, emotions, and mind.

The energy gathered and distributed by the main channels and then regulated and distributed further by the chakras is known in Traditional Chinese Medicine as Qi. Within this system, numerous types of Qi are posited, each with a specialized function. Qi, in turn, flows throughout the human vehicle along a network of primary and secondary channels known as meridians. The meridian system is akin to the circulatory, lymphatic, and nervous systems of the gross physical body in that it constitutes a single open system of branching connections transporting and circulating Qi to all points near and far. Qi has several physiological functions, including nourishing, warming, strengthening, and protecting the body. When Qi cannot flow freely and unimpeded, physical pathology can result.[34]

The BP seeks to facilitate the flow of bioenergy throughout these layers, channels, and centers, known collectively as the biofield.[35] According to existing theories of bioenergy, this biofield surrounding the body of all living beings, including human beings, constitutes a dynamic field or "living matrix" of information.[36] This matrix communicates information to and among the various layers of the human energy body, instructing or informing the physical, mental, emotional, and spiritual states of the individual. Specifically, the bioenergy circulates throughout the biofield and then penetrates our meridian system, which then gives direction to all levels of our being. Correcting and maintaining this system of energy allows for a free flow of information, which in turn enables the biofield to self-regulate–that is, to automatically correct any imbalance that may be causing symptomatic or presymptomatic disease.

Certain challenges present in the energy field are commonly encountered by energy practitioners. These include energy depletion, distortion, and congestion. A *depletion* in the energy field refers to a deficiency of energy in a particular region of the field, which can manifest on multiple layers. A *distortion* of the energy field is characterized by an area in which energy is present but not evenly distributed, as it otherwise would be in a balanced energy field. It has a quality of nonregularity. *Congestion* in the energy field refers to an obvious excess of energy, or blockage in the flow of energy, located in a particular region of the field, which again can manifest on multiple layers. This understanding of bioenergetic pathophysiology is strongly informed by perspectives on nosology and pathology taught in Wirkus Bioenergy training, notably with respect to depletion and congestion.[32] But this taxonomy also recapitulates concepts ubiquitous throughout systems and schools of esoteric healing, in general, which consistently implicate congestion and imbalance (akin to this model's distortion) as markers or indicators of disease.[22]

It is important to note that we have not attempted to describe how these states of pathology feel to the practitioner of bioenergy. There is a very important reason for this. Bioenergy feels unique to each individual sensing it; therefore, there is no "correct" way of sensing or perceiving bioenergy. Although there may be common elements involved in the physical or intuitive perception of subtle energies–in techniques that are employed and particular affects, or emotions, that arise–it is important for a practitioner to develop his or her own definitional framework for how energy is recognized and experienced.

Further, although the practitioner must hold a strong intention to be of benefit to the client, there is no imperative for the BP to drive or manipulate the client's energy field in a predetermined direction according to a standard model of practice. Bioenergy work is done to facilitate the balanced flow of energy and information throughout the client's entire energy field. This practice can be analogous to jumpstarting a car battery. Once the cables are hooked up between the working battery and the struggling battery, the charge that is offered flows naturally through the system to where it is needed. Water seeks its own level, the saying goes, and so does bioenergy. The BP's clinical objective is not to treat a disease process, but rather to enable a client's energy to go where it needs to go–by rectifying depletions, smoothing out distortions, and removing congestion. The corrections or healings that occur in bioenergy practice are a result of the energy system rebalancing itself. Once the system has been provided sufficient and appropriate energy to establish a greater degree of balance, it can begin to draw on this innate resource to correct itself.

It is interesting to observe how well this bioenergetic perspective on the healing process parallels key features of the emerging salutogenic model that has originated from within the academic biobehavioral and sociomedical sciences. Although characterized quite differently, essential points emphasized in the bioenergetic model are consonant with concepts and processes postulated throughout the work of Antonovsky and located within the present author's (J.L.) natural history of health.[17] Bioenergy healers and population health scientists may come from vastly different worlds and visualize the same terrain through vastly different lenses, but the outcome objectives implicit in these otherwise very different models seem to parallel each other closely.

First, bioenergy practice emphasizes, as a clinical objective, what epidemiologists refer to as host resistance–the strengthening or bolstering of the client's physical constitution and innate physiological resources to enable one to withstand pathogenic exposures or threats, thus ameliorating susceptibility to disease and/or facilitating recovery. Second, BPs seek to achieve this by enhancing a client's sense of coherence–Antonovsky's term for the cognitive, affective, and behavioral competencies that enable one to make sense of, address, and successfully cope with such challenges. Third, bioenergy can be applied not just to reverse or correct an ill client's pathological state and to restore balance, but also to prevent future pathology in a normal client and to elevate a healthy client to a state of high-level wellness. The facility with which the concepts and practices of BPs can be accommodated by a salutogenic perspective attests to the promise of this conceptual and theoretical framework as a template for

making sense of the healing process, which, ideally, is also mobilized by the application of other CAM modalities.

CASES

The following three cases are representative of the bioenergy practice of the present author (L.M.), as well as of the types of complaints referred to other experienced BPs. These include a self-referred acute case (severe back pain), a chronic case (constipation) referred by another client, and a practitioner-referred medical case (pain and depression). The descriptions that follow exemplify how a BP typically assesses and works with clients presenting with these classes of complaints.

Case 1

The client was a 39-year-old Caucasian male, married with two children under the age of ten. He presented with severe back pain in December 2004. The onset of pain had occurred suddenly, within the past six months. He was recently diagnosed with disc degeneration and was recommended for back surgery by two different surgeons. The procedure was to place a "spinal cage" around the lower vertebrae. The client had heard of the work of the BP from another client of the BP and was self-referred. The client expressed great apprehension over the recommended surgery. He had been told that he would be unable to participate in sports nor would he be able to lift his children and hold them in his arms after surgery. Prior to bioenergy work, the BP tested the client's range of motion (ROM). The client had little ability to bend either forward or backward, and these minimal movements were accompanied by significant pain.

The BP began the bioenergy session and immediately "saw" issues regarding the care of the client's father. This seeing, or observation, manifested in two ways. First, the BP intuited the situation regarding the client's father as an image in her mind, in a complete piece, as it were. Second, the BP visually saw a large field of congested energy radiating around the client's right hip and lower back. The BP then asked the client about the health of his father, and the client immediately burst into tears. He explained that his father was recently placed in a nursing home and that his siblings had refused to be involved with the care of their father. This left the client to carry the entire weight of this responsibility on his own. As a result of a very busy work schedule, providing for his immediate family, and now being the sole caretaker for an aging and ill parent, the client felt emotionally and physically overwhelmed.

The BP found that congestion was present in the etheric, astral, and mental layers of the energy field. She then performed bioenergy work to relieve the area of congestion around the right hip and lower back. When the BP retested the client, he had gained full ROM. The client could also nearly touch his toes and had gained the ability to bend backwards very deeply with no pain. He said that he felt a "stretch," but no pain at all. The BP finished the session with a short interlude of cranial-sacral work. This was done with the client lying supine on a treatment table while the BP placed her hands on the area where discomfort had been present. The BP also recommended that the client seek help at his father's nursing home for assistance in how to manage caring for his father. The client left this session with full ROM and was pain free. As follow-up, the client returned to accompany his wife at her own bioenergy session almost two years later, in August 2006. He reported that he has been almost completely pain free since the initial session and had resumed normal activities, including sports.

Case 2

The client was a 24-year-old Caucasian female, married with no children. She presented in April, 2002, complaining of lifelong, chronic constipation. The client was referred to the BP by her mother. The client stated that she had suffered from constipation since she was a small child. She had used over-the-counter medicines regularly in an effort to cope with this problem. She was curious to see if bioenergy work could help resolve her symptoms.

The BP began the bioenergy session and soon noticed an area of energy congestion around the lower abdomen in the etheric layer, as well as significant congestion of the second and third chakras of the astral layer. The BP attributed this to external energetic influences related to her family of origin. There also appeared to be sluggishness in the client's ability to energetically process her emotions. The BP helped her to release these old energy congestions. There also appeared to be an area of congestion in the etheric and astral layers around the right shoulder and neck area. The BP intuited that this was related to the client having extremely high expectations of herself, often associated with congestion in the fifth chakra. The BP asked the client about this, and the client agreed that this was a huge issue in the client's life and always had been. The BP worked to relieve the congestion in these areas, as well as to facilitate the movement of energy through the chakras, particularly the second and third chakras. The client experienced very noticeable sensations during energy work, such as "pulling and releasing" of energy in the abdomen area.

Once the session was completed, the client was instructed to report back with her post-session experiences. The client called back a week later and reported that for several days following the bioenergy session, she experienced multiple bowel movements per day, some with very thick, dark stools. These events were transient, and she was now having regular daily bowel movements, which she never recalled experiencing before in her life. The BP has maintained regular contact with the client, working with her on other energetic issues as well as working with members of her family. The client continues to report that she has never again suffered from constipation since the initial bioenergy session in 2002. She also reports being surprised by the fact that she no longer seems to be so highly self-critical.

Case 3

The client was a 55-year-old African-American female, married with three adult children. She first presented in April 2005 with numerous physical and emotional complaints. These included, but were not limited to, depression, fibromyalgia, fatigue, back and neck pain, and insomnia. These conditions were diagnosed by various physicians, who subsequently prescribed a variety of medications, including Wellbutrin (bupropion) and Ritalin (methylphenidate). The client was referred to the BP by her physical therapist, to whom she had been referred by her pri-

mary care physician. The client reported a history of childhood physical and emotional abuse as well as neglect. By the time she reached her 40s, she had been formally diagnosed with depressive symptomatology. This resulted in psychiatric hospitalization and years of psychotherapy and medical treatment, including electroconvulsive therapy.

When the client first presented to the BP, she was marginally functional. She was able to participate in volunteer work in her community and to care for her home in a limited fashion but was unable to go through an entire day without frequent naps and was easily overwhelmed by physical and emotional stimuli. At such times, she became unable to function. The client was still in the care of her psychiatrist and psychotherapist, and the BP was able to consult with the physical therapist regarding this case, when necessary.

Once the BP began the bioenergy session, she saw significant congestion around the client's lower abdomen in the etheric layer. She also noted significant depletion of the client's first chakra. Depletion of this energy center is often seen when a client presents with low energy levels or with diagnoses such as fibromyalgia or depression. In this instance, the BP conducted monthly bioenergy sessions to release congestion in the etheric layer of the lower abdomen and gradually strengthen the first chakra, specifically its ability to distribute energy. She also sought to nourish the spleen chakra on the etheric layer, which is believed to be the main distributor of energy for this layer. This work was done progressively, allowing for a gentler shift of energy to release a long-term pattern.

The client gradually began to notice a change in her emotions and physical endurance. Eight months following the initial bioenergy session, the client reported feeling much more energized and much less depressed. She was able to experience some very significant family emotional challenges while remaining present and calm. She no longer required daily naps. Her back pain remitted and her overall sense of well-being greatly increased. The client has continued to work with the BP approximately once per month since the initial session. These follow-up sessions provide a regular opportunity to balance the client's energy field. The client is also learning energetic self-regulation techniques during her sessions, such as methods to center her energy and focus her attention. These enable her to monitor and regulate her own energy between sessions. In the two years since beginning bioenergy sessions, the client's physicians have been able to adjust her medications.

DISCUSSION

The presentation of these three cases exemplifies how subtle energy anatomy and physiology operate in pathophysiological and clinical contexts. Moreover, resolution of these cases invokes phenomena and themes consonant with the concepts and processes postulated by salutogenic models such as the natural history of health. This is important to acknowledge, as the clinical course of these cases subsequent to working with a BP cannot easily be accommodated by existing understandings of pathophysiology and therapeutics favored by Western biomedicine. The take-away points here are thus twofold: (a) the potential value of bioenergy work for clients presenting with certain pathophysiological conditions, and (b) the potential value of alternatives to pathogenically oriented theoretical models such as the natural history of disease, especially for understanding the healing process, whether resulting from energy healing or from any other complementary or mainstream medical modality.

The practice model of healing described in this article has features that distinguish it from the methods of Western clinicians. Bioenergy healing seeks to address the whole person and to empower one's innate healing resources–not to attack a disease process, the objective (stated or unstated) of Western biomedicine. The principal objective of a bioenergy session, by contrast, is not the alleviation of disease, but rather promotion of what has been termed "human flourishing,"[37] regardless of external circumstances. Some healers, the present author (L.M.) included, believe that human health is not achieved solely by remission of disease, but by creating an opportunity for clients to access and maintain a state of peace and well-being. That this often creates the circumstances for "miraculous" healings of physical and emotional disease processes is a happy coincidence of the more primary objective.

The author's experience with bioenergetic healing has led her to believe that efficacious bioenergy work is not accomplished by projecting healing at the client, but rather is intimately tied to the practitioner's ability to hold this state of peace and well-being within oneself. Accordingly, the practitioner must simultaneously facilitate a healing and experience the healing state. In the author's experience, this can only succeed among BPs who are maintaining a daily contemplative practice that seeks to mobilize these states within themselves. Through a daily routine of maintaining single-pointed focus, compassion for all beings, and the intention to be of service,[6] a mindset is reinforced that not only is applied in subsequent clinical encounters but becomes a way of life. Bioenergy practitioners, in this respect, may point the way toward a future in which each of us can become our own healer. Naturally, we would still seek aid for serious health challenges, but we would recognize that successful healing is ultimately attributable, in large part, to characteristics of ourselves and not solely to those of a particular practitioner or therapeutic modality.

This perspective differs not only from the Western biomedical model, but from many contemporary CAM modalities. All too often, therapeutic practices originating in ancient teaching and healing lineages have become co-opted by Western medicine as a result of the latter's well-intentioned efforts to rationalize and integrate CAM practices into mainstream medical care. Recent efforts to patent and license yoga techniques and herbal remedies provide representative examples.[38] Such practices are thus no longer integral components of complex, holistic models of genuine human flourishing, but instead are reduced to standalone interventions, like pills, whose effectiveness may be compromised when divorced from their natural context. Practitioners of healing work, of whatever type, would do well to advocate for a practice model whereby their interventions, whether medical, psychotherapeutic, or energetic, strive to focus on restoring function to and enhancing the general well-being of the whole person and not solely on eradicating discrete pathological states.

To this end, the professional training of healers will need to move beyond the weekend workshop model of continuing education and credentialing, which is typical of both energy healing and Western medicine. The training of healers must focus more explicitly on fostering an understanding of the broader context that informs the healing technique being learned. It also should facilitate the kind of personal growth that is required to embody the states of wholeness and balance that healers seek to engender in their clients, as described earlier. Participation in a brief seminar or retreat does not sufficiently qualify one as a "master healer," no matter any official designation bestowed upon attendees. The training of healers must instead instill a recognition that being a healer is a lifelong commitment to personal as well as professional development. If healers are to be effective facilitators of human flourishing in their clients, then they will need to cultivate this state within themselves. Naturally, this is a very different understanding of the training model than is found in Western medicine or even in many CAM modalities.

As for the education of physicians about healing, advocates of healing work have good reason for hope. Granted, the day may not come soon when Western physicians are routinely offered elective training in energy healing, as has occurred in some nursing schools since the 1970s. Undergraduate and postgraduate medical education is already a full plate; moreover, we recognize that there are other pressing priorities. Contact or noncontact healing is unlikely to replace or preempt elements of Western medicine in the near future, no matter the utopian visions of some proponents of healing. But energy healers are already becoming integrated into the conventional primary care medical practices of those physicians envisioning a more holistic model of the team approach to office-based medicine. More and more, healers are working alongside body workers, CAM practitioners, and the usual allied health professionals who populate such practices. Healers have begun to fill important niches in these settings, as well as in hospitals and pain treatment centers. They provide follow-up care for clients with diagnosed chronic conditions; offer cost-effective, safe, and noninvasive treatment; are a source of hands-on human contact and compassionate support, a secondary outcome with potential therapeutic benefit; and furnish medical colleagues with useful feedback regarding patients' bioenergetic status.[6]

In nearly all prior biomedical research and writing on this topic, efforts to make sense of energy healing typically have referenced the physical sciences as the cognate field best suited to provide theories for understanding a putative therapeutic effect. Representative examples include provocative and thoughtful discussions of torsion fields and gamma radiation hormesis,[39] information transport mechanisms,[40] quantum entanglement,[41] and transmission and reception of extremely low frequency electromagnetic energy.[42] Recent work along these lines has been scholarly, sophisticated, and well-intentioned, and has contributed considerably to our basic-science understanding of this complex phenomenon. But such contributions do little to implicate the work of BPs in the enhancement of health or in the amelioration of disease. For the most part, the larger literature on the putative how and why of energy healing fails to broach or discuss health or healing, neither defining these concepts nor detailing the intrinsic processes that presumably lead to these outcomes. We believe that this reflects the general disregard for conceptual and theoretical engagement of these topics within Western medicine in general.

What is required to change this are efforts to reconcile the concepts and theories of healers with the basic-science knowledge of Western biomedicine, and in turn to integrate these understandings into emerging theories of health and healing. This paper has sought to make a contribution to this end, but much is left to accomplish. The need for collaborative partnerships between clinicians, research scientists, and BPs (and other healers) may seem like an obvious point, but so far it has not been realized. Yet without such collaboration, the conceptual and theoretical integration called for cannot be achieved, no matter the good intentions of all parties involved. Each player brings something unique, and indispensable, to the table, and without all of the pieces, the puzzle will not be completed.

It is difficult in the setting of this present paper to identify explicitly just what all of the key scientific questions and research foci will turn out to be as we begin, more systematically, to explore the phenomenon of energy healing. But it can be stated with full confidence that Western clinicians and biomedical scientists working in isolation will never be able to identify these issues nor investigate them successfully. They do not have the substantive understanding of bioenergy practice possessed by credentialed healers, nor are they likely to be familiar with recent work on the production of health and healing conducted by those behavioral, social, and public health scientists who specialize in population-health theory and research. Such collaboration, admittedly, may not come easily in the present academic and funding environment. But partnerships like the one that produced the present paper are well worth pursuing if we wish to further our understanding of the salutogenic process that occurs not just in response to bioenergy work, but as a result of effective conventional and complementary medical therapies of all types.

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REFERENCES

1. Benor DJ. *Spiritual Healing: Scientific Validation of a Healing Revolution*. Southfield, Mich: Vision Publications; 2001.
2. Levin J. Scientists and healers: toward collaborative research partnerships. *Explore (NY)*. In press.
3. Levin JS, Glass TA, Kushi LH, Schuck JR, Steele L, Jonas WB. Quantitative methods in research on complementary and alternative medicine: a methodological manifesto. *Med Care*. 1997;35: 1079-1094.
4. Carmack L. The promise of synergy medicine. *Bridges*. 2004;15(2):10-13.
5. LeShan L. Cited by: Benor DJ. *Consciousness, Bioenergy, and Healing: Self-Healing and Energy Medicine for the 21st Century*. Medford, NJ: Wholistic Healing Publications; 2004:274.
6. Mead L. Energy medicine: definitions and exploration. Presented at: Integrating Healing Modalities: A Template for an Emerging Model of Healthcare, The 5th Annual Exploration into Being and Becoming Conference; April 27, 2007; Newton, Kan.

7. Mietek Wirkus Bioenergy. What is bioenergy? Available at: http://www.mietekwirkus.com/bioenergy.html. Accessed March 28, 2008.
8. Becker RO. *Cross Currents: The Promise of Electromedicine, The Perils of Electropollution.* Los Angeles, Calif: Jeremy P Tarcher; 1990:108-114.
9. Kiang JG, Ives JA, Jonas WB. External bioenergy-induced increases in intracellular free calcium concentrations are mediated by Na^+/$Ca2^+$ exchanger and L-type calcium channel. *Mol Cell Biochem.* 2005;271:51-59.
10. Kiang JG, Marotta D, Wirkus M, Wirkus M, Jonas WB. External bioenergy increases intracellular free calcium concentration and reduces cellular response to heat stress. *J Invest Med.* 2002;50:38-45.
11. Harpur T. Energy-field healing. In: *The Uncommon Touch: An Investigation of Spiritual Healing.* Toronto, Ontario: M&S; 1994:159-172.
12. Levin J. From body-mind to body-mind-spirit. In: *God, Faith, and Health: Exploring the Spirituality-Healing Connection.* New York, NY: John Wiley & Sons; 2001:205-223.
13. Rosa L, Rosa E, Sarner L, Barrett S. A close look at Therapeutic Touch. *JAMA.* 1998;279:1005-1010.
14. Cox T. A nurse-statistician reanalyzes data from the Rosa Therapeutic Touch study. *Altern Ther Health Med.* 2003;9:58-64.
15. Dossey L. Healing, energy, & consciousness: into the future or a retreat to the past? *Subtle Energies.* 1995;5(1):1-33.
16. Dossey L. But is it energy?: reflections on consciousness, healing, and the new paradigm. *Subtle Energies.* 1992;3(3):69-82.
17. Levin J. Integrating positive psychology into epidemiologic theory: reflections on love, salutogenesis, and determinants of population health. In: Post SG, ed. *Altruism and Health: Perspectives from Empirical Research.* New York, NY: Oxford University Press; 2007:189-218.
18. Antonovsky A. *Health, Stress, and Coping: New Perspectives on Mental and Physical Well-Being.* San Francisco, Calif: Jossey-Bass; 1979.
19. Antonovsky A. *Unraveling the Mystery of Health: How People Manage Stress and Stay Well.* San Francisco, Calif: Jossey-Bass; 1987.
20. Levin J. Spiritual determinants of health and healing: an epidemiologic perspective on salutogenic mechanisms. *Altern Ther Health Med.* 2003;9(6):48-57.
21. Jonas WB, Chez RA. Recommendations regarding definitions and standards in healing research. *J Altern Complem Med.* 2004;10:171-181.
22. Levin J. Esoteric healing traditions: a conceptual overview. *Explore (NY).* 2008;4:101-112.
23. Frank JD, Frank JB. *Persuasion and Healing: A Comparative Study of Psychotherapy.* 3rd ed. Baltimore, Md: The Johns Hopkins University Press; 1991.
24. Maslow AH. *Religions, Values, and Peak-Experiences.* New York, NY: Penguin Books; 1964.
25. Fowler JW. *Stages of Faith: The Psychology of Human Development and the Quest for Meaning.* San Francisco, Calif: Harper & Row; 1981.
26. Carlson R, Shield B, eds. *Healers on Healing.* Los Angeles, Calif: Jeremy P Tarcher; 1989.
27. Kunz D, comp. *Spiritual Healing: Doctors Examine Therapeutic Touch and Other Holistic Treatment.* Revised ed. Wheaton, Ill: Quest Books; 1995.
28. Meek GW, ed. *Healers and the Healing Process: A Report on 10 Years of Research by 14 World Famous Investigators.* Wheaton, Ill: Quest Books; 1977.
29. Gardner N, Gardner E, comp. *Five Great Healers Speak Here.* Wheaton, Ill: Quest Books; 1982.
30. Master certificate. Mietek Wirkus Bioenergy Web site. Available at: http://www.mietekwirkus.com/classes_master.html. Accessed March 28, 2008.
31. Murdock GP. *Theories of Illness: A World Survey.* Pittsburgh, Pa: University of Pittsburgh Press; 1980.
32. Wirkus M, Wirkus M. *Bioenergy–A Healing Art: Manual for Students.* Derwood, Md: Bio-Relax.
33. Motoyama H. The parallels between yoga and acupuncture theory. In: Srinivasan TM, ed. *Energy Medicine Around the World.* Phoenix, Ariz: Gabriel Press; 1988:61-69.
34. Lao L. Traditional Chinese medicine. In: Jonas WB, Levin JS, eds. *Essentials of Complementary and Alternative Medicine.* Philadelphia, Pa: Lippincott Williams & Wilkins; 1999:216-232.
35. Rubik B. The biofield hypothesis: its biophysical basis and role in medicine. *J Altern Complement Med.* 2002;8:703-717.
36. Oschman JL. *Energy Medicine: The Scientific Basis.* Edinburgh, Scotland: Churchill Livingstone; 2000.
37. Wallace BA. *Genuine Happiness: Meditation as a Path to Fulfillment.* Hoboken, NJ: John Wiley & Sons; 2005.
38. Mehta S. Can you patent wisdom? *International Herald Tribune* Web site. May 7, 2007 Available at: http://www.iht.com/articles/2007/05/07/opinion/edmehta.php. Accessed March 28, 2008.
39. Benford MS. "Spin doctors": a new paradigm theorizing the mechanism of energy healing. *J. Theor.* 1999;1(2). Available at: http://d1002391.mydomainwebhost.com/JOT/Articles/1-2/benford.html. Accessed March 28, 2008.
40. Hintz KJ, Yount GL, Kadar I, Schwartz G, Hammerschlag R, Lin S. Bioenergy definitions and research guidelines. *Altern Ther Health Med.* 2003;9(1):13-30.
41. Hu H, Wu M. Thinking outside the box: the essence and implications of quantum entanglement and the story of spin-mediated consciousness theory. *NeuroQuantology.* 2006;4:5-16.
42. Sidorov L. On the possible mechanism of intent in paranormal phenomena. *J. Non-Local Remote Mental Interaction* 2002;1(1). Available at: http://www.journaloftheoretics.com/Links/Papers/INTENT.pdf. Accessed March 28, 2008.