Walking two worlds: transformational journals of nurse healers, a hermeneutic phenomenological investigation.

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Walking Two Worlds:
Transformational Journeys
of Nurse Healers

A Hermeneutic Phenomenological Investigation
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A thesis submitted in fulfilment of the requirements for the award of the degree of Doctor of Philosophy.
School of Nursing and Health Care Practices
Southern Cross University, Lismore, N.S.W. Australia
December 2003
Certificate of Originality

I certify that the substance of this work has not previously been submitted for any other degree and is not currently being submitted for any other degree. I certify that, to the best of my knowledge and belief, this thesis contains no material previously published or written by another person except where due reference is made in the thesis itself.

Signed: ............................................................

Date: ........................................

ii
Abstract

This research investigated the transformative and extraordinary experiences of nurse healers. The broad aim of the research was to promote the role of the healer in nursing by providing data on the experiences specific to nurse healers’ evolution as healers.

The research was theoretically informed by van Manen (1990, 1984) and utilised hermeneutic phenomenology. Van Manen’s emphasis on writing as the key element of phenomenology in lived experience research was employed to bring forth a sense of lived immediacy and aesthetic colour essential to phenomenological understanding.

The thesis was also theoretically aligned with the conceptual model of nursing as a caring-healing profession, developed by Jean Watson (1999, 1990a, 1988, 1985a). In particular, this research drew on Watson’s explicit connection of nursing with healing and nursing practice with transformational, transpersonal and esoteric insights.

There were eleven nurse (nine women and two men) participants in the study. All participants identified strongly as healers. Selection was based on how long, and important to the individual was their commitment to being a healer. The data collection method used was semi structured interview with a predominant focus on storytelling.

The overarching theme of ‘Walking Two Worlds’ was identified, and within that five essential themes were uncovered: (1) Belonging & Connecting; (2) Opening to Spirit; (3) Summoning; (4) Wounding & Healing Journey; and (5) Living as a Healer.

Implications for nursing discussed include the need for the profession to provide support to nurse healers as they encounter challenging experiences and to allow for ontological flexibility regarding the esoteric aspects of human/spiritual experience revealed by this research. Further the need to extend the understanding invoked by healing beyond the obvious and opening vistas into experience which have been previously repudiated by domineering, narrow and spirit-denying powers in our society is also discussed.
Dedication

To all those who experience darkness in their journey to the light.
I wish to take the opportunity to express my thanks to those who have played a part in the process of my undertaking this project. My thanks go first of all to the eleven nurse healers who participated with me in this research. The generous contributions of your stories are the heart of this research, and you and these stories still live within me, and will continue to do so for as long as I can foresee.

I wish to thank my supervisor, Associate Professor Nel Glass, who has seen me through this whole process. Her positiveness, intelligence, love of excellence, love of healing, loving support and complete dedication to my success has been the difference to this coming to fruition or floundering. Thank you Nel, you are just fabulous!

I have been very well supported by my friends and colleagues at the School of Nursing and Health Care Practices, particularly through their interest in my project and through scholarly discussion and personal support which has always been forthcoming. I would like to single out our Head of School, Chris Game, who let me know she believed in the value of my work, and was always willing to lend practical support, as when she organised an international phone link for me to interview one of my participants.

I have felt supported by the Southern Cross University in other ways. I am very thankful to have been the recipient of an ‘APA’ Australian Postgraduate Award scholarship which sustained me for three years; and the staff at the Graduate Research College were always very keen to offer support. The SCU library was marvellous, and in particular the staff in the document supply section worked wonders to find reference materials for me from all over the world.
It has been a long time in the production – five years, and so it has not always been easy for those close to me to be there, as I’ve often not been there. To my children Rebecca and Sebastian, who really had a very distracted father, I offer my apologies and thanks. To Nadine, who walked so much of this journey with me, I also offer from my heart thanks, and deepest apologies. To my parents, Paul and Adrienne, who supported me financially at the end so I could focus completely on completing, I am very thankful indeed! To my therapist Susan, who has helped me turn the corner – I doubt I could have done it without your astonishing skill. To all my friends and siblings, my thanks for your interest and support.

And finally, my thanks go to whomever or whatever it is that listens to prayers, you responded to all that I have put on you. I really know I could not have done this without my prayers being answered – you really must have wanted this job done!
# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certificate of Originality</td>
<td>ii</td>
</tr>
<tr>
<td>Abstract</td>
<td>iii</td>
</tr>
<tr>
<td>Dedication</td>
<td>iv</td>
</tr>
<tr>
<td>Acknowledgements</td>
<td>v</td>
</tr>
<tr>
<td>Table of Contents</td>
<td>vii</td>
</tr>
<tr>
<td>Definitions of Terms</td>
<td>xvii</td>
</tr>
<tr>
<td>Chapter One – Opening</td>
<td>1</td>
</tr>
<tr>
<td>Introduction</td>
<td>2</td>
</tr>
<tr>
<td>The Research Question</td>
<td>3</td>
</tr>
<tr>
<td>Personal Perspective of the Researcher</td>
<td>4</td>
</tr>
<tr>
<td>The Potential Value of the Research</td>
<td>7</td>
</tr>
<tr>
<td>The Place of the Research in Nursing’s Intellectual / Theoretic Fabric</td>
<td>9</td>
</tr>
<tr>
<td>Connection to nursing theory</td>
<td>9</td>
</tr>
<tr>
<td>Methodology and methods</td>
<td>10</td>
</tr>
<tr>
<td>Patterns of knowing</td>
<td>12</td>
</tr>
<tr>
<td>Nursing and beyond</td>
<td>13</td>
</tr>
<tr>
<td>On Healing and Healers – A Preliminary Taste</td>
<td>14</td>
</tr>
<tr>
<td>Assumptions and partiality of the researcher</td>
<td>14</td>
</tr>
<tr>
<td>What is a healer?</td>
<td>15</td>
</tr>
<tr>
<td>Walking two worlds – a brush with shamanism</td>
<td>16</td>
</tr>
<tr>
<td>Un-complementary therapy</td>
<td>16</td>
</tr>
<tr>
<td>‘Extraordinary’ experience</td>
<td>17</td>
</tr>
<tr>
<td>Introducing the Participants</td>
<td>18</td>
</tr>
<tr>
<td>A Word (or two) on Style Used Herein</td>
<td>20</td>
</tr>
<tr>
<td>Referencing</td>
<td>20</td>
</tr>
<tr>
<td>Headings</td>
<td>21</td>
</tr>
<tr>
<td>Fonts and quotations</td>
<td>21</td>
</tr>
<tr>
<td>Usage regarding Gender</td>
<td>22</td>
</tr>
<tr>
<td>The Structure of the Thesis</td>
<td>22</td>
</tr>
<tr>
<td>Conclusion</td>
<td>24</td>
</tr>
</tbody>
</table>
CHAPTER TWO – INITIATION
Introduction
The Realities of the Healer
  Nurse Healer as Mystic, and the Dilemma of Secularism
  The Example of Therapeutic Touch Practitioners
  The Challenge to Secular Views of Reality
First Principles, or an Elementary Phenomenology of Holistic Consciousness
  Brahma Yoga (Jnana Yoga)
Vistas on Multiple Levels of Reality: Energetics & Consciousness in the Healer’s Experience
  Multiple Realities
  Barbara Brennan’s Observations of the Human Energy Field
  Transformation and Experiencing Multiple Realities
Watson’s Nursing Theory of Transpersonal Caring-Healing
Conclusion

CHAPTER THREE – GROUNDING
Introduction: Embracing the Literature in Holistic Nursing Human Science Research: Exploration through Literature, and Investigation through Dialogue
  Integrative Focus in van Manen’s Phenomenology – ‘Method’ and Literature
  Concurrent Procedural Activities
  Phenomenology, Knowledge and Writing
  Committed Engagement
Phenomenologic Investigation through Literature
  Openness to Scholarly Literature as a Source of Data
  Holistic Considerations
  Ways of Knowing
Investigation through Dialogue
  Partaking in a Tradition
  Epistemological Congruence Guides Choice of Literature for Discussion
  Interpretive Influences in Analytic Discussion of Literature
Organisation of the literature review
The Core Issue – Transformational and Extraordinary Experiences of Nurse Healers
Transformative journeys of nurse healers

Interpretive Research Revealing Transformational Journeys of Nurse Healers

Non-Research Writings on Nurse Healers’ Experiences of Transformation

Summary of Transformational Journeys of Nurse Healers

‘Wounded healers’ and nursing

Summary of Wounded Healers and Nursing

Extraordinary experiences of nurse healers in the healing encounter

Qualitative Research Revealing Nurse Healers’ Extraordinary Experiences in Healing Sessions

Non-Research Writings by Nurses of their Extraordinary Experiences in Healing Encounters

Summary of Extraordinary Experiences of Nurse Healers in the Healing Encounter

Transformational and Extraordinary Experiences of Healers (Non-Nurse)

From Doctor to Healer

Suffering Personal Illness

Social and Spiritual Awakening

Starting Out on the Other Side

Recruitment & Initiation of Shamans / Healers – Anthropological Research

Gently Unfolding the Healing Gift

Theorizing the Recruitment

Rite of Initiation

Social Circumstances Concerning Shaman’s Recruitment

Shamans: Not Madmen but People of High Degree

Transformational Journeys of Shamans / Healers – Personal Accounts

Summary of Transformational and Extraordinary Experiences of Healers (non-nurse)

Foundational Issues – Healing and Holism in Nursing

Healing and nursing

Conceptions of Healing

The Practice of Healing in Nursing

Therapeutic Touch

Research on Healing in Nursing

Qualitative Healing Research in Nursing

Contents
ix
Summary of Qualitative Healing Research in Nursing 130
Holism and nursing 131
  Perspectives of Holism 131
  Historical Background to Holism in Nursing 133
    Nursing Theorists and Holism 133
    Societal Factors in Holism’s Recent Emergence 134
  The Practice of Holistic Nursing 136
  Summary of Holism in Nursing 139
Conclusion 140

CHAPTER FOUR – CRUCIBLE 141

Introduction 142
  Quantitative or Qualitative Research? 143
  Tentatively Interpretive 144
  Explanation of Terms 146
    Ontology 146
    Epistemology 146
    Methodology 147
    Method 147
    Empirical 148
    Positivism & Empiricism 149
Section I: Choosing a Methodology 149
  The ‘A’ Theme and the ‘B’ Theme 149
    Introducing Epistemological Congruence (The ‘A’ Theme) 149
    Research Paradigms 150
(IA) Contexts to a Nursing Science Methodology 151
  Historical Context of Nursing Research 152
    The Professional Emergence of Nursing (Science) 152
    Nursing as a Human Science 155
    The Revolution in Philosophy of Science 156
      Analytical Philosophy 157
      Critiques of Analytical Philosophy 159
      Kuhn’s ‘Historicism’ Critique 161
    The Disaffiliation of the Human / Social Sciences from the Research Methods of the Natural Sciences 164

Contents x
The Issue of Paradigms in Nursing Research 169
   Defining a Paradigm 170
   The Paradigms and the ‘Metaparadigm’ of Nursing 172
   Questioning Around Theory and the Issue of Epistemologic Fit 175
Ways of Knowing in Nursing – the Contribution of Carper 178
Summary of Contexts to a Nursing Science Methodology 180

(II) Coming to the Choice: Epistemological and Ontological Constraints of the Research Project 181
   From Theoretical Grounds to Methodology 181
   Epistemological and Ontological Considerations Specific to this Project 183
   The Lived Experience as a Focus for Nursing Research 184
      Lived Experience Research brings forth Ontological and Normative Dimensions of Human Knowing 185
Which Paradigm? 188
   The Critical Paradigm 188
   The Postmodern Paradigm 189
   The Interpretive Paradigm 191
      The Interpretive Tradition in Nursing Research 191
      Phenomenological research methodology in nursing – A Thumbnail Sketch 193
      Satisfying the Requirement for Conceptual Harmony 194
Introducing Hermeneutics 195

Section II: Philosophical Foundations of Interpretive Science 197
   Not “Re-Inventing the Wheel” 197
   The Influence of the Philosophy of Wilhelm Dilthey 198
   Philosophical Contributions of Heidegger and Husserl 200
      Martin Heidegger 200
      Edmund Husserl’s Transcendental Phenomenology 200
      Heidegger’s Critique of Husserlian Phenomenology 202
   Gadamer’s Philosophical Hermeneutics 203
   Summary of Philosophical Foundations, and Methodological Implications 205
Conclusion 206

CHAPTER FIVE – GATEWAY 208
Introduction 209
van Manen’s Approach to Doing Phenomenology 210
Turning to the Nature of Lived Experience

Step 1. Orienting to the phenomenon 212
Step 2. Formulating the phenomenological question 213
Step 3. Explicating assumptions and pre-understandings 214

Existential Investigation 215

Step 4. Exploring the phenomenon: Generating "data" 216

4(i). Using Personal Experience as a Starting Point 217
4(ii). Tracing Etymological Sources 218
4(iii). Obtaining Experiential Descriptions from Subjects 218
Reflexivity in the Research 218
Selection of participants 219
Interviewing and Transcribing 220
Personal Account of Researcher’s Experiences in Interviewing and Transcribing 221
Approval, Consent and Other Ethical Considerations 224
Approval 224
Consent 224
Other Ethical Considerations 225
Sensitivity of the Research 225
Confidentiality and Anonymity 226

Step 5. Consulting phenomenological literature 227

Phenomenological Reflection 227

Step 6. Conducting thematic analysis 228
6(i). Uncovering Thematic Aspects in Lifeworld Descriptions 228
6(ii). Isolating Thematic Statements 229
6(iii). Composing Linguistic Transformations 229

Step 7. Determining essential themes (Essences) 229

Hermeneutic Phenomenological Writing 229

Step 8. Attending to the speaking of language 229
Step 9. Varying the examples 230
Step 10. Writing 231
Step 11. Rewriting 231

Conclusion 232
CHAPTER SIX – TRANSMUTATION

Introduction 233

Themes from Angelique’s Story 234
   Overall Theme: Explorer of Many Realities 238
      I. Deep Exploration – the Journey of Self Knowledge 238
      II Connection with Others 243
      III. Finding Balance: Interpenetration of the Spiritual with the Mundane 245

Themes from Emma’s Story 250
   I. Belonging 250
   II. Growing into the ‘Spirit Place’ 251
   III. Connection with Nature 255
   IV Living at the Interface of Spirit (Living as a Healer) 257

Themes from Gabrielle’s Story 262
   I. Connecting 262
   II. Dealing with the Demons 265
   III. Belonging 266
   IV. Awakening 267

Themes from Heloise’s Story 271
   I. Connecting & Healing 271
   II. Encountering the Spiritual 275
   III. Energetics in the Workplace: Subverting the Dominant Paradigm 277

Themes from James’ Story 279
   I. Summoning 279
   II. Awakening 282
   III. Waltzing with the Shadow 286
   IV. Walking Two Worlds 289

Themes from Michael’s Story 293
   I. Foundations 293
   II. Experiencing as a Healer 295
   III. Personal Healing Journey: Transformation through pain 298
   IV. Finding Balance: Interaction of the Temporal with the Spiritual 301

Themes from Moira’s Story 305
   Researcher’s Reflection 305
      Overall Theme: Flower of Healer from Soil of Pain 306

Contents xiii
I. Wounding & Personal Healing Journey 306
II. Spiritual / Visionary Exploration 308
III. Being a Healer 311
Themes from Rachel’s Story 315
   Overall theme: Coming to Have your Bones Read 315
   I. Self-Discovery: Clearing the Baggage 315
   II. Opening to Spirit 318
   III. Balance & Imbalance (Sliding on the See-Saw) 319
   IV. Journey as a Healer 324
Themes from Rose’s Story 327
   I. Wounding and Personal Healing Journey 327
   II. Isolation, Aloneness & Differentness 332
   III. Connections – Deeper (Psychic) Experiences 333
   IV. Being a Healer 335
Themes from Ruth’s Story 339
   I. Living in Two Worlds 339
   II. Belonging 341
   III. Working for Spirit 342
Chris’s Story 348
Summary of Individual Analysis of Participants’ Stories 356
Overall Themes (Integrative Analysis) 357
Introduction 357
Overarching theme: Walking Two Worlds 358
(1) Belonging & Connecting 358
(2) Opening to Spirit 361
(3) Summoning 371
(4) Wounding & Healing Journey 370
(5) Living as a Healer 377
Conclusion 383
CHAPTER SEVEN—HARVEST 385
Reflecting on the Research Question and Aspirations 386
Tracing the Process 387
Validation & Affirmation 392

Contents xiv
Contribution of the Research 395
   Exploring Possibilities for Watson’s Conceptual Model 395
   Personal, Moral & Aesthetic Knowledge in the Findings 396
   Further Implications for Nursing of the Research 397
Creating New Horizons – Disseminating the results 400
Final Reflections – Planting Carrots for Harvest 400
REFERENCES 402

Tables

Table 1. Transformational experiences of nurse healers 72
Table 2. Wounded healers and nursing 78
Table 3. Nurse healers’ extraordinary experiences in the healing encounter 87
Table 4. Anthropological and Ethnological accounts of transformation of shamans / healers 108
Table 5. Transformational Journeys of Shamans / Healers – Personal Accounts 116
Table 6. Healing in Nursing – General Literature 122
Table 7. Healing in Nursing – Recent Qualitative Research 130
Table 8. Holism in Nursing 139
Table 9. Interpretive Paradigms 166
Table 10. Basic Beliefs (Metaphysics) of Alternative Inquiry Paradigms 172
Table 11. Methodological Schema for Phenomenological Research 211
Table 12. Overall Themes (Essences) 357
Figures


Chapter I Title page. Image of Viking Rune ‘KANO - An Opening’. Text from Gonzalez 2003. 1

Chapter 2 Title page. Image of Viking Rune ‘PERTH - Things Unexplainable [Initiation]; text from Blum 1982, p 67. 25


Chapter 4 Title page. From www.thecrucible.org/images/ phx/phoenix.gif. Image of ‘Phoenix’ [cited 17 Dec 2003], included with permission of copyright holder. 141

Chapter 5 Title page. Image of Viking Rune ‘THURISAZ - Gateway’; text from Blum 1982, p 98. 208

Chapter 6 Title page. Image of Viking Rune ‘DAGAZ – Breakthrough’; text from Blum 1982, p 100. 234

Chapter 7 Title page. Image of Viking Rune ‘JERA - Harvest’; text from Blum 1982, p 81. 385

Figure 1. The Human Chakras. Included with the kind permission of Brian McCullen A.I.W.P., Dip.H.I.L.I. www.geocities.com/solaslite/ The_7_Chakras.html [cited 27 May 2003] 38

[Images of runes on title pages scanned by the author from his personal set of stones.]
Definitions of Terms

Archetype

Bullock & Stallybrass (1977) defined the archetype as follows:

A Jungian term for any of a number of prototypic phenomena (e.g. the wise old man, the great mother) which form the content of the collective unconscious (and therefore of any given individual's unconscious), and which are assumed to reflect universal human thoughts found in all cultures.

Awakening

In spiritual traditions, awakening refers to a change in consciousness and life orientation due to a realization of the fundamental unity of the individual with the divine.

Being

The fundamental concept of ontology, being refers to the existence of an entity.

Being-as-care

A unifying term introduced by Heidegger, Being-as-care designates 'the basic feature in us that constitutes all our involvements in the world' (Frede 1993, p 63).

Being-in-the-world

This was a term coined by Heidegger to denote an individual's being in its inseparability from the everyday world.

BHScN(Hons)

Bachelor of Health Science in Nursing (Honours).

Boundaries

In the psychological or energetic sense appearing in the results of this thesis, boundary refers to the propensity of an individual to experience the self as separate and distinct from others. Psychological theorists such as John Bradshaw (1990) have emphasized the role of the effective development of boundaries in healthy personal growth. Further, they associate an undeveloped or distorted sense of boundaries between self and others with disrupted and traumatic childhood experiences, leading to difficulties in forming
healthy relationships and other psychological problems through adult life, such as chemical dependence or workaholism.

Healers and mystics have associated the dropping of all personal boundaries with experience of the numinous and the channelling of healing energies. It may be the case that many healers enter the healing experience with poor personal boundaries, which enables the channelling of healing for others, but can bring problems such as uncontrolled experiencing of the pain and illness of others. This experience then challenges the healers to address their own personal childhood issues so they can maintain healthy boundaries in ordinary living, but which they may choose to drop at times of healing practice. This can ideally lead to a mastery of boundaries characteristic of highly evolved healers.

**Bracketing**

This was the process, in Husserl's conception of phenomenological reduction, of the investigator excluding any assumptions and preunderstandings when conducting a phenomenological investigation. This was a key point of departure between phenomenological research conducted using Husserlian (descriptive or eidetic) methodologies, as opposed to interpretive phenomenological research, which eschewed bracketing (van Manen 1990).

**Brahman**

The Absolute, God (Hinduism).

**Chakras**

Chakras are the seven circular or conical energetic structures, visible to some people, situated on the body. They are part of the energy fields of people, and are associated with the energizing and balancing of our psychic, spiritual, physical and emotional functioning (Brennan 1988).

**Cosmic Consciousness (Universal Consciousness, Divine Consciousness)**

The state of being aware of one’s unity with all that is.
**Darshan**
The bestowal of blessing by the physical presence of a spiritual master. The devotee may experience states of spiritual openness, heightened consciousness, or have personal difficulties removed or wishes granted through spiritual transmission in the proximity to the master.

**Dasein**
A term used by Heidegger to denote an instance of human existence, where it is capable of self reflection (van Manen 1990).

**Ego (Self).**
In common parlance, we find ego as a synonym for self-worth, or an excess or imbalance in self-worth. Also, it can signify self-centredness, selfishness or arrogance.

Technically, ‘ego’ is often an ambiguous term, used somewhat differently in the various world traditions of psychology (particularly analytical psychology of Freud and Jung), as well as Buddhist and other Eastern mystical traditions. Whereas the Buddhist devotee might see as the ultimate goal of her spiritual journey the destruction of the ego, to the Western psychologist, this is anathema, and a nonsense signifying insanity. To the psychologist, the ego is the means by which the individual balances the various psychic forces of id and superego whilst negotiating with the social world; whereas the mystic views the ego as illusory, maintaining that the assumption that there is a true separation or individuation is a misperception of the nature of reality.

Perhaps this disagreement is caused in part by the conflation of two slightly separate concepts into the same term, ‘ego’. For example, it seems that a healthy ego is a prerequisite for successful mystical exploration. Commentators on mystical transformation contend that it is only a well-integrated ego (i.e. having a strong sense of self-worth) which can be transcended in a mystical sense, and those with unbalanced or immature self-perceptions risk psychosis by intensively applying themselves to mystical practices (eg Bradshaw 1990; Grof & Grof 1989).

**Effective-Historical Consciousness**
The philosopher Gadamer believed that being is housed in language, and that, in effective-historical consciousness, we meet each other on the ground of language and history. He claimed, therefore, that an affinity, a shared belongingness, exists between
ourselves and an alien tradition we encounter in a text, and that we are expanded by this. Thus, bearing in mind that understanding is itself inseparable from being, a fusion of horizons of the reader and alien tradition occurs when we understand a text (Reeder 1988).

**Eidetic**
In Husserl's phenomenology, eidetic reduction, from particular facts to general essences, forms the first part of phenomenological reduction (epoche). From the Greek eidos (form, essence) (Cohen & Omery 1994).

**EMDR: Eye Movement Desensitisation and Reprocessing**
An innovative method of psychotherapy. The focus of EMDR treatment is the resolution of emotional distress arising from difficult childhood experiences, or the recovery from the effects of critical incidents, such as automobile accidents, assault, natural disasters, and combat trauma. Other problems treated with EMDR are phobias, panic attacks, distress in children, and substance abuse.

- (from website of The EMDR International Association (http://216.218.188.61/))

**Empiricism**
The World Book Dictionary defines gives three meanings for empiricism:

1). The use of methods based on experimentation and observation.

2). Undue reliance upon experience; unscientific practice; quackery.

3). The philosophical theory that all knowledge is based on experience (Barnhart & Barnhart 1976, p 691). Discussed in Chapter 4 ‘Crucible’, p 149.

**Energetics**
In energetic experience, consciousness is expanded beyond a self contained in a body. Here, healers often report a sense that they are linked with others in a shared field of energy. Further, energetics, as discussed in this thesis, points to the direct experience of a sense of truth of being, which both guides and funds the unfolding of one's healing journey. In this journeying with energetics, the fundamental 'joinedness' of all in consciousness becomes increasingly evident, as the healer is brought to a hearkening of the astounding Source of all healing.

*Definitions of Terms*

xx
**Energy Field**
In esoteric spirituality and spiritual or ‘energetic’ healing, there is the perception that the human is not simply a physical body, but a number of bodies, most of which are not ordinarily visible, which interpenetrate. The non-visible bodies, or human energy field, are said to extend beyond the physical body, and interact directly with the energy fields of other humans and other entities, and with the ‘universal energy field’. The human energy field equates approximately to the human ‘aura’, which is visible to some individuals at all times, and to most individuals under certain circumstances (Brennan 1988; Rogers 1970).

**Epistemology**
Refers to the philosophical question: ‘How do we know what we know?’ (see Chapter 4 ‘Crucible’ p 147)

**Epoche**
Husserl's phenomenological reduction, intended to uncover the essential nature or form of a phenomenon as it is revealed to consciousness. From the Greek Sceptics, meaning suspension of belief (Cohen & Omery 1994).

**Essence**
In Husserl's phenomenology, essence denoted that which for a phenomenon makes it uniquely itself, and this is what phenomenological reduction strives to elucidate. This has been adopted by van Manen (1990, 1984) in his approach to phenomenological research, where the researcher seeks the essential nature of experience as it manifests linguistically as themes in the data. A philosophical achievement of Heidegger's was to distinguish essence from existence in his examination of being as existence (Oaklander 1996). Heidegger thus distanced himself from Husserl's concern with essence, focusing on being as it discloses itself in everyday experience.

**Expanded Consciousness**
Often interpreted as spiritual or religious experience, expansion of consciousness occurs when there is a direct experience of the individual being greater than the boundaries of ordinarily perceived existence. Sometimes this is perceived to be an instance of sensing closeness to God. It may occur at any time, but perhaps is most often associated with certain spiritual practices such as prayer or meditation, or during intimate inter-human
connection or at times of extreme stress and emotion or in the perception of great aesthetic beauty such as a lovely sunset.

**Fusion of Horizons**
See under Effective-Historical Consciousness, above.

**Healing**
What is of deepest interest to me is that ‘wholeness’, when traced to its essence, must mean the utter indivisibility of everything – that nothing is apart. This is the underlying reality of healing, and a key implication is that healing is not something that anybody really enacts, or even *happens* – it is more something that becomes obvious, something that is realised, something that is remembered. The apparent activity of a healer reminds the participants in the ‘healing exchange’ that in reality, in truth, they have never ever been separate or apart, never been alone.

This realisation of oneness, completely beautiful, utterly ‘right’, is the true meaning of healing, which may also entail improvement in physical or psychological wellbeing.

**The Hermeneutic Circle**
In Heidegger's terms, we are caught in a circle whereby we may only make sense of the world by use of the tool of understanding, which is itself already a part of our Being-in-the-world. Gadamer expanded this notion by highlighting the importance of history and language as shared, providing the ground for us to meet and be expanded by each other (Koch 1996).

**Higher Self**
In a number of spiritual traditions, the Higher Self is said to be the part of the individual which is in direct communication with the Source, or God, and may act as a kind of intermediary between the individual and God. There is an understanding that one’s Higher Self provides necessary guidance. The Higher Self is said to be available for channelling, or speaking through the mouth of the individual, who is in an expanded state of consciousness at the time.

**Holism**
The philosophical position that humans are indivisible wholes who cannot be correctly understood in terms of their constituent parts (see Chapter 3 ‘Grounding p 132-140).
**Kundalini**

The Encyclopaedia Britannica Online (accessed on 7 Dec 2003) stated:

> In some Tantric (esoteric) forms of Yoga, the cosmic energy that is believed to lie within everyone, pictured as a coiled serpent lying at the base of the spine. In the practice of Laya Yoga ("Union of Mergence"), the adept is instructed to awaken the kundalini, also identified with the deity Shakti.

- (http://www.britannica.com/eb/article?eu=47504&tocid=0&query=kundalini&ct=)

Associated with powerful spiritual transformation, the rising of the kundalini can also bring on considerable psychological disruption, even severe psychosis, if the individual is not prepared for the dramatic personal changes attending this spiritual opening (Grof & Grof 1989).

**Lived Experience**

The psychologist Tappan (1997a, p 646) attributed the term ‘lived experience’ to the enlightenment philosopher Wilhelm Dilthey, who conceived it as:

> the primary, first-order category that captures an individual's immediate, concrete, "experience as such."

This is discussed in Chapters 4 and 5.

**Methodology**

Alludes to the philosophical/theoretical framework regarding scientific inquiry and the assumptions that underpin that framework. Included is the process by which we generate data (Koch 1999) (see Chapter 4 ‘Crucible’ p148).

**Ontological**

This pertains to ontology, the philosophical study of being, the existence of entities. Ontology is one of the two core concerns of philosophy, the other being epistemology, the study of meaning (Taylor 1994a).

**Ontology**

Refers to exploring the nature of reality or a general orientation to life and, for me, this means asking the question: ‘What does it mean to be a person?’ (See p 147)

**Phenomenology**

Phenomenology is the study of phenomena. As such, it can be philosophy, methodology or approach. The phenomenological method, as conceived originally by Husserl,
involved attending faithfully to phenomena as they present themselves to consciousness, outside of the preconceptions or theoretical concerns of the investigator. Although there are great philosophical differences amongst those who espouse phenomenology, it remains a vehicle for thinkers who are deeply committed to keeping philosophy and method in touch with the deeper human concerns.

**Power Animal**

In indigenous spiritual traditions, often shamanistic, the individual will commonly be associated with an animal whose attributes reflect the individual’s character, and also bring strength and wisdom to that person when that animal is invoked through meditation or visualization. The shaman or spiritual practitioner may undertake a spiritual journey out of her or his body to discover someone’s power animal and connect, spiritually, that animal to the individual for healing.

**Practice**

Amongst some groups of people engaged in a deliberately “worked at” spiritual life, “practice” is often the word used to denote the techniques and habits, even rituals employed.

**Preunderstandings**

Prejudices, or unexamined perceptions, attitudes and beliefs comprising the ‘natural attitude’, as distinct from what philosophers such as Husserl termed the ‘philosophical attitude’, where such pre-existing cognitions are excluded.

**Protection**

In esoteric spiritual traditions, and in a number of healing practices, the adept adopts certain attitudes or practices to protect her or him whilst in open and vulnerable states, especially during healing sessions. Protection may be from the negative emotions or other energies associated with illness and distress, or from other unseen spiritual entities which may become attached to the unwary or unguarded practitioner.

**Reiki Healing**

A common healing modality involving the laying of hands and specific meditative techniques.
The Shadow
In Jungian psychology, the shadow refers to unconscious – often repressed – aspects of the self which may be unwelcomed or denied by the individual when eventually revealed to consciousness. This may include unproductive personality traits, or past painful experiences which have been discounted or unexamined and which are yet influential on a person’s behaviour, relationships and self concept (Zweig & Abrams 1993).

In this thesis, the shadow also refers to spiritual darkness – unseen entities and thought forms of a less than helpful nature. This may in some cases be the same as the abovementioned Jungian conception of shadow, where the unconscious processes, through projection, manifest in spiritual experience.

Shaman
Healer and / or mediator between the material and spiritual worlds, practising in indigenous societies throughout the world. Often specifically associated with certain Siberian tribes (see Chapter 3 ‘Grounding’, p 91-97).

Shamanism
The practices of shamans in certain indigenous societies, having some of the features of a religion.

Soul Birth
Spiritual transformation.

Soul Loss
Condition of spiritual dis-ease recognised in some indigenous societies, usually diagnosed and treated by shamans.

Storytelling
Approach to research involving the reflexive interpretation of the stories of participants to bring understanding of lived phenomena which are not accessible through conventional quantitative research approaches (Koch 1998).
Synchronicity
The Fontana Dictionary of Modern Thought (Bullock & Stallybrass 1977, p 618) defined synchronicity as:

Jungian term for an acausal principle that would give meaning to a series of coincidences ... not explicable through notions of simple causality

Thought Forms
In esoteric spirituality, thought forms are described as energetic structures which are constructed by human thoughts and emotions. Brennan (1988) describes them as visible as blobs in the human aura which can act powerfully to affect an individual’s wellbeing.

Transformation
Personal change at a fundamental level, often involving change of attitudes, emotional responses, and self-concept. The individuals may come to experience themselves and their relations with others and the spiritual in completely new ways.

TT: Therapeutic Touch
Healing modality involving the laying-on of hands, developed by Dolores Krieger and Dora Kunz in the 1970’s and now practiced by tens of thousands of nurses throughout the world (Krieger 1993).

Yoga
Spiritual pathway, particularly the practices employed by the aspirant, distinguished from the philosophical teaching or doctrine.
KANO - An Opening

When you are in the darkness, an opening with light is the best and most gracious thing to have bestowed upon you. This is a great time for putting energies into new opportunities

- Viking Rune (Gonzalez c1999)

Chapter One
Introduction

In 1998, I undertook my honours year in nursing, and wrote a thesis which documented a phenomenological investigation into the lived experience of nurse healers (Hemsley 1998). One of the essential themes identified in that research – ‘evolving’ – concerned how the nurse healers I interviewed described their personal experiences of evolution and transformation as healers. The following quote from one of the participants (Brigit, in Hemsley 1998, p 65-66) illustrates the intriguing glimpse into an almost unknown world that was offered to me at that time:

Initially as I went through my own journey of discovery about what I was meant to do on the planet, my sensitivities rose to such a level that I was extremely impacted by the patients that I cared for, impacted by the unjustness of these children having cancer and having to fight for life, impacted by their struggle, impacted by their disease – sometimes I would come home with the symptoms of their stuff.

We all know now that is about ‘taking on stuff’, but at the time I had no idea. I had no idea why I understood what unconscious children required. So it was a very confusing time, in that I hadn’t any real guidelines, hadn’t established myself as having any clairvoyance, any telepathic control, power or anything – I just had all these feelings. It was a real struggle. It was a struggle how to maintain a professional image... [With] some children I literally would go near, and I would have to leave, because I was so impacted I would be in the toilet vomiting from their ‘stuff’. And I had no support from within the nursing profession. Nobody could understand this sensitivity.

Clearly, what Brigit had experienced (above) was not only vitally significant to her personally and as a nurse healer, but was one kind of experience which others exploring healing in nursing might also encounter. The following quote from another participant in the abovementioned study (Freyr, in Hemsley 1998 p 65) spoke of the necessity for nurse healers to undergo extraordinary and challenging experiences, such as those Brigit mentioned (above):

The biggest challenge I think for nurse healers is that once you embrace the concepts of holism, and health, it can’t become separate to... it can’t be just what you do. It becomes who you are. It’s like, it’s not just a philosophy any more, or a nursing theory. It’s a way of life. It becomes part of you. Once you go down that road, there is no turning back. You will never not be a healer. You
The above words might suggest that many of the unknown numbers of nurses who see themselves as healers will be undergoing powerful and confusing experiences with possibly little understanding or support from their profession. Further, such experiences are not, as far as I can determine, seriously addressed in the ordinary nursing discourse, even in the published writings of holistic nurses. Nor are they systematically dealt with in the discourses of other disciplines, as far as I have been able to discover.

Significantly, I was not trying to elicit such information from those participants in the abovementioned study, but was focusing on their experiences in the profession of nursing; yet they were eager to talk about how they came to be healers, and how they were thrown into unknown and strange tracts of experience along their journeys into healing. I was intrigued, and encouraged by that glimpse into the experiences of the five participants of that study to look much more deeply into this fascinating aspect of the experience of nurse healers.

The following pages, in essence, are an exploration of the movement, and impact, of expanded consciousness (or ‘spirit’ or ‘energy’) in people’s lives – the lives of nurse healers. It is about personal – one could call it ‘spiritual’ – transformation, and involves numerous ‘esoteric’ experiences, almost unknown in ‘normal’ existence.

**The Research Question**

This seems an appropriate point to put forth the exact issues under investigation. The question asked by this research is:

“**What are the unique, extraordinary and challenging experiences undergone by nurse healers associated with their coming to be, and living as healers?”**
At this point I want to reveal my stake in this, and disclose a bit about myself. I have found undertaking this Ph.D to be an intensely personal journey, for a few reasons. I have been motivated to investigate and write about this topic partly because I have myself identified as a nurse and a healer, and have experienced many of the kinds of distinctive experiences described by the participants of this research study. It is not so much that I have believed that I needed to find out more information about this area for myself – it is more that I am driven to make this known more widely, particularly to nurses who might be venturing into the realms of the healer themselves.

I am very challenged in writing about these issues, as there is a tendency in this culture to view unusual or numinous experiences as false, or insane (I have held some anxiety about madness, personally). In my reading for this thesis, I could not but notice how the academic discourse around healing and healers is marked by aggressive attacks by those who consider such a perspective to be ridiculous or delusional or heretical or immoral or unscientific (Chibnall, Jeral & Cerullo 2001; Leibovici & Hayes 1999; Glickman & Gracely 1998; O’Mathuna 1998; Randi 1998; Rosa, Rosa, Sarner & Barrett 1998). One need only consider the highly publicised consequences experienced by the English national football coach Glen Hoddle in 1998 (Scullion 1999; Ernst 1998) to see how hazardous it can be for those in contemporary public life to express unorthodox spiritual views. Furthermore, it has been my pattern to shun the public eye, and to avoid the contentious. I have always been very sensitive to the criticism of others. So here is an opportunity for me to push back some personal boundaries!

Certainly I feel very uncomfortable about sharing publicly my own extraordinary experiences, which speak so painfully about, and to, my frailties and insecurities and blindness. The greatest triumphs of spirit are really nothing but honest glimpsings into the dark places within. All else about ‘the light’ is utterly gifted, and I can claim no credit there, but be simply grateful. It is a little hard to express, but from my perspective, ‘the spiritual’ is not really a personally experienced realm, and its greatest benefits are honest vistas upon human darkness. Where ultimately all is truly one,
nobody is exalted, for everybody shares the one divinity, (and dabbles together in blackness). I discuss this at more depth in the following chapter.

One of the blessings for me in undertaking this research is how it has drawn me back to nursing, where once I had felt my experiences had made me incompatible with nursing work and ethos. For that I can thank a number of nurses in the School of Nursing and Health Care Practices at Southern Cross University (SCU) who have given me a great deal of support and respect as a novice academic with a passion for healing. And in the wider realm of ideas (or discourse) within nursing I can be grateful to those who have theorised, researched and practiced in the understanding and clear acknowledgement that the experience of healing is intrinsic to nursing, and is a hallmark of great nursing care, (eg Pearson, Borbasi & Walsh 1997; Quinn 1997, 1989; Taylor B 1995; Watson 1999, 1990a, 1985a). The upshot of the above is that I do now feel that I can be a part of, and contribute to nursing, where initially my passion for healing seemed to take me in a different direction.

This ‘different direction’ was (and in some ways still is) the experience as a healer, which placed me in a much different relationship to myself, to others, and to ‘experience of the world’ – or ‘consciousness’. For me, the fairly sudden seeing that myself-in-the-world was very different to how I had experienced or even imagined it, while awesome and beautiful, had devastating ‘side-effects’. For instance, being able to make a living as a clinical nurse in mental health was no longer possible – I became a lot more sensitive, and the impact of other people’s distress upon me made functioning in such environments unworkable for me. Being around certain people made me feel unwell, and I really needed to keep a lot of space around myself most of the time.

Spending time around people intoxicated with alcohol and other drugs also impacted on me. Other people thinking and emoting about me affected me, from whatever distance. The energy held in ‘inanimate’ objects affected me on a feeling and ‘energetic’ level, and this extreme sensitivity affected me in all aspects of my life – relationships, leisure, my name (I changed it) – absolutely everything. Clearly I have needed to grow
emotionally and psychically into the space I had begun to inhabit in consciousness, and this has been taking a long time.

For me the experience of healing, or ‘lightworking’ was often unspeakably beautiful. I can imagine no greater joy than being immersed in the gorgeous and knowing light of healing, which fills the heart and mind and soul with the brilliance of love and power and knowing, and which guides and moves the body and thoughts and will to places utterly unknown to ordinary consciousness. To have that experience denied me after I had experienced such tastes as for almost a year, has been a huge grief for me.

This is notwithstanding the awkwardness and pain of extreme sensitivity in ordinary aspects of living which attended that awakening, and which has indeed been central in my life since. I have an understanding that places of shadow and darkness within me were illuminated by the incandescence of that period of light, and I have entered into a period of necessary stricture while these places are acknowledged and explored. This process is not at all unique to my experience, and can in part be understood in terms of the midlife task of coming to terms with one’s shadow, described in Jungian psychology (Zweig & Abrams 1983). Initially I believed that, in working through the awakening to healing, I had done the personal healing work necessary to sustain the changes in consciousness I experienced. However, the reality was that I have had much work to do, over an indeterminate period, and I cannot expect there to be an ending to my encountering of inner darkness.

Whereas the roles of clinical nurse became unavailable to me due to the extreme sensitivity I have described above, taking on postgraduate studies has given me a plausible role. Here, I could contribute as well as be held in a relatively secure space. In this, I am very aware that what might from some perspectives appear to be a weakness (even a disability), may from a different vantage turn out to be a great opportunity, and a strength. Although I have mourned in my heart not being able to be ‘out there’ working with light and fully embracing others on their paths of healing, it may well be that the greatest service I can offer the world at this time is to explore and share the knowledge that the 11 nurse healers I spoke to for this research have offered.
And this just might be a fabulous thing to do, and make a big difference to the lives of some people, and further the knowledge of the nursing profession in interesting and nourishing ways!

As well, the undertaking of a Ph.D is in itself quite a transformative process, where one is pushed to overcome self-doubt and other tendencies which prevent one being able to independently conduct a significant academic enterprise. Alongside these challenges to self-esteem and material achievement, the period I have spent in doing this Ph.D has in other ways been one of personal and spiritual challenge and growth for me. For instance, ‘coming out’ somewhat as someone undergoing challenging and quite strange experiences has been a powerfully challenging and ultimately healing experience. Also, in each of my interactions with the participants of this study I have been personally confronted, in subtle and also quite profound ways (which I write about in the chapter on Method (Gateway, Ch 5, p 222-225)).

These ‘evolutionary’ changes are not only important to me personally, but are significant to the results presented in this thesis. In essential interpretations of what is presented to me as ‘data’ – the conversations I had with the participants in this research – where I stand as an interpreter is inevitably (to whatever degree) dynamically changing as I myself change. How I self-identify must colour my interpretations, as whom I see myself as being – my self-concept – forms the foreground of the process of interpretation. Methodologically, I see this as one of the more dynamic and interesting aspects of work in the chosen (interpretive) paradigm.

The Potential Value of the Research

The possible scope of the issues addressed by this thesis can on one axis be gauged by the number of nurses who are potentially concerned. It does seem that there is a very large, if not really quantified, number of nurses who do identify as healers. For instance, in 1998, Dolores Krieger reported that she had personally taught TT to over 48,000 health care workers (Horrigan 1998). Lewis (1999) reported that “85,000 nurses practise TT in the USA”. I do not have figures on numbers of nurses practising other
healing modalities, but it seems safe to extrapolate from the above that the number of individual nurses self-identifying as healers worldwide might well be in the hundreds of thousands. Is it not likely, I wonder, that many of these will be struggling with the kinds of personal challenges encountered by the participants of this research project? Therefore, on the axis of numbers potentially affected, I maintain that a closer look at this kind of experience, from the perspective of those who have lived with and grown through the challenges offered on this lifepath of the nurse healer, is warranted.

One value in writing about such experiences could be that others might be saved a degree of angst (even possibly inappropriate psychiatric treatment) when such experiences arise in the context of their ‘healing journeys’. For instance, in the process of transformation I have undergone (and I use the word ‘transformation’ advisedly – I can’t really say that I feel ‘transformed’ on any given day, nor do I wish to claim any superiority to those who have not experienced such a life course) I did feel for a long time that I was in hell; but I was given enough information from a friend to understand that what I was undergoing was transitional rather than pathological. And whilst I was unable for a time to function in the world at all, I was helped and given the courage to endure that hellish time – to see that what I was going through wasn’t endogenous depression or psychosis, but turbulence some people traversed as they moved towards different ways of experiencing being. So from my own personal experience, I can say that information can be an invaluable asset to those who are beginning to explore themselves more deeply, as healers must inevitably do.

The kind of information presented in the results of this thesis would possibly once have been occult knowledge – esoteric information held in secrecy (perhaps in ‘mystery schools’) for the benefit of students and adepts. And this secrecy would have been appropriate, for such knowledge could confuse some people who might be vulnerable, or be misunderstood by those unable to assimilate its meaning, leading to misuse of the practices, or to the corruption of the information as it was transmitted over time. Further, those who learned practices such as healing often did so in highly superstitious cultures where alchemy and witchcraft were feared and consequences for deviance
could be dire (Brooke 1993). So it was sensible for such knowledge to be kept away from the public eye.

For all the belligerence directed by some towards those who tout matters numinous (exampled by those who attack the practice of TT, already mentioned), today’s western society is remarkably tolerant, and it has become possible for practices such as Therapeutic Touch to be openly taught and promoted outside of ‘mystery schools’. And just as teaching and practising TT (and numerous other healing modalities) is tolerated in today’s social climate, so it might be that some of the challenges and extraordinary occurrences that are concomitant with being a healer can begin to be publicly aired.

Indeed, I suspect that this is well overdue in nursing, where, as I noted above, there are tens of thousands of practitioners of TT alone. So this is the gap in nursing’s knowledge base that I perceive, at which this research is aimed. I do not have access to any records of mystery schools (if indeed written records were kept), so the knowledge presented here comes from the personal experiences of those who are path-cutting as nurse healers; and in many cases it is very hard-won knowledge, from painful experience. Most of the participants in this study came to accommodation with their challenges with assistance from outside the nursing profession – for most (not all), any assistance provided by the nursing profession was quite limited. It is my hope that this work can help to equip the nursing profession to support healers through some of the extraordinary challenges thrown up by this role and lifepath.

The Place of the Research in Nursing’s Intellectual / Theoretic Fabric

Connection to nursing theory
This research is to a degree situated in the theoretical understandings of nursing developed by Jean Watson (1999, 1985a, 1979). Watson has been evolving her ideas on the nature of nursing for more than 20 years, exploring and expounding the role of caring (and healing as an inseparable outflow of caring) as the heart of nursing practice. Of particular relevance to this study are her more recent writings on the transpersonal
nature of nursing (Watson 1999, 1996, 1990a, 1988). It is my hope that this research can not only serve to support her vision for nursing, but also extend it further into areas as yet little-explored.

In this endeavour I am influenced by nursing scholars such as Marilyn Rawnsley (1999), and Gail Mitchell (1994) who have pointed out how framing nursing Ph.D research within nursing paradigms is vital to the promulgation of nursing as a viable independent science. Thus, in the chapter on methodology I investigate the significance of paradigms for nursing, and how this research can be situated within such understandings; and in Chapter 2 (‘Initiation’) I have given an account of Watson’s theory of nursing, its bearing on this research; and in the concluding chapter (‘Harvest’) I examine ways that this research might contribute to the ongoing development of Watson’s theory.

It is not possible to study healing in nursing without significant exposure to what is commonly termed the “unitary paradigm theory” of nursing, based on the work of Martha Rogers (1970), as well as later theorists Margaret Newman (1994) and Rosemary Parse (1981). It is through the Unitary Paradigm that much of the research and scholarly discussion about Therapeutic Touch has been theorised since the late 1980’s. Whilst it is not the purpose of this research to critique this valuable nursing theory, I have decided to align this work with that of Jean Watson, believing it to be more conceptually approachable and harmonious with the various notions of healing and transformation investigated in this research.

**Methodology and methods**
The methodology for this research is hermeneutic phenomenology, chosen for its intellectual sympathy with the topic under study. It has been a priority and a preoccupation for me to utilise a methodology and methods which are in harmony with the spiritual assumptions of this study. I have found valuable the ability of phenomenological approaches to simply follow the contours of experience, because much of the reported experiences of the participants do fall outside of materialistic
explanations of reality such as those which apparently underpin postpositivist or emancipatory viewpoints.


Taking a hermeneutic phenomenological approach meant that my own perspective has not been excluded (bracketed) from the research (Van der Zalm & Bergum 2000; Cohen & Omery 1994; Ray 1994; Taylor 1994a, 1994b), in line with the philosophical insights of Heidegger (1962) and Gadamer (1975). This has given me the opportunity to elucidate my own place in the interactions with the participants, at the time of the interviews, and later upon reflection. The hermeneutic / interpretive methodology calls for a vital and open presence of the researcher in the interviews, bringing forth trust and disclosure from those interviewed; that the participants to this study have felt safe enough to disclose quite openly during our conversations, indicates to me the value in taking the interpretive approach. And personally, it was very satisfying for me to be open about my own experiences and worldview in the process. Moreover, such a level of personal involvement has encouraged me to make my own experiences known within the body of analysis of the interviews, where they strongly resonated with the accounts of the participants.

The method of analysis I have employed is based upon that propounded by van Manen (1990, 1984), resulting in the identification and elucidation of a number of themes – essences – which seek to capture the essential nature of the experience of the participants. Another influence in the method and methodology is postmodernism and storytelling. Storytelling suggested itself to me because of my desire to uphold the holistic integrity of the stories of the nurse healers participating in this study. Even after a degree of light analysis I applied in converting the interviews to monologic narratives,
I found that they have a nature or being which is not reducible to themes. The stories spoke to me as strong-acting entities in themselves, and I was tempted to present them as such, along with thematic analyses called for by more conventional phenomenologic approaches. In the end, I have presented one of the stories in such a manner (Chris’s story). Such an approach does owe a debt to postmodernism, which in the writings of some researchers, theorists and therapists ascribes an important ontological nature and function to the personal story (Hemsley & Glass 2002; Watson 2000; McQuaide 1999; Anderson 1998; Glass & Davis 1998; Tappan 1997a, 1997b; Fisher 1995; Taylor C 1995).

Patterns of knowing

In terms of the fundamental patterns of knowing in nursing identified by Carper (1978), articulated into phenomenological research methodology by scholars such as Van der Zalm & Bergum (2000), I see this thesis as particularly making contributions on the levels of empirics and personal knowledge, as well as contributions to the aesthetic and moral domains of knowing. It contributes to the empiric knowledge of nursing because it is a formal research study, whose ‘empirical’ data collected are the transcripts of the interviews I conducted with the 11 participants of this research. The results – themes identified in my analysis of those transcripts – contribute to (and affirm) the knowledge of reality by nurses, as perceived by nurse-healer-practitioners.

Furthermore, I see this work as making a significant contribution to personal knowing in nursing, which is “concerned with the knowing, encountering, and actualizing of the authentic self” (Fawcett, Watson, Neuman, Walker & Fitzpatrick 2001, p115). In what these nurse healers have revealed about themselves and their extraordinary journeys of self-discovery, I see this work situated squarely within what Fawcett et al (2001), in the above quote, have identified as the personal realm of knowing.

I believe that this research also contributes the moral pattern of knowing in nursing identified by Carper (1978). For instance, the moral implications of esoteric experience are considerable. For instance, if one were to accept the existence of ‘thought forms’ (mentioned by some of the participants) which influence how one feels and behaves,
then there are two obvious moral implications. One is that, should one’s thoughts really be a form of effective agency, then the act of thinking about another person would need to be somehow measured for its impact upon that person. Whereas, one might wonder, where people are constantly influenced by unseen forces, to what extent there is the freedom to act morally in any situation. Thus as we deepen our connections with others, and within ourselves, and become more attuned to the subtle forces at play, it seems that the moral dimension of knowing deepens and expands concurrently.

This thesis also aims to make a contribution towards the aesthetic domain of knowing in nursing. According to van Manen (1990, 1994), aesthetics are inextricably tied up with meaning in effective phenomenological writing (which van Manen saw as the core activity of phenomenological research). Thus, van Manen asserted, effective phenomenological writing has a resonant quality, such as is found in poetry, and this enables the reader to have a direct appreciation of the essence of the topic under study. I have aimed to realize this in the research, and if achieved, not only should the writing be enjoyable and moving to read, but, within that reading experience, the essential meanings of the lived experiences of the participants ought to come strongly to the fore. I have chosen some quotes from poetry and other literature to include in the text to reinforce and enrich the aesthetic qualities of the work. Furthermore, in line with the importance of aesthetics in phenomenological writing, I have striven to make the physical appearance of the thesis pleasing to the eye, with choice of fonts, heading styles, page layout etc aimed to be coherent with the methodology, as well as the creative nature of the topic itself.

**Nursing and beyond**

It is significant to me that this project is undertaken within the profession of nursing. It concerns the experiences of nurses, and is embraced within theoretical and methodological schema which are well established (albeit not entirely without controversy) in nursing. As well, I have enjoyed the wholehearted support of nurses in its production, and have benefited greatly from frequent scholarly discussion with wonderful thinkers in nursing. I desire that this thesis be a contribution to the intellectual, cultural and clinical life of nursing, as a practice and a science. However, I
do also believe that what I am writing about is absolutely part of the essential human condition, and is only really comprehensible in the light of understandings embedded in all cultures of this planet, and speaking to the knowing heart of each human. And as such, possible benefits from this research ought to extend well beyond the nursing profession to all who tread the healer’s path of transformation, or who seek a deeper insight into human being and potential.

**On Healing and Healers – A Preliminary Taste**

Assumptions and partiality of the researcher

I must emphasise from the outset that I see that the core issue of this research is personal and spiritual transformation of healers. I am not at all interested in trying to validate the effectiveness of healing, nor that of any particular healing modality. However, healing, along with other key facets of experience – spirituality, spiritual development, personal evolution, caring – does form the essential ground of understanding on which the participants of this study (and myself) make sense of the aspects of their lived experience addressed herein.

Healing as a reality is assumed in this work; I don’t believe I could craft this thesis to make sense, without allowing that assumption. Nor could I have achieved the rapport necessary to elicit from the participants the disclosures which have made the findings of this work as interesting as they are, had I assumed a distanced and sceptical approach to the phenomena in which this topic is embedded. And I myself could not have been authentic in such an approach; nor could I have been emotionally sustained enough to keep engaged over such a long period at a task, should its guiding premises contradict my everyday experience of reality (Sandelowski, Davis & Harris 1989).

One of the axioms of being a healer, evident from my own experience as well as emerging in earlier research (Hemsley & Glass 2002, 1999a; Geddes 1999; Slater, Maloney, Krau & Eckert 1999; Wright 2001; Davis-Floyd & St John 1998; Hemsley 1998; Keegan & Dossey 1998) is that it is not as simple as one person applying techniques to help another (as in applying a bandage). Healing is essentially something...
that affects the healer profoundly, and a practitioner, if she or he wishes to maintain and
develop herself / himself in such a practice, must undertake her / his own healing (Hall
involves in most cases healing of past emotional wounds, and a realigning of self-
concept and understanding of one’s place in the world, and indeed what it is to be
human (Brennan 1993, 1988). The individual’s relationship with God, or ‘the Universe’
or ‘the Source’ or ‘Truth’ – however one understands deeper or numinous experience –
is inevitably invoked for healers (Grytting 1998). When wholeheartedly embraced, this
is a journey through sacred territory, where conditions blissful and transcendent, as well
as awesome, perilous and painful are encountered.

It is perhaps worthwhile to produce at this stage a tentative definition of healing, and it
is apt to call upon Larry Dossey (2002, p 13), who has worked so hard to bring an
understanding of healing to the wider thinking communities of our society. He said:

By “healing” I simply mean the restoration of a sense of wholeness,
from which the term “healing” is derived. Healing involves a sense of
oneness of mind and body within the person, but can also include a
sense of oneness with all there is, a condition of which the great
mystical traditions have always spoken. Healing may or may not be
associated with the eradication of a particular disease.

**What is a healer?**

It seems to me that the activities of those practising healing are small reflections of
much deeper and mysterious movements in consciousness. Certainly being a healer, or
practising a healing modality, can bring one closer to this unfathomable primordial
reality, where “who is offering healing to whom” says very little about what’s really
occurring (Dossey 2002; Wright 2001; Hemsley & Glass 1999a; Hemsley 1998). Many
healers become aware how small gestures in the ‘healing encounter’ can be the fulcrum
for enormous shifts in consciousness, leading sometimes to radical life changes. Small
wonder, it seems to me that, connected to such awesome movements, some healers
experience considerable turmoil for a time.

A question arises here, which cannot be ignored: “Is anybody really a healer?” If it is
the case, as I have just asserted, that what goes on in the healing encounter has very
little to do with specific actions of a healer, then it follows that one person really does not heal another. I believe the relationship is far more complex and mysterious. Perhaps the analogy with childbirth is useful (Quinn 1989) – where the midwife educates and keeps the mother and infant safe whilst the heaving forces of nature do their wondrous work spontaneously. Like natural childbirth, what transpires in the healing encounter (even in targeted and time-limited sessions of TT (cf Wright 2001)) is ultimately way beyond the behest of the most highly trained practitioners. Indeed, the finest practitioners are best at standing back and allowing the natural and utterly mysterious unfurling to occur. The practitioner of a healing modality does not cause healing to happen, just as the midwife does not cause the birth of the child to happen. I believe that nobody really causes healing to happen, but one can participate deeply and offer support where the remembrance of wholeness is emerging in another’s consciousness. Therefore, I would assert that a healer is not someone who heals other people (that is the function of what underlies healing), but a healer is more like someone who attends and supports and witnesses at ‘healing events’.

Walking two worlds – a brush with shamanism

Without wishing to pre-empt here the findings of this study, it did strike me that central to the lived experience of the nurse healers I spoke with for this study, was the experience of living in more than one reality – ordinary or mundane experience, and also ‘non-ordinary’ realities. Further, it is probably fair to say that, for a large proportion (if not all) of the nurse-healers I spoke with (as well as myself), the process of coming to terms with functioning in more than one reality lies at the heart of the journey or lifepath (hence the title of this thesis). This has clear resonances with shamanism (Halifax 1982; Eliade 1964, 1959), with which a number of the participants to this study identified strongly.

Un-complementary therapy

For the purpose of this research a ‘healer’ is definitely not synonymous with someone who practices a ‘complimentary therapy’, whether that modality be an energy healing approach, or another practice such as herbalism, homeopathy or acupuncture. Rather, very strong self-identification as a healer, as well as considerable experience in and
commitment to healing, were the key aspects I sought. The (‘energetic’ healing) modality practiced was, generally speaking, a guiding consideration when seeking out participants for this study, although I have no doubt that there are many who practice conventional nursing or medicine who are healers, bringing deep caring insight and healing presence to the day-to-day work they perform in their fields. Conversely, many practitioners of complimentary therapies may well be entirely closed off to the deeper experiences I am studying here.

I am aware that the above discussion on healing and healers raises a number of questions. In later chapters this is explored at more depth, but I hope the above gives a flavour of the matters underlying the journey of transformation nurse healers are often led to undertake.

‘Extraordinary’ experience

The kinds of experience explored in this thesis often fall out of what might be termed ‘ordinary’ experience. By ordinary experience, I mean experience which does not challenge the belief that all people are separate material entities, whose existence ends at the surface of the skin. Ordinary experience is in accordance with the conventional scientific assertion that there is no discernable spiritual dimension to existence.

By extraordinary experience I do not necessarily mean experience of the ‘supernatural’, for it seems that much of what constitutes extraordinary experience may well be perfectly natural to those experiencing it. Such is certainly my experience. Further, it is not the intention of this research to accumulate a body of knowledge that could prove to sceptics that extraordinary experience is in fact real. (This is perhaps not possible, as rationalistic and empirical values and methods which might be applied to such a proving, themselves depend upon assuming a form of reality, or ontology, quite ‘ordinary’ in itself (see Chibnall et al 2001)).

From the perspective of this research, extraordinary experience is interesting because of the significant challenges it creates for many of those who encounter it. To different individuals, encountering extraordinary experience might be awe-inspiring, humbling,
life-affirming, or ‘mind-blowing’; it might be terrifying, destructive of a secure worldview, testing of received truths; or it might be simply ordinary.

I don’t necessarily wish to present extraordinary experience as superior to ordinary experience, and in any case from my perspective the separation of experience into two categories is quite arbitrary. However, it is important for me to validate the experiences of those who have given me personal and sensitive accounts of their lives, without my resorting to sceptical appraisals of what might or might not be illusory or delusional.

For the purpose of this research, extraordinary experience is generally distinguished from pathological psychotic experience, such as delusional states and associated hallucinations. If I believed someone to be deluded as to the nature of her experience, I certainly would not be presenting that person’s accounts as data for serious research.

**Introducing the Participants**

This seems an appropriate place to say a few words about the participants to this research. The 11 nurse healers I approached to participate with me in this research come from four different nations, have practised in a number of different fields of nursing, and have quite diverse perspectives on nursing and healing. Some are prominent within the profession of nursing, some very humble within nursing (one has worked mainly as an enrolled nurse), some no longer identify strongly as nurses at all. A number are academics, or hold higher degrees, or are working towards them; others are quite content with clinical work without furthering their academic knowledge.

Their backgrounds as healers are similarly diverse. Some learned the modalities popular in nursing – TT or Healing Touch (HT). Others were initiated into other healing modalities, such as Reiki or Ki Force, or rebirthing, or Sufi healing approaches, or ‘parapsychology’. What was striking was that the participants almost universally did not equate their practice of any particular modality with their being a healer. For them, being a healer was something which penetrated deep into, across and along their lives. Whilst learning and practising a modality was in many cases highly significant, for most
participants that was a stage (perhaps initiatory) in a powerful process or journey spanning whole lifetimes (or multiple lifetimes). Two participants did not report learning any specific modality. A number told how that they had been healers for as long as they could recall; a number reported that they were quite different to those they grew up with, some seeing themselves as belonging to lineages of healers, stretching back over the generations.

Nine of the participants were women, two were men. The pseudonyms I have given them are Angelique, Chris, Emma, Gabrielle, Heloise, James, Michael, Moira, Rachel, Ruby and Ruth. I came to recruit these participants by a variety of means. Firstly, it was necessary to determine what would be the criteria for selection of participants. I deemed it of paramount importance that those I spoke with have a very strong self-identity as healers, and have a number of years experience as healers. From my earlier research (Hemsley 1998) I approached two of the participants who identified most strongly as healers (and whose words had encouraged me to believe that this study would be worthwhile), and they both agreed to participate. Some of the nurses participating in this study became known to me by their publishing in this field; or were teaching healing; or were well known as healers. I approached them as they became physically accessible to me (two were living locally, two were at a holistic nursing conference I attended in 2000, and one I was able to connect with as she visited my region on another matter). One was an undergraduate nursing student whom I met at my local university.

One participant I learned of from a flyer I found in a dungeon-like office shared by a number of casual academics in the School of Social and Workplace Development at SCU. This person was travelling the world running seminars on esoteric spirituality and healing, and had been in Australia about two years earlier (according to the flyer). The contact details were all out of date, but I was eventually able to connect with her by periodically typing her name into an internet search engine – she at one point was corresponding on an internet chat room, so I was able to obtain her email address. She was initially quite suspicious at how I was able to track her down, but we eventually
made a lovely connection. My interview with her was via an international telephone call, and we have never met in person.

The other participants I spoke with in person at locations agreed upon between us – some at their own homes, one at my home, some in motel rooms, one on the grounds of a hospital, one in a coffee shop, one at a mutual friend’s home. All the conversations were beautiful and moving experiences for me, and most of the participants reported likewise.

Some have since become good friends, and for that I am grateful.

A Word (or two) on Style Used Herein

Referencing

The Harvard referencing format is used in this thesis. Where studies are referenced singly, the author’s surname, followed by the year of publication (no comma between) is cited thus: (Hemsley 1999). In the first instance, where more than one author is cited for the one publication, commas and the symbol ‘&’ are inserted between the authors’ names, thus: (Pearson, Borbasi & Walsh 1997). Subsequent references to such a publication will cite the first author only, followed by ‘et al’ (no periods), as in: (Pearson et al 1997). Where multiple publications are cited, they are separated by semicolons, as in: (Reardon 2001; Small 1999). They are presented firstly in order of date from the most recent, and where more than one publication from the same year appears in a cited series, those from the same year are ordered alphabetically; for example: (Hemsley & Glass 2002; Watson 2000a; Hughes 1999; McQuaide 1999; Anderson 1998; Tappan 1997a; Fisher 1995; Taylor C 1995). Where an author has multiple publications within the one series, the publications, separated by commas are all sequenced from the most recent; the sequence of publications by that author are kept together and situated within the group of publications at the position occupied by the most recent in the sequence by that author, thus: (Hemsley & Glass 2002, 1999, 1999a; Watson 2000, 1997, 1995; Hemsley 1998).
The reference list at the end of the thesis was generated using a library exported from the application ‘Endnote’, in the style entitled “Nursing Inquiry”. I have found the formatting of references in that journal (Nursing Inquiry) to be visually pleasing, so I let that guide my choice (although as it turned out, the reference list does not precisely match the actual fonts and formatting and layout found in Nursing Inquiry).

**Headings**

The heading styles used in this thesis, are chosen mostly for clarity, to make the sections and subsections of the thesis distinguishable, without the use of a complex numbering system, which could be out of character with the overall work.

Also they have been chosen for their aesthetic appeal, to give the physical appearance of the thesis document a degree of harmony with the creative and unconventional nature of the topic and the methodology. This emphasis on aesthetic appeal is expressed most markedly in the results section, where I have chosen not to capitalize the secondary headings, to indicate the lack of definiteness of the categorisation process, and to soften the visual impact of so many headings.

**Fonts and quotations**

The thesis body is written in “Times New Roman” font, 12 pts.

Where I have quoted the (quoted) participants’ words from earlier work, I have used “Comic” font, 10 pts, and inset, as in the example below:

> The biggest challenge I think for nurse healers is that once you embrace the concepts of holism, and health, it can’t become separate to... it can’t be just what you do. It becomes who you are. It’s like, it’s not just a philosophy any more, or a nursing theory.

Where more lengthy quotes from published work are used in this thesis, they are set in the font “Bookman Old Style”, 10 pts, and inset as below:

> The method one chooses ought to maintain a certain harmony with the deep interest which makes one a [healer] in the first place.
Where quotes from the participants of this thesis are used, mostly in the latter chapters of this thesis, they are in “Century Schoolbook” font, 10 pts, italicised, inset as below:

And sometimes... I get this very expanded sense, and I feel like this... I don’t know if it’s God – I suppose “God” is a good word – I don’t know, maybe sometimes I do feel like God orchestrated it, or God’s happy with me. Sometimes I feel God’s happy with me.

I also have inserted some longer passages, such as my reflections on the process of interviewing and analysis in chapter 5, and Chris’s story, in chapter 6, for which I have used different fonts and formatting to identify them as distinct from the text of the thesis, as well as distinct from the other quotations interspersed throughout.

Usage Regarding Gender

Regarding gender, generally speaking, to avoid torturous expression, a healer (or nurse) is assigned feminine, and a healee (or patient) masculine throughout this thesis, unless the context demands otherwise.

The Structure of the Thesis

This section, Chapter One – ‘Opening’ forms the introduction to the thesis. Here are presented sections devoted to the research question, the personal perspective, inspiration and stake of the researcher, the potential value of the research, the place of the research in the intellectual / theoretic life of nursing, a preliminary discussion of healing and healers, an introduction to the participants, and a discussion of grammar and style used in this thesis.

Chapter Two – ‘Initiation’ – sets out some background understandings to this topic – drawing on some esoteric, shamanic, comparative religious, and ‘new age’ writings which aim to set a context for understanding the participants’ reported experiences. Included in this chapter is an account of Watson’s theory of nursing, particularly as it applies to this project.
Chapter Three – ‘Grounding’ is the literature review, focused on the transformational and extraordinary experiences reported by nurse healers, reported in the research and other academic writings of nurses. Through an examination of the anthropological discourse, the experiences of transformation by non-nurse healers, particularly shamans, are also discussed. The discourse on healing and holism in nursing is also examined as it underpins the topic.

Chapter Four – ‘Crucible’ is the methodology for this study, which includes discussion of contexts to a nursing science methodology, the issue of paradigms in nursing, justification of choice of paradigm, as well as discussion of the philosophical precepts underpinning the interpretive paradigm.

Chapter Five – ‘Gateway’ is the discussion on method employed in the research – collection of empirical materials, and analysis. The method of van Manen is explicated, as it is adopted in this thesis. This chapter also encompasses discussion of participant selection, data collection and storage, formal approval and ethical considerations, as well as some personal reflections on the research process.

Chapter Six – ‘Transmutation’ is the section devoted to analysis and presentation of the ‘findings’ of this research. Here are three levels of analysis – a light analysis to convert the transcripts of one of the interviews into story (‘Chris’s Story) form, a thematic analysis of each other participant’s story, and an ‘integrative analysis’ of the overall, common and significant themes emerging from the analysis of the individual participants’ stories.

The final chapter, Chapter Seven – ‘Harvest’ sums up the thesis and discusses the findings according to the parameters of contribution to nursing knowledge (with a focus on Watson’s Theory), dissemination of results, and implications for nursing practice, education and administration.
Conclusion

In summary, this chapter introduces this thesis reporting a hermeneutic phenomenological research project into the deeper and transformational experiences of nurse healers. As well as presenting the research question and outlining the aims of the research, I have put forth my own personal perspective in undertaking the research. Also, I have introduced briefly some of the conceptual and theoretical territory covered by the thesis, placing it within the intellectual fabric of the profession, notably as a work informed by a well-known nursing conceptual model – that of Jean Watson. The methodology and method are outlined, and as well some of the key underlying understandings and assumptions such as healing, transformation and extraordinary experience are sketched in. The 11 participants are introduced, as well as the background to their selection. Matters of style and grammar used throughout the thesis are set out, and the chapter ends with a brief outline of each of the chapters comprising the thesis.
Chapter Two
Introduction

This thesis is laced together with three major conceptual or theoretical threads – the holistic nursing theory (Watson’s (1985a, 1988, 1999) “caring-healing paradigm”), the methodology (hermeneutic phenomenology), and a schema of thought honouring the worlds of the healer. Desiring to avoid the concurrence of incommensurate views of reality within this work, it has been a goal in my writing to create a level of harmony and synergy among these systems of ideation. Thereby, I have striven to explicate and draw them together in a coherent way.

It is central to the goals of this work that I assert my affiliation with nursing, and theory which expresses a deep understanding of its aspirations and methods. Furthermore, I owe allegiance to the phenomenological insights of van Manen, which, with those of Husserl, Heidegger, Dilthey, Merleau-Ponty and Gadamer, enable the lived experiences of the healers I interviewed to be brought forward. Notwithstanding the above, what is always primary for me personally is to honour the realities of the healer, who is the servant of truth which is embodied in spirit, in power, in vision, in earth, in heart, in tender agency, in consciousness, in voice, in intentionality, and in sacredness. I would consider this thesis a failure were it to not uphold these realities (I use the plural purposefully), for they speak to and sustain my passion in undertaking this research. Furthermore, seeing their marginalization in the profane and materialistic preoccupations of modern culture, I am compelled to treat with respect and cherishment their delivery through this potentially clumsy and narrow medium of rational exposition.

It is therefore a priority in this work to bring methodological and theoretical harmony with this primal reality of the healer, and in particular to eschew any commitment to intellectual paradigms which deny the possibility of such a reality. Therefore, I largely leave aside attitudes to truth which demand material proving for acceptance of any claim to reality, believing such to be inadequate for the study of phenomena under inquiry in this thesis.
I am not unaware of the intellectual inflexibility, even arrogance, of such a stance on reality. My reply is that this is only so on a purely rational level, and in the following pages a key theme I expound is how rational knowing is only one form of access to reality, one which is quite limited in terms of bringing human experience to deeper levels of truth, or even to attain a fine appreciation of holistic understanding. This is not a position I assume on my own – it is shared by many others, some of whose insights I include in the following discussion (and is inherent in some postmodern understandings which also inform this work in some ways). In the upshot, I can see that there are limits to rational and empirical knowing, and this is why, intellectually, this work doesn’t bend in certain directions, and won’t go down certain paths. I can’t argue the deeper reality of the healer, for that is my deeper reality, and I honour it as beautiful, sacred and true; however I cannot accept responsibility for those who deny it.

The following three chapters of this thesis explain and detail the methodological (ontological and epistemological) understandings which found and enable the knowledge for nurses (and others) produced by this thesis-as-research-report. This present chapter addresses the other key theoretical strands binding this thesis. These are the perspectives on reality explaining and describing the extraordinary experiences of nurse healers, and the nursing theory guiding this research. These two conceptual horizons – the worlds of the healer, and the ‘caring-healing paradigm’ of Watson’s conceptual model of nursing, are inevitably intimately linked. Still further, through potential contributions to Watson’s theory proposed in the light of the findings and theorizing associated with this study, I hope that they may be drawn still closer.

The Realities of the Healer

At the point of writing this chapter, I am conscious of having previously conducted interviews with the nurse healers participating in this research, and having carried out the major part of the analysis of these discussions. What strikes me about the product of this inquiry is that these experiences in a large part belong in the realm of esoteric reality, and present a potential difficulty in understanding to the consumer of this research. I am therefore prompted to present some account of how this reality might be
understood, so that it may be more comprehensible in the broader academic context to which this work must be addressed. The following pages include my effort to bring forth a little of the content of the esoteric literature, to assist in making sense of the reports of the participants. It is by no means a thorough treatise on esoteric spirituality, which would be a thesis in its own right.

**Nurse Healer as Mystic, and the Dilemma of Secularism**

As is expounded in chapters 6 (‘Transmutation’), the accounts of the nurse healers given to me in my interviews with them disclosed perspectives on reality which are not ordinarily encountered in the regular discourse of this culture. Furthermore, it is necessary to look into some quite esoteric writings to find depictions of reality commensurate with their experiences. The following chapter on the literature which informs this research topic (‘Grounding’) looks at the records in the nursing, anthropological and related fields of study concerning extraordinary and transformational experiences of nurse healers and healers in other traditions, including shamanism.

Representations of the experiences of shamans / healers found in literature discussed in that chapter do paint some pictures of the terrain of experience encountered by those individuals, and include some academic discussions concerning the nature and meaning of such experiences. In the following pages, I present a theoretical perspective, or rudimentary cosmology, or perhaps a phenomenology, by which the deeper experiences of nurse healers may be understood. These experiences are thereby, I hope, placed in the transplanetary context of the human spiritual adventure.

The practice of healing throws the individual into experience of realms of experience which are ordinarily not perceptible. These non-ordinary realms of experience can be astounding and beautiful, as well as frightening and confusing. There are a few possible explanations why many healers encounter this – for example, it can be said that the healer must work within and through levels of consciousness more expanded than ordinary states of mind. Some healers report having conscious contact with these non ordinary realms of experience throughout their lives.
The Example of Therapeutic Touch Practitioners

Whilst by no means are all nurse healers practitioners of Therapeutic Touch, the experiences of those who have practiced and written about TT may serve as exemplars of the understanding of healing evolving both within nursing and throughout the contemporary Western healing experience. From the early days of the teaching and practice of Therapeutic Touch within nursing, practitioners have presented and conceptualised it as a secular modality, which may be practiced by people of any or no religious faith. This has been important in its propagation – everyday nurses are given a tool whereby they may offer comfort, relaxation and healing to their patients, without imposing religious beliefs which may not be shared by their patients. The secular nature of TT was reinforced by a growing body of research supporting its value and efficacy, and by its systematic association with recognised scientific nursing theory (Rogers’ Unitary Science).

Notwithstanding TT’s projecting of a secular image within nursing and the other health care professions, the reported accounts of practitioners and recipients have often been anything but mundane or prosaic, and described in many instances as significant spiritual experiences.

The two nurses most prominent in the propagation and research of TT over the last three decades in the USA, Dolores Krieger and Janet Quinn, both described their experiences as TT practitioners as significant regarding their own personal spiritual evolution. Krieger, from the beginning, had theorized TT in terms of her understanding of Hindu esoteric spiritual philosophy. Thus, the Indian notions of prana (subtle energy) and charkas (centres of energy in the human esoteric bodies) had from the beginning helped Krieger conceptualize the energetic occurrences at the core of TT practice.

In her 1987 book, *Living the Therapeutic Touch*, Krieger presented the committed and ongoing practice of TT as a kind of yoga, or path of spiritual evolution and development, much as one might undertake as an initiate to a monastic order, or in an *ashram* at the feet of a spiritual master. Thus, for Krieger, the practice of healing is a spiritual or mystic practice, and the experience of being a healer is an introduction to the
spiritual realms, and the inner transformation ensuing from that introduction. Krieger’s (1987) book was essentially a treatise on how healing, as a spiritual practice, could bring powerful change into the life of the healer. Her work is further discussed in the following chapter (‘Grounding’, p 68).

Janet Quinn extensively researched and theorized TT after learning the modality from Krieger in 1974 (Quinn 1979). For Quinn, TT was a secular practice, which she quite early theorized in terms of Martha Rogers’ (1970) ‘Unitary’ theory of nursing. (Rogers (1970) was influenced by writers on mysticism such as Teilhard de Chardin, but presented her theory as scientific, employing particularly the ideas of systems theorists such as von Bertalanffy (1950) and Miller (1965)). In a 1996 interview (Horrigan 1996), Quinn disclosed how years of practising TT had led her to profound and life-changing spiritual experiences, despite her studied secularism regarding the practice. She wrote:

I was raised a Catholic, but promptly left the church at age 18. Meanwhile, I learned Therapeutic Touch, and since 1974 I have been asking to be used as an instrument of healing. Therapeutic Touch, at its core, is the offering of unconditional love and compassion, and so I asked over and over again for years to be an instrument for unconditional love and compassion. This, of course, was a spiritual practice, but I did not realize it. Then, quite suddenly, ... I had an ongoing series of spiritual experiences that, at the time, were terrifying to me. I thought it was happening out of the blue, out of nowhere. But my sense of it now is that it was the natural product of years of spiritual practice by another name. All our careful language, our conceptual frameworks, the way we describe things, cannot constrain the Divine

- (p 72).

**The Challenge to Secular Views of Reality**

It is clear that the experiences of healers points to a reality which, in terms of conventional scientific ontology, is completely extraordinary and without rational or empirical substantiation – even bizarre. Accounting for healing in secular, scientific language has possibly contributed to the extreme hostility towards TT’s practice in nursing, expressed by a number of vocal critics. Amongst a range of criticisms, these detractors have accused TT’s proponents of promulgating a religious practice under the

A strong example of this repudiation of a secular, scientific basis for TT in nursing came from the nursing theorist Myra Levine, quoted by Rosa (1997) as saying:

The pretence of the healers that they perform scientific therapies is unconscionable. In our struggle to achieve academic recognition as a profession, we simply cannot afford to indulge in this kind of charlatanism. Therapeutic Touch challenges the validity of modern nursing research, teaching and practice. If its practitioners insist on their healing roles, let them honestly call themselves faith healers and stop claiming they are nurses who heal


From the above, it is clear that there is an important dialogue occurring here, where the narrow bounds of scientific ontology are being challenged, and where the deeper experiences of the spiritual explorer of healing are being brought into the domain of scientific inquiry. It is unclear whether there will be a harmonious meeting, where healing practices can claim a secure place in secular society. Certainly TT does posit a deep question to the worldview of a scientifically explainable material universe, upon which so much of the discourse in modern secular society is founded.

And my own suspicion is that these perspectives may not be commensurate, despite the input of quantum mechanics and other scientific questions to Cartesian ontology emerging over the last decades. The locus of this particular inquiry leads me away from the conventional scientific outlook, into the depths of experience encountered by healers. It is uncertain whether such vistas on reality will ever inspire universal interest and respect, yet for me it is important to map these terrains in human experience, for clearly there are many, nurse healers in particular, who are looking to walk this way.
First Principles, or an Elementary Phenomenology of Holistic Consciousness

The Way that can be experienced is not true;
The world that can be constructed is not true.
The Way manifests all that happens and may happen;
The world represents all that exists and may exist.

To experience without abstraction is to sense the world;
To experience with abstraction is to know the world.
These two experiences are indistinguishable;
Their construction differs but their effect is the same.

Beyond the gate of experience flows the Way,
Which is ever greater and more subtle than the world

- (Lao Tze, Tao te Ching, interpolated by Peter Merel (2003)).

As the above accounts of the prominent theorists and practitioners of TT illustrate, there is a confluence between the experience of the healer, and that of the mystic, and it is important – indeed, central to this thesis – to try to bring forth this greater reality encountered by healers and other mystics. The following pages, which include my personal understandings, bring together some reports from healers, mystics and visionaries of various cultures. They amount to a kind phenomenology of holism, more than a coherent systematization of rational constructs.

First of all, it must be said that I don’t believe that any theory can give an understanding of the reality that lies behind healing, for ultimately this is the Absolute, the Divine. As is often pointed out, aetiologically the word ‘heal’ goes back to the Old English haelan,
meaning ‘to make whole’ (eg, Quinn 1989), which brings the act of healing into alignment with the indivisibleness inherent in understandings of Divine reality.

Rational faculties are not adequate to comprehend or express this deeper reality. The above opening stanza from the Taoist classic, the ‘Tao te Ching’ (interpolation by Merel (2003)) (attributed to the sage Lao Tze in the 5th century BC) expresses beautifully this unknowable nature of reality. The Tao – Reality (or Ultimate Reality) is unknowable because knowing, in a simple rational sense, is a function of a completely differentiated individual, and knowing of Reality involves the awareness of the utter oneness of all. To be fully conscious of that is to ‘think’ with the mind of the Tao, the mind of the Divine.

**Brahma Yoga (Jnana Yoga)**

A powerful and beautiful account of the human experience of the absolute appears in Hinduism, where the identification with the Divine is expressed and practiced in Brahma Yoga (or Jnana Yoga). This yoga, or spiritual pathway, is first found in the Upanishads, and has been expounded through the centuries by such seers as Ramana Maharshi (Osborne 1970). According to the prominent contemporary spiritual teacher Bede Griffiths (1989, p176), Brahman is “the one Reality beyond all phenomena”. In Brahma Yoga, the central truth is that there is never any separation between Brahma – or ‘All-That-Is’ and any individual, except in the upholding of an illusion of separateness. And the practice of Brahma Yoga, according to Ramana Maharshi, is the constant inquiry as to the nature of the self – “Who am I?” In any situation; the truest answer to that question is “I am *atman*”, which is Self – the inner experience of Brahman, *All-That-Is* (Osborne 1970).

The fundamental nature or ‘substance’ of reality is consciousness, from which the mind of anyone cannot ever be truly separate. This is embodied in the words of the *Brithadaranyaka Upanishad*: “The Self is the footstep of everything, for through it, one knows everything” (in Yutang 1949, p32). This identification of consciousness as the basic form of reality appeared simultaneously in the Fifth Century BC in Hinduism, as well as in Greek philosophy of Heraclites, and in the transcendent understandings of
God of Jeremiah and other Biblical prophets (Griffiths 1989), as well as in Taoism and Buddhism.

Consciousness in this sense is Being, and the knowing of one’s being is not a rational operation, for the intellectual mind is always looking for some object ‘over there’ upon which to settle, whereas Being is always ‘here’, and can never be an object. The contemporary spiritual teacher Isaac Shapiro emphasized this in the context of discussing spiritual practice, or meditation:

Ultimately, when you are doing some activity to get somewhere, even if it is to get silent, you are missing what is already here, because you are trying to get somewhere else. Truth is already here. The only moment you can know Truth is now

- (1997, quoted on his website: http://www.isaacshapiro.de/).

This is very difficult to conceptualize rationally, and the very motivation of the person to rationally conceptualize Reality may well present an impenetrable barrier to its apperception. This is perhaps because that which may satisfy the purely rational mind as truth must be an objective reality, and objectivity as such cannot approach Ultimate Reality (although it is held within it). In this sense, Reality is not objectively real, and is beyond rationalist or empirical verification.

Again, the words of Bede Griffiths, citing below the Mandukya Upanishad, put this powerfully:

“It is atman, the Spirit, that cannot be seen or touched, that is above all distinction, beyond thought, and is ineffable.” In other words, one goes beyond one’s senses, one’s imagination, one’s mind, and beyond word, until one comes to the Absolute beyond. And union with him is the supreme proof of his reality. One knows it by itself. One cannot know it by one’s reason or by one’s intellect, but only when one enters into it does one know it


What makes sense rationally can, as we like to say, be ‘grasped’. An individual can come to grasp a particular concept, or a system of ideas. However, one can only ever
hope that Truth or Reality may become visible if one is prepared to unclasp the preconceptions which are habitually projected out upon a mentally constructed universe.

To approach this in another way, it can be said that this question of fundamental Truth or Reality – the deepest knowing of the healer or mystic – is an entirely personal one, as well as an entirely non-personal one. It is always personal, and it is never personal. I expand on this in the following paragraphs.

It is always personal because it cannot be objective, and cannot be discussed in an entirely ‘sensible’ manner. Reality – pure consciousness, pure Being, cannot be measured as a phenomenon, because it is the ground on which all phenomena exist. The Brihadaranyak Upanishad spoke to this in the following passage:

> He [Brahman] cannot be seen, for, in part only, when breathing, he is breath by name; when speaking, speech by name; when seeing, eye by name; when hearing, ear by name

- (in Yutang 1949, p32).

Therefore, Reality can only be known in consciousness – it is possible for human consciousness to be expanded to realize itself as the consciousness of ‘All-That-Is’ – the Divine, the One, the Source, Brahma. This is the Self, atman, the Divine reality of each person, realized in expanded consciousness. It is possible for humans to know their Being, to know what they are. This can never be rationally realized – it can only be ontologically realized, recognized, remembered. It is not the rational mind which does this, but the heart, and the spiritual mind. The nineteenth century Native American Sioux leader, Black Elk, spoke his indigenous perspective on the role of the heart in knowing truth when he said:

> I am blind, and do not see the things of this world; but when the light comes from above, it enlightens my heart and I can see, for the Eye of my heart sees everything; and through this vision I can help my people. The heart is a sanctuary at the centre of which there is a little space, wherein the Great Spirit dwells, and this is the Eye. This is the Eye of the Great Spirit by which He sees all things, and through which we see Him. If the heart is not pure, the Great Spirit cannot be seen

This Truth-as-being is always personal because the realization of this makes it near impossible to live an ordinary life. Even a tiny glimpse of the enormity and incredible beauty of Being is often a shattering experience, affecting every aspect of living. Even a small taste of Being, of recognizing what one is, can open the heart and the mind, and reveal to be quite meaningless the mundane beliefs and practices of conditioned living.

*This* is always personal because Truth cannot be conveyed dispassionately – there is always an awesome fire in its telling. I suspect that this is partly because how we are acculturated denies the divine nature in approaching Truth, and removing this denial is like taking the top off a volcano. This may be why rational conceptions of truth so often seem to be a form of denial of this deeper reality – to recognize *This* can be threatening indeed, if one is at all afraid of conflagration.

Paradoxically, as I claimed above, *This* is also never personal, for in Ultimate Reality, there is no personal dimension. There is no true separation, for all is One – so there is never a complete individual. There is this paradox in the spiritual ‘journey’ – where an individual seeks to have the ‘experience’ of enlightenment, of realizing his or her true nature, of attaining union with the Divine. And this seems to be the most intensely personal process. Yet in Truth, as was pointed out by teachers such as the Buddha and Ramana, there is no individual, in the first place, to become enlightened. Self realization is not an experience taken by an individual and located in time – it is the recognizing that all experience flows in the consciousness which is Source, from which human consciousness cannot be separate. That which one already is, and can never fail to be – Being – can not be attained, can not be achieved. It is not an individual who attains realization of Self, but it may well be the case that it is Self (All-That-Is) who has decided before time began to now bring back to knowing the hidden or partitioned spaces in consciousness. This is what is known as Grace. The *Katha Upanishad* expressed this beautifully:

Not by much learning, not by the Vedas, not by understanding, is this Atman known. He whom the Atman chooses, he knows the Atman


Chapter Two – Initiation

36
In such a cosmology of oneness, there is no real distinction between ‘truth’ and ‘reality’. Truth is Reality, and is experienced as love – indeed, it is Love. This is because there is no separation between the knower, the knowing and the known, and the realization of that profoundly opens the heart, can only be taken in with an open heart. As I stated above, the consciousness of the heart is necessary for any understanding of Wholeness. This may explain why it is difficult to find a satisfactory rational philosophical account of wholeness.

The significance of the above for healers and healing is that Truth is the healer, and Truth becomes apparent when the heart is opened in compassion for the benefit of another. Put another way, healing is inevitable when the lie or illusion of separation is removed, and reality is remembered as Love. I would maintain that knowing a specific healing modality (such as TT) is not necessary to healing, but certainly the practice of a modality like TT creates a space for this to be nurtured.

I wrote above how I believe there is in the act of healing an invocation of the Divine, as wholeness is by definition an absence of separation. It must follow that healing is of God. As such, a healer may make no claim to personal individual ‘ability to heal’, for healing must be a gift from the Divine, mediated mysteriously through the healer.

**Vistas on Multiple Levels of Reality: Energetics & Consciousness in the Healer’s Experience**

The above depiction of reality, realized in what may be termed ‘Cosmic Consciousness’ or ‘Divine Consciousness’, may not be the consistent experience of many people, although numerous individuals have been fortunate enough to be given intimations of such Reality. The above perspective on relating to the Absolute appears in all the traditions of human spirituality, and is present in writings which are relatively mainstream. The issue of multiple realities which present to healers is much less present in the accounts of spiritual philosophy or comparative religion, possibly because such an ontology seems to belie the unitary nature of Reality. However, were one to see consciousness as the basic substance of reality, it follows that different states of
consciousness might equate to, or reveal, differing realities, within the One. Clearly, those, such as healers, who devote themselves to exploring consciousness in its varying manifestations, might have much to report on this. (Indeed, the accounts given to me by those I interviewed for this research are rich in such observations).

The nurse healer and founder of TT, Dolores Krieger (in Carlson & Shields 1989), wrote on this matter:

A common perception among healers is that there are multiple realities, reflecting the multifold states of consciousness at our command. Which reality we relate to depends largely on the predominant facet of consciousness through which we choose to perceive our interactions with the universe

- (p 124).

From the perspective of healers, it would appear that the experience of multiple realities is highly significant, and sits as one of the most significant challenges to anyone committing her or himself to that path. This is central to the concerns of this research, for the actual experience of more than one dimension to reality raises enormous personal issues for the healer, who must grow herself through the implications of this.

**Multiple Realities**

![The Human Chakras](www.geocities.com/solaslite/The_7_Chakras.html)

Figure 1. The Human Chakras

(Courtesy of Brian McCullen A.I.W.P., Dip.H.I.L.I.
www.geocities.com/solaslite/The_7_Chakras.html)
Following is a discussion of multiple levels of reality, focusing on depictions from a healer, Barbara Brennan reporting her personal experience. Brennan’s (1993, 1988) books on spiritual healing (termed by her ‘personal healing’), draw heavily in their language and construction of concepts upon Hindu esoteric spirituality.

**Barbara Brennan’s Observations of the Human Energy Field**

In her book ‘Hands of Light’ (1988), the spiritual healer Barbara Brennan presented a schema of the ‘human energy fields’ (HEF), which she observed over a number of years practising as a healer. By Brennan’s (1988) account, the physical human body is the densest (and most readily discerned) of at least seven co-spatial bodies comprising the individuated human being. Through having developed her Higher Sense Perception (HSP) (ability to visualize spiritual or nonmaterial phenomena), Brennan claimed to be able to discern the different layers of human form, which exist at different levels of being, or consciousness. Brennan (1988) saw these layers as being related to the *chakras*, the other major feature of the human energetic system, or ‘aura’ (see the above diagram showing the location of the chakras on the body).

In this system, each layer is associated with a particular chakra, and deals with particular aspects of human functioning. The chakras lower on the body, associated with the denser, more easily discernable layers (or ‘bodies’, as they are often termed), deal with the more corporeal aspects of human functioning, such as physical survival and sexuality, whereas the higher chakras and more subtle layers are associated with more spiritual and ethereal aspects of human functioning, such as love, life purpose, and relationship with the Divine.

By raising or lowering her own level of consciousness, Brennan reported being able to see a particular level, which is the aspects of a human being existing within the dimension relating to a particular level of consciousness. The different levels of the HEF, Brennan (1988) observed, became visible to her as she entered states of expanded consciousness, with the outer or more subtle levels visible to her only as she entered deeper and deeper (or more expanded) meditative states, often during healing sessions.
Expanding one’s consciousness into the more subtle layers, Brennan maintained, involved entering completely different realms of existence:

Each of the layers above the third is an entire layer of reality with beings, forms and personal functions that go beyond what we normally call human. Each is an entire world in which we live and have our being. Most of us experience these realities during sleep but do not remember them. Some of us can go into these states of reality by expanding the consciousness through meditative techniques. These meditative techniques open the seals between the roots of the chakra layers and thus provide a doorway for consciousness to travel

- (1988, p51).

A conclusion from the above statement is that as humans we exist simultaneously in a number of dimensions, of which we are not always conscious.

Brennan (1988) emphasized the transformational process involved in an individual moving into consciousness of the higher layers and charkas of the HEF (human energy fields). She wrote cautiously of the opening the chakras, and integrating the consciousness associated with the energy coming through the chakras:

Psychological maturity related to each chakra is brought to consciousness through that chakra. Too much psychological material would be released by a sudden flow of energy, and we could not process it all. We therefore work in whatever growth process we are in to open each chakra slowly, so that we have time to process the personal material that is released and integrate the new information into our life

- (1988, p45).

Bede Griffiths also wrote of the Hindu perspective of a human’s spiritual bodies, and their association with spiritual transformation:

In the Hindu tradition there is a way of talking about this transformation which is in terms of bodily sheaths, or koshas, in which the human consciousness is involved, of which only the first is physical and the rest are subtle. The first sphere is the annamayakosha, the food kosha, which is the material body. Then there is the pranamayakosha, the level of the breath or life energy. Inside this is the manomayakosha, the mental body, or mind energy. In the West, this is generally thought to be the final stage of development, whereas in reality it is only an intermediate level. Beyond the manomayakosha is the vijnanamayakosha, and that is where one comes to the budhi, or intellect. Finally there is the anandamayakosha, the supreme bliss consciousness. As one passes
The last quote from Brennan (above) regarding the psychological implications of entering into expanded realms in consciousness is very pertinent to this research. It is clear that healers, as they enter into these regions in consciousness in service of those to whom they bring healing, must take the time to process the emotional and psychic aspects of their being which come to light as they heal. It is inevitable that as a healer (or anybody else, for that matter) opens herself or himself and enters into deeper (or expanded) levels of consciousness, she or he begins to become aware of psychological material which has been repressed from consciousness – much in the way that therapy brings such material to light. The individual is challenged to come to terms with these unresolved issues, or will inevitably find that the progress through expanded consciousness is impeded. This is certainly my own experience. Thus comes the frequently heard exhortation that the healer must attend to her own healing in order to continue to bring healing to others (Dossey et al 1988).

And it is not simply one’s own emotional issues which present themselves in the consciousness of the multiple dimensions of spiritual experience into which the healer apparently blunders almost unwittingly. The entities and thought forms met by healers in their travels in consciousness can be challenging to encounter, and are not always angelic in nature. Some of the experiences in the unseen realms can inspire fear in the evolving healer, who may be challenged to develop in a number of different directions in response to these experiences.

Exploring the deeper realms is often characterized as somewhat hazardous, and that is certainly the case for those who are unwilling to or unable to process the material which is revealed to consciousness through spiritual practices. This is more powerfully the case the deeper one explores – to experience one’s Divine nature brings forth to
awareness psychic material held within, often at unconscious levels, which is in denial of This. In the face of that, many have entered disturbed states, including psychosis (Grof & Grof 1989). An example of someone’s experience of what is termed ‘the kundalini syndrome’, a form of unintegrated spiritual awakening is included in the following chapter (Grounding’ p 90).

In the light of the above, the process of transformation of the healer is perhaps inevitable in entering into realms associated with expanded consciousness, through which healing is conducted. The experience of shamanism, found largely (but not exclusively) in indigenous cultures, typically involves a transformational crisis at the start of the shaman’s career (Vitebsky 2000; Krippner 1991; Huber 1990; Lewis 1989; Halifax 1982, 1979; Reid 1983; Kleinman 1980; Elkin 1977; Eliade 1964). Typically this includes encounters with spirits or deities, and in some cases involves journeying into other dimensions of experience (often called “the underworld”) where the individual is dismembered, finally to awaken in the ordinary world as a shaman. This indigenous experience of transformation is existentially, or psychically, very similar to that which is noted by Brennan and others writing about the experience of exploring deeper levels of consciousness.

Griffiths (1989) pointed out that the understanding of there being a number of dimensions to reality is by no means an invention of the ‘new age’. There is a ready precedent in the philosophy of ideals proposed by Plato. Subsequent Christian philosophers drew on Plato’s notions to account for realms of angels and demons already present in Jewish cosmologies. For instance, Griffiths wrote of the early Christian mystic philosopher Clement of Alexandria’s understanding that:

> behind the physical world is the world of the angels. This as well ... develops further in Christian mysticism, and exactly parallels the idea in Hinduism of the mahat, the cosmic order. Beyond the physical world is the cosmic order, the psychic world, and the world of the gods, and in Christian tradition that is encountered as the world of the angels.

Plato believed that it wasn’t possible for an individual to have direct experience of these other worlds of ideals, but the Neoplatonist Plotinus (1952) is said to have had frequent direct experience of the other dimensions of experience that Plato wrote about, according to his disciple and biographer Porphyry (Plotinus 1952). Perhaps this highlights the difference between the mystic and the philosopher – the philosopher writes and thinks about reality, whereas the mystic, the spiritual adventurer, travels to those realms of reality. Perhaps something similar can be said of modern-day theorists and healers.

Indigenous understandings of reality do not appear to have been as theoretically constructed, and experience of multiple levels of reality – journeying to the worlds of the spirits – has been ever expected of the shamans serving their communities as healers and intermediaries of the gods and spirits (Halifax 1982). The following chapter (‘Grounding’) contains a number of accounts of shamans and other healers’ encounters on other dimensions of reality.

To summarize, in this first of the two sections of this chapter, I have endeavoured to present a depiction of the reality or realities entered into by the healer. From the observation that living as a healer is a kind of yoga, or pathway to spiritual development, which reveals the healer to be a mystic, or spiritual adventurer in multiple levels of reality Krieger (1987), it was acknowledged that there is a need, foundational to this research, to present foundational understandings of these realities of the healer. A phenomenology of holistic consciousness was then presented, expounding the fundamental unity of all-that-is in consciousness, or Being, as the basis of all healing; and also the transformational force of this understanding of reality is touched upon. Multiple realities experienced by healers is then discussed, which I have presented through the observations and insights of the healer Brennan (1993, 1988), esoteric Hindu teachings (Griffiths 1989), writings of the early Christian period (Griffiths 1989, Plotinus 1952), and the shamanic experience of indigenous societies (Halifax 1982). Focus was placed on the transformational imperative inherent in becoming conscious of these multiple dimensions experienced by healers, discussed by Brennan in particular.
Watson’s Nursing Theory of Transpersonal Caring-Healing

In 1985, Jean Watson published her book ‘Nursing: Human Science and Human Care’, which set out her theoretical perspective on nursing. Building on her earlier work (1979), Watson saw caring as central to nursing’s professional concerns, and set about outlining a “science of caring” as a model for the profession. As such, Watson was keen to identify nursing as a human science, incorporating artistic and moral concerns. Thereby Watson challenged the notion of nursing being simply another ‘natural science’, whereby the profession had “submerged both its artistic and scientific heritage in its scientific quest” (1985, p 13).

Watson (1997a) identified as early influences on her thinking phenomenological psychology and philosophy, singling out Carl Rogers and Yalom. She also acknowledged the influence of Peplau and her emphasis on the nurse-client relationship with the “therapeutic use of self”, and also the contribution to her thought of the insights of Kierkegaard, Whitehead, de Chardin and Sartre, as well as the nursing scholar Gadow (Watson 1997a).

A key element of Watson’s theory was the caring interaction between a nurse and another person, where there was a transpersonal field created, allowing for significant transformation to be engendered. Watson wrote:

Human care can begin when the nurse enters into the life space or phenomenal field of another person, is able to detect the other person’s condition of being (spirit, soul), feels this condition within him- or herself, and responds to the condition in such a way that the recipient has a release of subjective feelings or thoughts he or she had been longing to release. As such, there is an intersubjective flow between the nurse and patient

- (1985, p 63).

Watson thus grounded her understandings of professional nursing in this key transformational relationship of nurse to other person a transpersonal field. Given the above description of the instance of caring, which could be a description of a healing session, it is not surprising that Watson began to see her theory as one depicting nursing in terms of a caring-healing paradigm (Watson 1988). In this (1988) paper, Watson also
identified a consciousness of caring where, depending on the orientation of the nurse, any interaction with another may evoke a ‘caring moment’. She began to associate this orientation with evolution of consciousness and transcendence, and the recognition of the fundamental unity of being, where consciousness is not located in the body, rather the body is situated in consciousness. Her theory was further extended, naturally, by her coming to identify the intelligent and ‘informed moral passion’ inherent in the ontological grounding of her theory in mutual respect and care (Watson 1990b, 1988).

The abovementioned movement towards focus on transcendence and transformation in Watson’s theory brought it into alignment with the simultaneity- unitary/transformative paradigm, which she viewed as the appropriate world view for nursing as a holistic field of practice. She wrote of her concern that nursing theory be connected to understandings expressive of a unified world view grounded in indivisible being:

> the evolving work continues to make explicit that humans cannot be treated as objects, that humans cannot be separated from self, other, nature, and the larger universe. The caring-healing paradigm is located within a cosmology that is both metaphysical and transcendent with the co-evolving human in the universe. The context calls for a sense of reverence and sacredness with regard to life and all living things.

- (1997a, p 50)

Watson (2002, 1999, 1997a, 1997b, 1995) has expressed an openness to the postmodern spirit which allows all forms of knowledge and all individuals to find their own voice. She spoke of her commitment to the understandings of the unitary paradigm, whilst refusing to deny the paradoxical claims of other perspectives of reality and knowledge:

> I think nursing is paradoxically multiparadigmatic, with different branches of nursing operating within the different paradigms. I also think that we are moving toward a consolidation of the paradigms, toward the unitary-transformative paradigm [Newman 1992]. In the meantime, though, we have to honour all paradigms. So, by calling upon a postmodern perspective of caring and healing, we enter into a larger unitary framework to accommodate some of the most conventional and contemporary scientific and research happenings in the fields of both medicine and nursing, as well as happenings among the public

Watson has articulated in her theory other transpersonal understandings, notably as posited by transpersonal psychology theorists such as Ken Wilber and Wayne Harman such as intentionality and consciousness (Watson 2002, 1999), and the holographic paradigm theory of science (Watson 1988), as well as emerging holistic concepts in other disciplines, such as the notion of Era III medicine proposed by Dossey (1999) (Watson 2000).

The acceptance of Watson’s theory as part of the unitary-transformative paradigm by other theorists has been tempered by an uneasiness about the notion of care being a guiding concept for theory and knowledge development (Watson & Smith 2002, Smith 1999). Martha Rogers, the founder of the unitary perspective, “was concerned that it would not advance the discipline of nursing nor generate substantive knowledge for practice” (Watson & Smith 2002, p 456). Watson & Smith 2002 reported that this perception was reinforced by other critics, who have employed meta-analyses to attack care as a concept, claiming it is too vague and elusive to serve as a guiding paradigm for nursing theory (Paley 2001 (cited in Watson & Smith 2002); Morse, Solberg, Neander, Bottorff & Johnson 1990). Watson & Smith (2001) rightly pointed out that meta-analyses, being a-contextual, cannot account for the diverse paradigmatic, epistemological, ontological and normative frames in which caring has been studied and discussed in the nursing literature. Points of confluence between the unitary and caring perspectives on nursing knowledge and theory have been explored (Watson & Smith 2002; Walker 1996), and this remains an evolving process, to which this research may conceivably make some contribution.

The above arguments notwithstanding, I see that the relational way that Watson’s theory is grounded in the interaction of the nurse with the other, held in the respectful and sacred knowing of the unity of all in consciousness, makes this theory enticing for a researcher exploring the transformation and deeper experiences of nurse healers. Watson’s expressed interest in the mystic’s journey and how this informs nursing (eg. Watson 2000, 1999, 1988) sets the scene well for this study. And this evokes in me a sense of excitement at joining the understandings flowing from this research to the open and passionate and visionary thinking Watson has evolved for nurses and humanity
generally. This is discussed further as the thesis unfolds, especially in the concluding chapter.

**Conclusion**

This chapter outlines two of the ‘theoretical’ strands in which this thesis is constituted. The first strand is a discussion of holistic consciousness, underpinned by the perception of the nurse healer being a mystic (Krieger 1987), engaged in an adventure of deep personal evolvement, or yoga. I was prompted by a perceived need to provide a background discussion making the reports on unusual phenomena encountered by the participants to this research (see Chapter 6 – ‘Transmutation’) understandable to an uninitiated readership. Thus, in a discussion of holistic consciousness, the realms of experience of the healer are brought forth through esoteric writings, notably from Hindu mysticism as it posits the human experience of the Absolute. Healers’ experience of multiple realities, particularly as this relates to transformation, is also briefly discussed through the observations of the healer Barbara Brennan, and reports from shamanism, Hinduism and the esoteric writings of the early Christian era.

Closely aligned to the above discussion is the nursing conceptual model, or theory, of Jean Watson, which is the nursing theory underlying this research. This is the second theoretical strand discussed in this chapter. Watson’s theory articulates her vision of a caring-healing paradigm for nursing, and incorporates moral and aesthetic understandings, as well as transpersonal perspectives on interpersonal relations, transcendence and consciousness.
Chapter Three
Introduction: Embracing the Literature in Holistic Nursing Human Science Research: Exploration through Literature, and Investigation through Dialogue

I perceive two main purposes in orientation to others’ writings in this holistic nursing human science study:

- to further the hermeneutic phenomenological investigation of the subject of this research, that is, the transformational and extraordinary experiences, (or deep life-paths) of nurse healers, by identifying descriptions of these lived experiences within the literature; and

- to establish a dialogue between this work and the related scholarly human science oeuvre, particularly in the holistic discipline of nursing.

The above two points indicate operations which might belong to separate chapters in a typical organizational schema for research reporting. However, in the following sections of this introductory essay, their coexistence in this discussion on literature is expounded in the light of epistemological, methodological, theoretical, and ontological influences shaping this thesis. My adoption of van Manen’s (1990, 1984) approach to hermeneutic phenomenological research – ‘lived experience’ research – has impelled me in taking such a direction regarding treatment of the relevant literature.

Integrative locus in van Manen’s phenomenology – ‘method’ and literature

Concurrent Procedural Activities

The concurrence of these two apparently distinct processes in this chapter (bulleted above) is prompted by how the phenomenological approach to human science research, as elaborated by van Manen (1990, 1984) involves the ‘method’ in all stages of the research. In reality, van Manen’s mode of investigation is not well conceptualized in terms of a method as a formula, or linear sequence of steps, and it poorly lends itself to a conceptual structure such as: ‘literature review → methodology → method → findings → discussion’. For van Manen (1990, 1984), the ‘steps’ of his phenomenological
research approach are more like procedural activities, or investigative processes, which are undergone concurrently and interactively, and not in a linear manner. These four procedural activities are presented at depth in chapter 5 (‘Gateway’).

At this point it is important to emphasize that the conduct of hermeneutic phenomenology as a research approach expounded by van Manen (1990, 1984) is a constantly unfolding process involving concurrent activities. These distinctive procedural activities directing this research influence strongly the form and content of this chapter concerning the literature which influences this study. To a degree, this applies also to the overall structure of this thesis.

It seems pertinent to note here that a significant manifestation of this non-sequential nature of van Manen’s approach to research is how the literature discussed in this chapter has been gathered throughout the production of this thesis. Much of the literature was located early on, which contributed foundationally to the understandings developing in the different chapters and sections. Still, this has been an ongoing process, and some key literature came to my attention much later in the writing of the thesis, which has not ceased evolving in the light of ideas in books, theses and papers which continue to come my way.

**Phenomenology, Knowledge and Writing**

Introducing a semiotic take on phenomenological understanding, van Manen (1990) called attention to a relationship between research product and the actual writing in which it is couched. Indeed, for van Manen, understanding is embedded inextricably in language, and the writing, or ‘languaging’, is itself the key process and ultimately the result of research.

Phenomenological inquiry, whilst seeking the actual experience, must work in the knowledge that this experience can never in reality exist outside of consciousness. Van Manen (1990, p 54) wrote:

> we need to find access to life’s living dimensions while realizing that the meanings we bring to the surface from the depths of life’s oceans have already lost the natural quiver of their undisturbed existence.

*Chapter Three – Grounding*
Whilst conceding the ultimate inaccessibility of actual experience as a research product, the researcher employing phenomenology does, however, strive optimistically and diligently to uncover the ‘essence’ of a phenomenon, which can be linguistically suggested, or evoked, in a process in some ways more akin to composing poetry than analytical prose (van Manen 1990). As the essential themes and meanings of experience sought through this approach lie embedded in language, the phenomenological researcher is captured within a powerful field of resonance involving the researcher, the phenomena under investigation and the writings of others on the topic. Considering the hermeneutic nature of phenomenological understanding in this research approach, this relationship is as much ontological as epistemological, and a central goal of this discussion of literature is to elucidate the ontological significance of the scholarly and other literature informing this investigation into the deeper life journeys of nurse healers.

**Committed Engagement**

It is significant that in van Manen’s (1990) book, ‘Researching Lived Experience’ his exposition of the role of literature in phenomenological research was in his chapter devoted to the second of his procedural activities, “investigating experience as we live it”. This procedural activity involves a vital engagement with literature. For van Manen (1990) it is through this passionately focused engagement with the topic that the phenomenological investigator comes eventually to the ‘essences’ of what she or he is investigating.

In its integral relating of language with meaning, method and findings, van Manen’s phenomenological research approach demands an intimate embracing of literature related to the research topic. And, in adopting this attuning with the literature about the topic, I am prompted to create a spaciousness in my engaging in scholarly discourse, inviting to the surface of this discussion ontological resonances informing it in broader ways.
Prompted by this approach of van Manen to ‘doing phenomenology’, the following sections of this introduction outline in more detail the rationale and approach I have taken to embracing the writings of others who have written on this topic.

**Phenomenologic investigation through literature**

**Openness to Scholarly Literature as a Source of Data**

Whilst the above two functions (bulleted at the beginning of this chapter) point to apparently distinct operations, within this interpretive study they become closely entwined. In a number of instances, I have found that the scholarly human science literature on this topic not only is significant in informing the understandings emerging in this research, but goes further, in shedding light directly on the subject – as direct data. For instance, an interpretive research study (such as Hemsley 1998) may inform this research by its findings enlightening an aspect of the deeper, inner explorative world of nurse healers; still further, it may, in phenomenologically rich accounts from research participants reported in that study, provide descriptions of lived experience which this study may draw upon and analyse for its own purposes. Where the findings of this current study may be derived primarily from my interviews with the nurse healers who agreed to participate in this research, it may just as meaningfully come from ‘literary’ sources included in published reports by nurses or ethnographers, or indeed personal accounts, or fiction. As van Manen (1990) pointed out:

> Literature, poetry, or other story forms serve as a foundation of experiences to which the phenomenologist may turn to increase practical insights

- (1990, p 70).

Moreover, scholarly literature which addresses the subject of the transformative experiences of healers (or shamans) may provide important data as a ‘side effect’ of academic research and discussion. An example of this is Huber’s (1990, below) inclusion of some brief, but vibrant and epiphanous accounts of spiritual / existential transformation of Nahua curers of Mexico, within his functionalist sociological exposition on their ‘recruitment’ experiences. Below, I choose to dialogue vigorously around the implications of functionalist interpretations offered in Huber’s (1990) article; yet as an interpretive researcher, someone with a deep interest in healers’
transformation, I found myself powerfully engaged with the tantalizing disclosures of the Nahua curer research participants, with which Huber adorned his discussion. Huber’s primary interest was not the immediate transformational and extraordinary experiences of his participants – he was concerned with the social circumstances surrounding and determining their life choices. Yet I can be grateful that he included them, whereby I could not only employ them in my critique of his functionalist analysis, but also hold them out as a source of lived experience, with potential for deepening of phenomenological understanding of this research subject – the transitional and extraordinary experiences of nurse healers.

Within this chapter, this openness to literature as source of ‘data’ has resulted in a more illustrative and expressive account than might be usually encountered in a ‘literature review’. Here, the overall effect is coloured by my striving to embrace the phenomenological richness around the subject as it emerges in the writings I am reviewing. To that end, there are some quite lengthy passages from the sources included, where I am endeavouring to extend understanding through the power of story. Van Manen (1990) wrote of finding accounts in all sorts of literature, such as novels, poetry or biography, which “provide us with possible human experiences” (p 70, van Manen’s italics). The epistemological the significance of the above phrase: “possible human experiences” should be noted, as it points to the key knowledge claim of hermeneutic phenomenology. In this regard, van Manen wrote:

Phenomenology always addresses any phenomenon as a possible human experience. It is in this sense that phenomenological descriptions have a universal (intersubjective) character

- (1990, p 58 van Manen’s italics).

**Holistic Considerations**

Significantly, my sense is that this phenomenological engagement with the literature can further the theoretical and epistemological coherence within this whole thesis. Thus, I see that it is appropriate for the ontological underpinning of hermeneutic phenomenological understanding (discussed more fully in the context of methodology, Chapter 4 ‘Crucible’) to influence not only the results of this investigation, but also my involvement in discourse with other work which has a bearing upon those results.
Hermeneutic understanding means that it is never possible to separate from being – all knowing is part of being, and my following discussion of literature of necessity generated and held within this ontological field.

Of relevance here also is the understanding of story as an initiatory force, where the telling of extraordinary experience resonates in the listener / reader, precipitating profound inner change. On this, Hemsley & Glass (2002) wrote:

Stories speak to being; they reverberate and resonate inside the listener. This means they act ontologically. As we may infer from Hans-Georg Gadamer’s [1975] theory of ‘effective-historical consciousness’, when engaging with another’s story, a listener brings it into the ambit of his or her own experience, and there results a ‘fusion of horizons’. Thereby, the act of understanding enables a story … to become part of the engaged listener’s own story, part of his or her being

- (p 6-7).

The nurse healer Margi Martin spoke powerfully to this when she wrote: “One person who speaks on a certain way can literally open up the universe for others” (1997, p 86). Therefore, one understanding I offer in the inclusion of accounts of deep inner processes of healers, in this chapter as well as throughout the thesis, is the potential impact on the reader, as initiatory resonance. This presents, energetically, a kind of ‘inner emancipatory’ aspect to the work, where its potential impact upon the reader informs its writing. The discourse is never only between the conceptual projections of this research and unembodied traditions of knowledge – there is always a conversation between writer and reader, me and you; and between your spirit and mine, and the spirit of those whose experiences are presented in these pages.

**Ways of Knowing**

In the context of nursing knowledge development, this discussion of the literature is informed and influenced by how a phenomenologic approach may bring forth ways of knowing such as personal, aesthetic and moral knowing (Carper 1978), which tend to be marginalised in an academic environment dominated by analytic philosophy, with its close affiliation with empiric knowing (Fawcett et al 2001). With phenomenology, meaning is brought forth in a creative, ‘poetizing’ process of analysis, less than through
vigorous reduction (van Manen 1990), and this lends it to illuminating the more delicate and elusive (but no less important) ways of knowing.

And still further, why shouldn’t the awe, joyousness and love which so strongly flavour the experience of healers, also infuse the various facets of inquiry into that realm, including discussion of the relevant literature? Conventional approaches to discussion of literature might not place much focus on what sways elusively in the shadowy spaces and lightscapes of healers’ accounts of their deeper journeying. However, hermeneutic phenomenology’s task is to follow, through language, the contours of human experience. There, phenomena such as intuition, spirit, vision and healing are not burdensomely obtuse concepts, but important facets of the human adventure to explore through investigation of human consciousness written down in vivid lived experience descriptions.

In overall effect, I suspect that this chapter does not represent a radical deviation from more conventional discourse analysis. However, in line with the understandings outlined in the above paragraphs, its personal and descriptive aspects do reflect my pragmatic effort to bring its methods and form into harmony with the holistic nursing human science understandings which found it and animate it.

**Investigation through Dialogue**

The latter of the two objectives bulleted at the start of this introduction – “to establish a dialogue between this work and the related scholarly human science oeuvre” – is of crucial importance, and is addressed seriously below. Thus, I dialogue with writers and writings which have embraced the same or related concerns, relating how these writings inform this research, and critically discussing their analyses and methods. In this, it is hoped I also go some way towards placing this study within the overall academic enterprise of nursing. Further, it is an important goal of this dialogue to honour the thoughtful, passionate, diligent and insightful work of nurses and other scholars upon which my study is so dependent for its substance.
Partaking in a Tradition

Regarding discussion of literature, van Manen (1990) referred to the researcher partaking in a tradition. He wrote:

As we develop a conversational relation with a certain notion that has captured our interest, we cannot ignore the insights of others who have already maintained a conversational relation with that same phenomenon.

- (1990, p 75 – van Manen’s italics)

Van Manen’s emphasis was on phenomenological writing, and participating in a tradition of phenomenology, and pedagogical human science. The tradition I see this present research as participating in is that of nursing as a holistic human science, extending into transpersonal psychology, ethnography and integrative medical anthropology as fields also concerned with the deeper experiences of healers. Thus, in this review I see the need to dialogue in the first instance with writings of nurses, and specifically scholarly contributions construed within paradigms compatible with the ‘human science’ disposition of this work (van Manen 1990).

Epistemological Congruence Guides Choice of Literature for Discussion

The matter of epistemological congruence (or paradigmatic ‘fit’) is not insignificant. For instance, within the body of work conducted inside the rational constraints of positivist epistemology, factors such as randomization, sample size, controls, replicability, statistical significance, validity, etcetera, form the matrix within which the ‘natural world’ is studied by modern conventional science. This thesis draws its meaning and validity from a very different worldview or paradigm, and therefore has separate epistemology, aims, methods and criteria for success. And because of these differences, there is a limit to the substantive contribution that conventional research studies, and related discussions, can make to this study.

This is not to deny that, in a broader sense, within the overall professional enterprise of nursing, works framed in disparate paradigms do rub shoulders as equally valid sources of knowledge, as scholars such as Fawcett et al (2001), Van der Zalm & Bergum (2000) and Chinn & Kramer (1999), building on the work of Carper (1978), have asserted.
Nurses have increasingly recognised that it is valuable to be able to have a choice of lenses through which to view matters which concern them. Increasingly they can accommodate this plurality of world views – the paradigm and research methods which inform nurses about, for example, what might be the best method to ensure their hands and utensils are freed of bacteria, need not be the same as those means by which a nurse can gain an understanding of what it means for a patient to experience a certain chronic illness (Van der Zalm & Bergum 2000). Studies of disparate epistemologic foundations may not have much to say to each other, but they nevertheless coexist as sources of useful knowledge for nurses (and this holds in other disciplines as well – for example see Hall (1999)) seeking to equip themselves with knowledge befitting their practice needs.

In consideration of the above, I saw that works in other paradigms, particularly quantitative research whose validity draws upon a particulate view of reality (Quinn 1989), have less of a direct bearing upon this research, and they are therefore not included in this discussion. Nonetheless, it must be acknowledged that they form a significant part of the complex matrix of nursing knowledge – including holistic nursing knowledge, to which this work aims to contribute. I considered including a review of quantitative research investigating the claims of beneficial effects of Therapeutic Touch, as I saw that these studies, and the academic disputation attending them, played a significant role in nurses’ scholarly discourse around healing, holism, and nursing theory. It could be argued that the inclusive and tolerant postmodern thinking which influenced this thesis in a number of ways might have prompted me to present important work from incompatible paradigms in this discussion of literature, and furthermore, I did not wish to dishonour by exclusion the honest and thoughtful work of those who have striven to build a body of research on healing to support its practice in nursing. Ultimately, however, I was convinced that it was best to be forthright and true to my burning endeavour throughout this thesis to produce a work of overall conceptual coherence, and therefore my decision was to exclude quantitative research studies from this discussion.
Interpretive Influences in Analytic Discussion of Literature

The interpretive reasoning which grounds this thesis is integral to the following analytical discussion of scholarly literature. Thus, the discussion is constantly informed by how understanding is held and revealed ontologically, and there is a consequent imperative to disclose the personal nature of knowing as it traverses the conceptual terrain of this topic. In this regard, for me, there is a need to be revealing of and true to my own engagement with the vibrant reality of the transformative and other extraordinary pathways of experience of nurse healers; and to the truth, however opaque to rational perception, which holds and funds this experience. This does not involve disregarding, or failing to engage with, the work and ideas of others who have striven with integrity and good faith for knowledge in this field; but, rationally, it is to honour the interpretive science paradigm guiding this thesis, and also to acknowledge the moral and spiritual influences (Watson 1999) which theoretically guide and inspirit this holistic nursing scholarship.

In summary, the above discussion addresses a need I perceive to both tease apart the dialogical and exploratory aspects in this discussion of literature which influences this research, whilst maintaining a focus upon the ontological intimacy regarding writings of others who have looked at this matter of the deep life paths of nurse healers.

Organisation of the literature review

The following discussion of the literature is organised in approximate order of relevance to the central topic being investigated, as well as to the human science interpretive paradigm through which it is explored. The central issue of this thesis is the transformation and extraordinary experiences of nurse healers in their journeys as healers. Writings by nurses on this issue suggested themselves to me to be organised under three headings – ‘Transformative journeys of nurse healers’, ‘Wounded healers’ and nursing’, and ‘Extraordinary experiences of nurse healers in the healing encounter’ – which are bulleted below with their attendant subheadings indented underneath:
The Core Issue – Transformational and Extraordinary Experiences of Nurse Healers:

- Transformative journeys of nurse healers,
  - Interpretive research revealing transformational journeys of nurse healers
  - Non-research writings on nurse healers’ experiences of transformation
- ‘Wounded healers’ and nursing, and
- Extraordinary experiences of nurse healers in the healing encounter.
  - Qualitative research revealing nurse healers’ extraordinary experiences in healing sessions
  - Non-research writings by nurses of their extraordinary experiences in healing encounters

That the literature on this topic (under the above headings) is meagre confirms the need for investigation of the area, and prompted me to look beyond nursing writings for related literature. The major related area concerns the transformational and extraordinary experiences of healers who are not nurses, which sits largely in ethnographic and other anthropological accounts of healers / shamans in various societies. Literature on the extraordinary transformational passages of these individuals forms a vital bed of knowledge for understanding the kinds of experiences the nurse healers of this study have undergone. As well, the ethnographers’ understandings and interpretations of the experiences of the shamans/ healers are critically examined. Other personal accounts of healers / shamans, within and without the formal anthropological discourse, are included for the depth they add to this discussion, and the phenomenological immediacy they bring. Below are the headings, with attendant subheadings, under which the non-nursing writings informing this study are organised in this chapter:

Transformational and Extraordinary Experiences of Healers (Non-Nurse):

- Transformational experiences of healers (non-nurse) – anthropological accounts
  - ‘From doctor to healer’
Being foundational to the study of healers in nursing, literature on healing and holism in nursing is also reviewed below, with emphasis upon interpretive research investigation. As presaged above, quantitative research and related discussion is not included. Below is the schema of the organisation of that concluding section of this chapter:

**Foundational Issues – Healing and Holism in Nursing:**

- **Healing and nursing**
  - Conceptions of healing
  - Research on healing in nursing
  - Qualitative healing research in nursing

- **Holism and nursing**
  - Perspectives of holism
  - Historical background to holism in nursing
  - Nursing theorists and holism
  - Societal factors in holism’s recent emergence
  - The practice of holistic nursing
  - Critiques of holism in nursing

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Chapter Three – Grounding

60
Transformative journeys of nurse healers

After an exhaustive examination of library and electronic database materials, I was unable to locate any hermeneutic phenomenological studies into the experiences of transformation of nurse healers, apart from my own earlier study which touched on that matter (Hemsley & Glass 1999a; Hemsley 1998). However, I found two interpretive research studies focusing on the transformative journeys of nurse healers, as well as a small number of published writings on the topic in the nursing literature, that were not reports of research studies, but which are written by prominent nursing scholars with deep interest in and insight upon the experiences of nurse healers. In the following pages, I discuss and analyse the literature, particularly that of a scholarly nature, which has relevance to this research.

Interpretive Research Revealing Transformational Journeys of Nurse Healers

In a heuristic inquiry (a form of phenomenological research developed by Moustakas (1990)), Geddes (1999) examined the experiences of transformation of eight certified Healing Touch (HT) practitioners, examining their process (or “journey”) of transformation brought about by undertaking the learning of the HT modality, which involves a stringent program of self-examination and personal and spiritual development. Geddes (1999) uncovered three major themes in the stories of her participants, identifying within each theme a number of “core processes” which spelled out in some detail the central themes. The three main themes were:

1. a perceived immediate "rightness" of the experience of Healing Touch despite mixed entree; 2. unanticipated personal implications and (3) a new lens through which to view one's life and circumstances.

Core processes Geddes identified with respect to the first two themes (above) included: a willingness to be open to a new experience, as well as changes in employment, housing, and changes in values from a material to a spiritual focus. With regards to the
third theme, Geddes (1999) found her participants spoke of experiencing “feelings, thoughts and behaviours related to connection with the unitary self, others and a higher being”. Further, her participants reported “a new capacity for self-caring”, as well as “a new capacity to care for others in a non-judgmental way”. Other core processes Geddes identified with regards to the third theme she found in the accounts of her participants were: “a contented stillness that is immediately available”, and “a new appreciation for life as a source of curiosity, excitement and mystery”.

Of further significance in Geddes’ (1999) study was her theoretical framing of the work in the unitary paradigm, a nursing theoretical perspective developed from the work of Martha Rogers, Margaret Newman and Rosemary Parse. Of this Geddes asserted:

> the study contributed data for the relevance of the unity paradigm and Newman’s theory of health as expanding consciousness as theoretical orientations for the experience of personal transformation in HT practitioners

- (p x).

It is also an aim of this current study, with regards to the theoretical perspective developed by Jean Watson – to support and develop, through this research study, the theoretical perspective of nursing developed by Watson (1999, 1988, 1985a). Watson’s theory is outlined in the previous chapter (‘Initiation’), and the contribution of this research to her theory and its development are integrated into the final chapter of this thesis (‘Harvest’).

Another interpretive study addressing the experiences of transformation of nurse healers was that by Slater et al (1999). This grounded theory study involved as participants 18 members of the American Holistic Nurses Association (nine of whom had learned healing modalities), examining their accounts of coming to be holistic nurses. They found that the experiences reported by their participants revealed a seven-step process suggestive of an expansion of Van Gennep’s (1960) theory of the rites of passage. The three steps in the process of rite of passage identified by Van Gennep and other social anthropologists were: I) separation, II) liminality (marginality) and III) reintegration.
Slater et al (1999) found that the accounts of their participants revealed three stages within the separation step, which were: 1) separation from mainstream nursing; 2) gathering information, and 3) applying the information to others. Within the second (liminal) step, Slater et al saw three distinct stages, which were 4) refocusing to self, and self-care, 5) application to self, and 6) self-knowledge. The final stage in the ‘Journey to Holism’ identified by Slater et al (1999) in the accounts of their participants, in correspondence with the third phase identified by Van Gennep (1960), was 7) reintegration into mainstream nursing.

Although Slater et al did not specify the proportion of their (holistically-minded) participants who self-identified as healers, their study did give a coherent picture of a distinct transformational process experienced by at least some healers, which they grounded in well-accepted and understood social anthropological theory. Therefore, I see Slater et al’s paper as speaking strongly to this particular study, and there is much to take from their results.

Alongside the above two studies, the other nursing research study addressing this issue is my own hermeneutic phenomenological inquiry into the lived experiences of nurse healers (Hemsley & Glass 1999a, Hemsley 1998). As mentioned in the introduction to this thesis – ‘Opening’ – some of the results of that research inspired this present study. The experiences of transformation reported by the participants in that study were described in the theme called ‘evolving’, which was one of four themes which came out of that inquiry into the lived experiences of nurse healers in the profession of nursing. Briefly addressed in the introductory chapter of this thesis (‘Opening’), this theme looked at how “being conscious of a personal journeying into healing, into themselves as spiritually evolving humans, has shaped and textured [the participants’] experiences as healers in the realm of nursing” (1999a, p 31). And this personal journeying was for most a deep transformational process, leading at times to experiences which were challenging, and confusing, both personally as well as professionally. The quote from a participant in that study (Brigit), on the second page of the introductory chapter (‘Opening’), illustrates this.
The abovementioned quote (see p 2) introduced some significant issues faced by healers who are opening to the ‘unseen realms’ of experience. Brigit described having extraordinary intuitive knowing and clairvoyance, over which she had no control, and which were overwhelming her; she spoke of being affected directly by the illness of her patients, to the extent that she would be physically ill; she described becoming over-involved energetically, after having only brief contact with her clients, and not knowing the mechanisms or ‘rules’ of that depth of engagement. Of interest also was the role of deep (and perhaps unbalanced) compassion in her experiences: “I was … impacted by the injustice of these children having cancer and having to fight for life”. All of this affected her ability to act professionally. In that quote are some significant transitional issues of healers, which I believe require careful recording and explication as a kind of experience poorly understood by those who have not trod the path of the healer, and important information for those beginning on that path.

Storied passages such as the abovementioned excerpt from Hemsley & Glass (1999a) can, I believe, bring to life for the reader these mysterious and little-understood aspects of human experience, beyond the explanatory power of more considered analytical writing. Proper understanding of these usually-hidden phenomena involves a kind of knowledge that is difficult to conceptually hold and rationally substantiate, inhering very much in the stories of those who tread that path. Cognitive psychologists such as Abelson & Schank (1995) have pointed out how humans are apparently “hardwired” for story, and consequently storied knowledge is more meaningful, understandable and memorable than more rationalised and structured forms of information.

For me personally the above words of Brigit have great resonance, as, in the context of my intense awakening to healing, I also have undergone heightened sensitivity to the distress of others. I see the above passage as a strong example of a liminal stage of experience as a healer (as outlined by Slater et al, discussed above).

This hermeneutic phenomenological study (Hemsley & Glass 1999a, Hemsley 1998) was a precursor in some ways for this current research, and seeded it with phenomenological understandings such as the essences drawn from the transcripts of
my conversations with the participants to that study. That research also continues to offer phenomenologically rich data, such as the above extract from my 1998 conversation with the nurse healer ‘Brigit’. Furthermore, such accounts provided important directions to explore in my interviews with nurse healers for this current research – resulting in disclosures which may not ordinarily come to light due to their extraordinary and sensitive nature. Additionally, these and the other reports evident in the literature (discussed below) have sensitised me, as a phenomenological researcher, to the elusive contours of the possible experiences of healers, emerging in ways both unique to each individual and universal across the cultures of humanity. And resonantly, they don’t fail to stir deep inside me as vessels of my own journey, and as funding for its ongoing expedition, and reminding me why I’ve set out to explore and share these phenomena with other nurses, through this research.

Non-Research Writings on Nurse Healers’ Experiences of Transformation

I now turn to the non-research literature on nurse healers’ experiences of transformation. In their book, “Profiles of Nurse Healers”, Keegan & Dossey (1998) presented 42 autobiographies of nurse healer practitioners (including the authors). Each of these contributors wrote of their transformative journeys, often hinting at the deep processes involved which evidently included radical disruption and extraordinary experiences. These accounts present themselves as seminal examples of the deep transformational journeys of nurse healers, and they shed much light on the concerns of this research. For example, Irene Belcher disclosed about the deep psychic and emotional disruption in her healer’s transition, which required great courage and presence of being to negotiate:

My personal time of healing was also an intense time of learning, about spirituality, faith, trust, surrender, letting go, flowing with the process. I had to be frequently reminded to “trust the process”. Forced to live in the moment, my journey became truly transformational

Other contributors to Keegan & Dossey’s (1998) book told of their deeply personal experiences of transformation as healers. Susan Morales, for example, shared how her life was scoured in that process, as she traversed the darkness in her soul:

With a 24-hour period, I lost both my job and my husband. I was in a city with no support networks... I was alone. I lay on my living room floor staring out the windows for hours. The only thing I could do each day was to jog. Running along the ocean seemed to be a metaphor for my life. I was running for my life...

I journeyed into the depths of my being where shadows swallow any sound. There was never any choice about the descent; the only choice was to go kicking and screaming or to walk it and stay as alert as possible. I never fought it; somewhere in my being I knew it was the natural cycle of life and death. And something was definitely dying. Even in that dark place there is a glimmer of blessing, of Light. From that glimmer I was able to see that I was dying. Who I had thought I was as defined by relationships, job, locale had all been stripped away. I stood alone on my path. Or so I thought.

That time in my life was the most awful and the most awesome. I naively named it my "dark night of the soul", assuming we only ever needed to go through ONE of them. Looking back, it was my first such experience and therefore the impact was great. It was an "initiation" of which I had only read about in relation to "healers". In my quest for discovering more about healers and healing, I had unconsciously given permission to the universe, God, whomever, to teach me in a way that guaranteed I would apply what I learned. What better way than to alter the vessel so that the contents will be congruent?

As the vessel of me shattered I discovered that I was not alone. There was the One who was lovingly shattering the vessel so as to free the contents which could no longer be contained in that form, much like helping a snake shed its old skin. I experienced a miracle every day for the first week following the change. At first I thought they were coincidences but then realised they were telegrams from God saying, "you OK? I’m here". It was the beginning of a healing for me and a deepening of faith that will always sustain me.


This above powerful account by Susan Morales moved me as a report of finding Self in the watchful descent into darkness, where falseness is flayed off. As will be evident from following sections, it is a story in the shamanic tradition of death and rebirth. Her
story also had strong personal resonances for myself, reminding me of my own seemingly interminable time of personal hell leading up to my abrupt awakening to healing.

Fascinating and powerful examples abounded in Keegan & Dossey’s (1998) book, revealing the beauty, awe and wisdom, as well as the radical disruption often attending the transition to healer. Contributors to Keegan & Dossey’s (1998) book reported other deep aspects of the healer’s journey, as in the following passage by Dorothea Hover-Kramer, who wrote of the shadow side of her work:

My biggest obstacles have been my own lack of trust, lack of hope, and lack of resourcefulness in getting help for myself. While I can look at external obstacles, such as loss of loved ones, pain, and divorce with some candor, there is always a personal shadow part that remains hidden, outside of my awareness. Like the proverbial blind spot when one is driving a car, I have learned to assume that there is an area I cannot see, a part I might be missing


Working with ‘the shadow’ appears to be a vital aspect of healers’ work, as will be evident from disclosures to me by nurse healers I interviewed, reported in subsequent chapters, and also discussed in the following section on ‘Wounded Healers’.

Reading the accounts of the nurse healers who contributed to Keegan & Dossey’s (1998) book, there were a number of accounts which concurred with the findings of Slater et al.’s (1998) study of holistic nurses’ transformational pathways. For instance, a high proportion of the contributors reported a break with nursing consistent with the separation phase reported by Slater et al. Also, the reports concurred with other aspects of rites of passage theorized by those authors to characterize the holistic nurses’ evolution, such as liminality (as in the above-quoted accounts) and reintegration into the profession.

Whilst not a report of research, and therefore not subject to the critical constraints of method and analysis, Keegan & Dossey’s (1998) book is a key repository of life histories of nurse healers. These bring forth what van Manen (1990) (discussed above)
termed *possible human experiences*, making this book by Keegan & Dossey an important resource for this research. In including the above quotes, I aimed to display the kinds of data contained within, whilst affirming the value and relevance of the work for my study on the transformational and extraordinary experiences of nurse healers. As well, it has been important for me, methodologically (and perhaps also personally), to include reflections on some of the personal resonances for me in the above accounts, as someone who has also undergone some of those experiences. My purpose in this, here and throughout this thesis, is to further the hermeneutic integrity and reflexivity of this discussion.

In her book ‘Living the Therapeutic Touch’, Krieger (1987) wrote about some of the extraordinary experiences which she and other practitioners of TT, as well as other healers and shamans she met, encountered. Of pertinence to this thesis, Krieger reported these experiences in the context of a discussion about the deep transformation which is brought about in those who practice healing (TT in particular). She stated:

> In the relationship we call the healing act, it is obvious from the powerful changes that frequently occur in the experienced healer’s life (and which may also occur in the life of the healee), that deep, core structures of the self may be stimulated to enter into and affect everyday life activities. This transfer of the locus of control of personal behaviour to the inner core of being is important to the well-being of a society that values actualisation of the potential of the self. The persistent reality of the healing act can activate compelling life-affirmative drives in those who heal


Krieger (1987) discussed some of the aspects of transformation she had noted in herself and others. She wrote of some transitional stages, including the ‘wounded healer’ stage (discussed below), a development of compassion and desire to help others, and increasing confidence in the process of healing with a lessening of the ego’s involvement in the process. Krieger (1987) also wrote of a deepening intuition, and opening to expanded and alternate realities, as features of transformation of the evolving healer.
Some of her own experiences that Krieger (1987) reported included heightened awareness of the human energy fields (including the charkas), awareness of spiritual or energetic occurrences or aspects in nature, including of elementals (spiritual or ‘non-physical’ entities), and increased creativity and intuition. She spoke of the transformative process as involving ‘interiority’ – a kind of yoga bringing about a ‘repatterning of perceptions’. On this she wrote:

> Like yoga, the study of healing requires self-discipline, it demands a conscious commitment, and it entails a ready willingness to strive towards an understanding of the self-to-self interface, in this case the interface between healer and healee. As such, it is an experience at the transpersonal level, a state that harbours possibilities of awareness of the more profound reaches of human consciousness where enhanced perceptions may radically alter one's sense of reality.  

- (1987, p 38).

Krieger’s (1987) book is a unique source of information on the deep inner journey of the healer, which is the topic of this research. That it is not a report of research does lessen its authority academically, but as it is a strongly reflective and thoughtful account from someone who had taught and practiced healing in academic and professional settings for over two decades, made it a valuable reference for this research study. Her description of spiritual evolvement through the practice of healing, outlined above, brings important understandings to this research. In corroboration, Geddes’ (1999) study (discussed above) also emphasised the personal evolvement aspects of the ongoing practice of a healing modality.

Personally, I found Krieger’s depiction of healing as a yoga, or spiritual path particularly interesting, as it accorded with my personal impressions of healing as a means to growth and evolvement.

A possible shortcoming in Krieger’s work is her not tying her experiences, perceptions and theoretical insights on healing to uniquely nursing comprehensions, such as a nursing conceptual model or other significant nursing scholarship, other than references to quantitative research aimed at demonstrating effectiveness of the practice. This may lessen the possible benefits of the book in furthering specific nursing understanding.
around healing, or strengthening nursing’s self concept as a healing profession. However, in its defence, it is evident that Krieger was writing to an audience much wider than only nurses, and furthermore, the theoretical understanding expressed in this (1987) book are consistent with Krieger’s earlier writings in drawing upon Eastern mysticism for possible explanations for TT (Krieger 1975, 1979).

In the literature I located three personal references to the journey of transformation of nurse healers. In an interview published in a holistic journal (Horrigan 1998), Dolores Krieger spoke further to the matter of the practice of healing bringing about transformational changes in the practitioner when she said, seemingly reflecting on her own experience:

> it seems that what happens is that, if you become accustomed to being in center [a key aspect of the practice of TT], it can change your worldview. And if that happens, you begin to find that your lifestyle must also change. And if your worldview and lifestyle change, you are edging into a nice definition of transformation of personality. This is what can happen to people who use Therapeutic Touch. It’s a dual process. One aspect involves helping and healing the person who is ill, the other concerns what happens within the therapist

(p 88).

Krieger’s above-quoted identification of a “dual process” is an important reflection, and reminds me that whilst undergoing all manner of intense and confusing experiences, the focus of the healer must always be upon the person being helped, and this is in itself very challenging at times, where the healer is preoccupied with intense experiences of her own. The below discussion of wounded healers addresses this matter.

Another nurse healer discussed some of the deeper and extraordinary aspects of the journey of being a healer. In an earlier interview with the same journal (Horrigan 1996), the prominent researcher and theorist of healing in nursing, Janet Quinn, reflected on her own journey as a healer. Quoted in the previous chapter (‘Initiation’, p 30), Quinn spoke to the spiritual nature of the healer’s experience, and the shocking transformation which may ensue.

Chapter Three – Grounding
Although placing her experiences in a Christian rather than an Eastern frame, the abovementioned quote from Janet Quinn in Horrigan’s (1996) interview accords strongly with Krieger’s (1987, discussed above) depiction of healing as a spiritual practice and force for inner transformation.

Seventeen years earlier (Quinn 1979), the same nurse healer had written about her evolution as a healer in terms of change to her philosophical perspective:

> I know for certain that using therapeutic touch has changed and continues to change me. Including alternative modalities in one’s practice requires a certain philosophy, and this change or expansion of philosophy pervades one’s total existence. My views of the universe, of the people in it, and of myself have all changed

- (p 663).

It is tempting to speculate, and generalise from these reports, and see in the change in emphasis in personal evolution reported by Janet Quinn over that seventeen-year period, as signifying the kind of deepening of experience healers generally might expect to experience over time. Thus, from a level of changing personal philosophical belief and outlook, reported in her 1979 article, Quinn’s experience might be seen to have taken a quantum leap, drawing the healer into sometimes-frightening realms of spiritual experience quite beyond a rational frame of reference. This may well be an exemplar, or basic model of the natural history of the healer’s path in consciousness.

The above three citations from the literature (Horrigan 1998, 1996, and Quinn 1979) are not substantial academic work, but are significant reflections from prominent nurse academics who were healers for at least 20 years, which throw light on a topic not well understood in normal society. They are noteworthy in terms of this research because of what they contribute to the understanding of the deep spiritual journey of nurse healers. As well they are noteworthy because such reflections are very rare in the academic literature (as the previous pages show), and, from my perspective, need to be brought out, polished up and displayed for the rare gems they are.

The following table summarises the literature reviewed above, concerning the transformational experiences of nurse healers.
Table 1. Transformational experiences of nurse healers. (# denotes research report)

<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Year</th>
<th>Title</th>
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<tr>
<td>Geddes</td>
<td>1999</td>
<td>The Experience of Personal Transformation in Healing Touch (HT) Practitioners: a Heuristic Inquiry (Unitary Paradigm)</td>
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<tr>
<td>Slater, Maloney, Krau &amp; Eckert</td>
<td>1999</td>
<td>Journey to holism</td>
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<td>Hemsley &amp; Glass</td>
<td>1999a</td>
<td>Nurse healers: Exploring their lived experience as nurses</td>
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<td>Keegan &amp; Dossey</td>
<td>1998</td>
<td>Profiles of Nurse Healers</td>
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<td>Krieger</td>
<td>1987</td>
<td>Living the Therapeutic Touch: Healing as a Lifestyle</td>
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<tr>
<td>Horrigan</td>
<td>1998</td>
<td>Conversations: Dolores Krieger, RN, PhD; Healing with Therapeutic Touch. Interview</td>
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<tr>
<td>Horrigan</td>
<td>1996</td>
<td>Janet Quinn, RN, PhD: Therapeutic Touch and a Healing Way. Interview</td>
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<tr>
<td>Quinn</td>
<td>1979</td>
<td>One nurse’s evolution as a healer</td>
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</table>

**Summary of Transformational Journeys of Nurse Healers**

The above discussion looked at the writings of nurses concerning the spiritual and personal transformation of nurse healers. Identified research studies that looked at this issue were those by Geddes (1999), Hemsley & Glass (1999a) [Hemsley 1998] and Slater et al (1999). Geddes (1999) identified three themes in the accounts of her participants who were HT practitioners, these being “(1) a perceived immediate "rightness" of the experience of Healing Touch despite mixed entree; (2) unanticipated personal implications and (3) a new lens through which to view one's life and circumstances”. Hemsley & Glass (1999a) found that a theme, ‘evolving’ emerged in the accounts of the nurse healers participating in their study. ‘Evolving’ spoke to a journey of transformation which could at times be confusing and challenging, and sometimes involved experiences beyond rational explanation. Slater et al found that the accounts of their participants, who were members of the American Holistic Nurses Association, were understandable in terms of the stages of a rite of passage, as described by Van Gennep (1960). Expanding on Van Gennep’s model, Slater et al identified seven steps in the process of their participants’ “journey to holism”: 1) separation from
mainstream nursing; 2) gathering information, 3) applying the information to others, 4) refocusing to self, and self-care, 5) application to self, 6) self-knowledge, and 7) reintegration into mainstream nursing.

Non-research writings on nurse healers’ journeys of transformation included Keegan & Dossey’s 1998 book presenting a number of personal accounts by nurse healers, some of which gave strong descriptions of their transformational / initiatory experiences. Other literature reviewed included Krieger’s (1987) book which discussed the transformational impact of healing practice upon herself and others utilising TT. Krieger theorised that the practice of healing was a kind of yoga, or spiritual pathway bringing on personal change and new orientations to life. These perceptions were reinforced in Horrigan’s (1998 & 1996) interviews of Krieger and Janet Quinn, and Quinn’s earlier reflections on her evolution as a healer (Quinn 1979).

‘Wounded healers’ and nursing
As mentioned above, discussions on the transformative experiences of healers, nurse healers in particular here, sometimes include reference to the notion of the ‘wounded healer’, as an archetype, and a model for understanding the healer’s path of transformation. One example comes from Krieger’s abovementioned (1987) book ‘Living the Therapeutic Touch’, where she identified the ‘wounded healer’ as a transitional stage in the evolution of a healer.

Krieger (1987) saw two expressions of the wounded healer archetype. One is where an individual has suffered, and finds her own healing through helping others; the second is where the healer, who has herself suffered, reaches out compassionately to others so that they themselves need not undergo the same hurts experienced by the healer.

Hall J (1996, 1997) brought a wide-ranging mythological, historical and transcultural exploration of the phenomenon of the wounded healer to a discussion of nurses as wounded healers. She elaborated a pattern of the wounded healer, which involves:

a call to healing

Chapter Three – Grounding

73
What is not highlighted in the above model, but which is addressed in Hall’s (1997, 1996) articles, is that a healer is usually a healer throughout the stages of the model, and therefore faces the considerable challenge of working to deal with her own wounds whilst also caring for others’. In this, the ‘healer’ is not an end point or finished product, but is constantly evolving and expanding in understanding of, and insight into, self.

Points of agreement between Hall’s above depiction of the wounded healer, and the rite of passage structure of Slater et al’s (1999) findings on the holistic nurse’s ‘journey to holism’, are evident. Similarly, the theme of ‘unanticipated personal implications’ identified by Geddes in her study of HT practitioners also has resonances with Hall’s above outline.

Hall (1996, 1997), pointed out that in many cultures, a shamanic experience of woundedness is a natural and necessary precursor to the shaman’s ability to serve as a healer and mediator with the spirit world. Furthermore, drawing upon the experience of
modern day therapists, Hall asserted that for any healer to ignore his or her woundedness is to invite serious imbalance in the healing relationship. Such an imbalance has the potential to cause significant harm, such as the unconscious enactment by the healer of ‘power-over’ behavioural patterns, like the “vengeful earth mother or the aloof and frozen ice maiden” (1997, p14). Hall also warned how holistic nurses who ignore their own wounds could foster unhelpful dependence in their patients. Further, ignoring her own wounds could “lead to the activation of the darker or shadow side of the healer who then may actually wound others” (1997, p14). (The ‘shadow’ is discussed also in Chapter 6 ‘Transmutation’).

Hall (1997) maintained that acknowledging her own woundedness served the healer by cutting across the counter therapeutic power differentials inherent in professional relationships of modern day health care settings. Citing Taylor B (1995), Hall (1997) wrote of the importance of the nurse (as healer) meeting with the patient / client on the common ground of humanity – highlighting the intrinsically healing nature of such a meeting. Such a meeting necessitates the acknowledgement by the nurse / healer of her own woundedness.

In detailing a model of the personal development of the (nurse) healer based upon the requirement to pay serious heed to her own wounds, Hall (1996, 1997) made a serious contribution to the study of the transformational journey of nurse healers. Her work is salutary in pointing out how the path of the healer is not all “love and light”, and paying heed to the inner workings of the human psyche is essential for a healer to bring a balanced, harmonious and authentic presence to healing service. Furthermore, Hall’s (1996, 1997) drawing on wisdom and insight from Western, Eastern, and Indigenous traditions brought a breadth to her discussion of the deep pathways of evolution of the nurse as a healer – by which this present study must be gratefully informed.

Brandon (1999) agreed on the importance of the healer bringing her own wounds to the healing situation, and also wrote of the unhelpful distancing of the ‘professional’ helping stance. He stated:
Professional training usually strives to suppress and hide these wounds, and discourages self-revelation. It is about acquiring and utilising techniques to achieve change, and, ultimately, illusory perfection


Drawing on the work of writers on shamanism such as Joan Halifax and Michael Harner, Brandon saw the separation between the wounded healer and the wounded healee bridged by the wounds themselves. He wrote:

In the shamanic tradition, the ‘client’ and the ‘healer’ exist in the same person; wounds are the conduit to healing. As Kalweit [(1992)] puts it, ‘In tribal society, the healer experiences the illnesses of his patients and then heals himself. It is of the essence of the primal healer that, through the deepening of his inner consciousness, he is linked with his body and the illness, with himself and the patient’


Thus, Brandon (1999) asserted the inseparability of healer from her own wounds and her own evolution, as well as from the healee and the healee’s wounds. This is reflected in the following model he proposed for a shamanic approach to mental healing:

- **wounds.** The exploration and uncovering of the shaman’s own wounds and stigmata...
- **empathy.** The exploration of the connections between the shaman and the client; the putting of oneself in the shoes of the distressed other.
- **loving kindness.** The shaman becomes a vehicle for affection for the world and the people in it; manifests in him or herself the connectedness of all things.
- **rituals.** The various stages of the routine interaction with the client. ... such rituals are important for the healing process as well as for focusing the mind, but they must be joint...
- **mindfulness.** The daily discipline of reflection on practice: the quietening of the mind and the turning of the interview into a meditative experience, concentrating on the now and keeping the mind single-pointed...
- **mutual transformation.** The process of disciplined helping, whereby both sides of the experience are transformed and become one. We, the practitioner, are not so much helping as both helping and being helped

The above assertion of an intersubjective relationship regarding the woundedness of the healer with that of the healee, does challenge received notions of healthy helping relationships, and perhaps even Hall’s (above, 1997, 1996) understandings.

Other authors have written on the matter of the wounded healer in nursing, often responding to a commonly-held perception that individuals from pathologically dysfunctional backgrounds “seek careers in nursing to meet their codependent needs for self-esteem, control, or belonging” (Biering 1998, p 320). Like Hall and Brandon (above), authors such as Biering (1998) and Conti-O’Hare (1998), in the field of addictions nursing, have investigated how nurses have in many cases transcended the tendency to ‘act out’ their childhood distresses with their patients in co-dependent ways. Thus, these nurses come to a point where they, as Biering (1998, p 320) put it: “become competent nurses by finding positive application for the coping skills they learn in their families”. Similarly, Conti-O’Hare (1998) emphasised the positive benefits of nurses framing their therapeutic relations with their clients in terms of the “wounded healer archetype”, where “the nurse’s own health pattern can include the wounded healer archetype and … the recognition of this pattern can be used to effect therapeutic outcomes in practice” (1998, p 71).

Discussion of the notion of the wounded healer in the nursing discourse does not focus specifically on nurses who self-identify as healers, at least in the way that this research conceptualises healers. Notwithstanding this, the above authors writing about the phenomenon of the wounded healer have presented evolutionary pathways and approaches to human suffering that are distinct from the simplistic notions of illness and wellness, patient and therapist, which are prevalent in modern health care. One’s wounds are seen to be central to the individual’s embarking on the path of the healer, and healthy and honest orientation to one’s woundedness is presented as a key element guiding the transformative journey of the healer (and indeed effective functioning as a healer). Whilst the nursing literature is not exactly replete with publications on this issue, the above works are part of a wider discussion present in fields such as psychotherapy (especially Jungian psychology), transpersonal psychology and anthropology (Hall 1997, 1996).
Table 2 below summarizes the nursing literature on wounded healers reviewed above.

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<tr>
<th>Author(s)</th>
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<th>Title</th>
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<tr>
<td>Brandon</td>
<td>1999</td>
<td>A necessary madness: the role of the wounded healer in contemporary mental health care</td>
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<td>Biering</td>
<td>1998</td>
<td>&quot;Codependency&quot;: a disease or the root of nursing excellence?</td>
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<td>Conti-O’Hare</td>
<td>1998</td>
<td>Examining the wounded healer archetype: a case study in expert addictions nursing practice</td>
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<tr>
<td>Hall</td>
<td>1996</td>
<td>Challenges to caring: Nurses as wounded healers</td>
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<td></td>
<td>1997</td>
<td>Nurses as wounded healers: The journey to healing the person and profession</td>
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<td>Krieger</td>
<td>1987</td>
<td>Living the Therapeutic Touch: Healing as a Lifestyle</td>
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Table 2. Wounded healers and nursing.

**Summary of Wounded Healers and Nursing**

In the nursing literature, the notion, or ‘archetype’, of the wounded healer presented itself as a conceptual frame for a healer’s transformational passage. Krieger (1987) saw the wounded healer as a stage in the evolution of a healer, and identified two patterns of expression of the wounded healer – one where the wounded healer gains her own healing through healing others, the other where the wounded healer gains compassion from her wounds and reaches out to others that they may avoid suffering. Seeing a nurse’s healthy orientation to her woundedness as a key to therapeutic and healing practice, Hall (1997, 1996) developed a model of the development of the nurse healer informed by that insight. Hall emphasised how in acknowledging how she has been hurt brings the healer into a mutual relationship with the healee, obviating unhealthy patterns of relating common where there are power imbalances. Brandon (1999) agreed with Hall that the power imbalance and distancing in many ‘professional’ health care relationships served neither healer nor healee. He proposed bringing shamanic approaches to healing relationships, where powerfully embracing the wounds of the healee brings about transformations in health outcomes for all concerned. Biering (1998) applied the notion of the wounded healer to nurses who had developed
codependent patterns of relating from childhood, and saw that some found ways of using those patterns to relate productively with their clients. Expressing a similar view to Hall, Conti-O’Hare (1998) emphasised the reflexivity of the ‘wounded healer’ nurse bringing a conscious acknowledgement of her woundedness to enhance the therapeutic relations with clients.

**Extraordinary experiences of nurse healers in the healing encounter**

The above nursing literature suggests that it is pertinent and useful to conceptualise the path of the nurse healer as one of radical transformation. However, this study’s interest in deeper experiences – esoteric, spiritual, extraordinary experience – does not confine its focus to personal evolvement, wounding and change. Many, if not most, of the transformational passages of nurse healers described above involve extraordinary experiences, yet other manifestations of such deeper encounters are evident in the writings of nurses and others who have studied and chronicled healers’ life paths. The following reviewed literature shows that some experiences of healers are simply extraordinary, from the perspective of the ordinary consensual notion of reality (see also the earlier chapter (‘Opening’, p 17-18), and that some healers report having lived with such experiences all or most of their lives (eg in Davis-Floyd & St John 1998, reviewed above). For such individuals, ‘extraordinary’ experience is ordinary, and their biggest challenges can be in learning to find their way in normal society – learning to live amongst those who do not share their experience of reality. Similarly, some healers report that they came so gradually and naturally to deeper perceptions of reality, that there was for them a gentle expansion of the ‘normalcy envelope’, such that they too have found themselves to be finding extraordinary experience quite normal and natural.

It may even be that healers are not having ‘extraordinary experiences’. It may be more the case that they are discovering that ‘the world’ or ‘reality’ or ‘truth’ has turned out to be quite different (and much more interesting) to how ‘consensual reality’ deems it to be, or how it seemed to be before. And perhaps, as is suggested by the work of scholars such as Geddes (1999) and Slater et al (1999) (above), the journey of the nurse healer is for most the process of coming to terms with such reality – to learn live a life congruent with what is real and true for them.

*Chapter Three – Grounding*
In the nursing literature there are a relatively small number of references to the experience of the healer in the healing encounter, which is of relevance to this study. I preface the following discussion by reiterating the statement by Krieger (Horrigan 1998, p88, quoted above) concerning healers in the healing encounter: “It’s a dual process. One aspect involves helping and healing the person who is ill, the other concerns what happens within the therapist”. This statement speaks strongly to what I am looking at in this research, and needs to be made clear: it’s what’s happening within the healer who is entering those other, deeper, dimensions of being, that is at issue here. “Helping and healing the person who is ill” – the other aspect of the “dual process” Krieger (1987) wrote about, is absolutely critical to healers, but is not the subject of this research.

For a number of years, nurse researchers, following the lead of Miller (1979), Rogers (1980) and Quinn (1984), have utilised Martha Rogers’ (1970) conception of interacting human and environmental energy fields to theorise their studies on Therapeutic Touch (TT). The actual experience or perception of the energy fields about which Rogers theorised would be an extraordinary experience, yet one which healers might be expected to encounter during the course of healing sessions. The language of some of the reports below reflects the Rogerian model many nurse healers have utilised to understand and describe their extraordinary experiences within healing sessions.

There are a handful of published accounts of the nurse healers’ personal experience during healing sessions, three of which – Hemsley & Glass 2002, 1999b; Heidt 1990; and Lionberger 1986 – were reports of qualitative research studies. Included in this group are also excerpts from non-research publications of the extraordinary personal experiences of nurses in healing sessions. In order to keep the focus on the experiences of the healers themselves, I have decided at this point to draw a line between the experience of the healers and the therapeutic benefits of the healing exchange, although such a demarcation is in some cases somewhat arbitrary and difficult to make, as in the excerpt, below on pages 83-84, quoting Wright (2002).
Qualitative Research Revealing Nurse Healers' Extraordinary Experiences in Healing Sessions

Hemsley & Glass (2002, 1999b), in a hermeneutic phenomenological study (previously referred to) found that the accounts of the participants in their study suggested an extraordinary presencing was occurring, and the authors posited a theme of “super presencing” to characterise that. A number of extraordinary experiences were reported within this theme, including deep intuitive knowledge and action, guidance from unknown or spiritual (or inexplicable human) sources for the healing work of the healer, and the witnessing of amazing events and processes, such as seeing the soul of a patient leave her body during a cardiac arrest. The participants spoke of ‘energy’ in their accounts of healings, and that notion did play a significant part in their expressed understandings of what was occurring in those transactions. However, they did not relate their experiences in terms of Rogers’ theory of human and environmental energy fields.

The theme of “super” presencing, which emerged in that research, described experience which was not only happening to the nurse healers, but which they themselves were also enacting. It seemed that this was something which involved their intentional participation on some level, but often the nurse healers had little idea what was going to happen, and what occurred happened through and around them, rather than by direct agency. In this sense, their experience was of being a vehicle for the healing and related occurrences.

That study, research I undertook for my honours degree in nursing (Hemsley & Glass 2002, 1999b, 1999a; Hemsley 1998), provided analyses, insights and data which opened vistas for potentially deeper exploration, motivating my embarking on this research. Further, it continues, through its data and findings, to fund this current undertaking, contributing to the evolving understandings emerging in this research. As well, the open and vital connections I made with the participants to that earlier study, has been sustaining for me in this research, especially where some of the participants from the earlier study agreed to participate in this current research, in this thesis.
Heidt (1990) found that “opening to the flow of the universal life energy” expressed the experience and practices of the nurse healers (TT practitioners) participating in her grounded theory study. She found three main themes in their accounts: “opening intent”, “opening sensitivity”, and “opening communication”, each of which depicted an aspect of the healer’s relationship with “universal life energy” which unfolded as the healing sessions progressed. Heidt’s study traced the changing contours of the healers’ (and in this study their patients’ as well) experience of and relationship with, the universal life energy, as they moved through the different stages of the healing process of the TT sessions.

Following is an example of an account of a nurse healer participant in Heidt’s (1990) study:

> The energy is moving now. I feel a relaxation and a flow, a real confidence. I feel myself almost flowing. Sometimes I have a very special experience, and then I know there’s no question that the impact is powerful at that point. It sometimes almost overcomes me

- (p 185).

Although subtle and perhaps tenuous, such experience was clearly highly significant for both the healers and healees participating in Heidt’s research, and represented what, to mundane conceptions of human living, is extraordinary experience.

Four years earlier, Lionberger (1986), in a hermeneutic phenomenological study of the practice of TT practitioners, had received similar (although perhaps a little more tentative and less profound) reports from her participants of their relationship with ‘life force’ during healing sessions. The following excerpt from her paper illustrates this:

> I just think a lot of loving things that represent love to me. And, moving through my heart and hands, and into her body... I visualize the loving force moving from my body to hers. It's not love from me. It's love from the universe

- (1986, p 177).
Lionberger (1986) sought an understanding of the practice of TT by analysing the accounts of practitioners describing their experience of conducting TT sessions with patients, as well as their notions of what made effective TT practice and how it compared with “usual nursing practice”. Her hermeneutic analysis yielded two main themes: “healing intent” and ‘focused attention”. The latter theme, Lionberger found, had four characteristics: “(1) disciplining attention, (2) achieving a calm, relaxed state, (3) establishing receptivity, and (4) becoming a channel.

As might be expected from the title of her paper (‘Therapeutic Touch: A Healing Modality or a Caring Strategy?’), Lionberger drew the conclusion that caring was the epitome of therapeutic touch, which appears somewhat out of synch with the reports from her participants, included in her book chapter. One might wonder how a phenomenological analysis could validly yield findings seriously divergent from the reports of the participants, as seems to be the case in this paper. A hermeneutic phenomenological approach need not ignore the perspective of the researcher, and given the intense preoccupation upon caring in nursing discourse at the time of the writing of that report, such a finding is quite understandable; nonetheless, I question how Lionberger’s analysis might lead to a conclusion that TT is not a healing modality, given the themes she had extracted from the reports of the participants to her study.

Non-Research Writings by Nurses of their Extraordinary Experiences in Healing Encounters

There are a few accounts in the nursing literature of nurses’ experience in healing encounters which describe quite extraordinary – even transcendent – experiences. Wright (2001) wrote about a session with a client who’d suffered a stroke and had Alzheimer’s disease, where he entered into a union which challenged his ability to conceptualise the event. He wrote:

Using my hands was barely necessary, my intuition if that’s what it was, was in overdrive already. I kept having to pull back and centre myself, the impressions were so strong. His body felt utterly unbalanced – a deep hollowness of the lower half, searing pain along the right side especially. I felt drawn into him, into his experience ... I just kept “hearing” this is what it’s like for me. To be inside this body. I was close to tears and struggling to stay centred. The pain was awesome, I had never experienced TT like this before, so intimately, so powerfully, so rapidly.

Chapter Three – Grounding

83
I was almost overwhelmed by a sense of what it was like to be Harry. I was being Harry. This was beyond being with him, beyond empathy or compassion or “presencing”. There was no he and I. This was a kind of union. That place of mystery that I’ve heard about in healing work, where all the boundaries fall away and there is no difference between wounded and healer. We were both in the same place – and there was no we, no both, just being in the same place. It came and went, this feeling. At one moment there was just an immersion in oneness, at the next, a re-separation when I was flooded with imagery and impressions of what it was like to be Harry, to be holding that body. This was the place of knowing. I was rocked by the pain and the intensity of the impressions. I looked at him at one point and said “Oh, Harry, how do you go on with this, what a tough one, what on earth are you doing inside that one…?” Suffering. A state of continuous suffering.

I felt like I was reporting back. Like somehow I was being informed of that which he could not speak. And I looked at him and thought – “You know”. At some level he was not suffering himself. HimSelf. He was just watching all this. Experiencing it. Knowing it. Being in it. Yet in some way apart from it – witness and participant in one.

So I reported back. This was what we talk about in TT by mutuality. It’s not one way. In TT we may get as much from a patient as they get from us. I was learning fast. This is co-creation. Using what I was learning to feedback to others which was going to mean I knew a radical rethinking of his care, and rolling to the back of my mind so much of what was happening. Profound work to reflect upon later.

I tried to tell people what it was like for Harry. ...I attempted to explain to my colleagues in the room:-

“You have to imagine what it is like for him. Every cell of his body feels to me to be highly charged. His vision and hearing are supersensitive. A ceiling light is brighter than the desert sun. The drop of a spoon on the floor sounds like thunder to him. A touch, like the blow from a hammer. Imagine a small burn or scald to your skin – just enough to peel off the top layer and leave a raw, wet, pink exposed layer beneath. Each nerve ending screams at you in pain. That’s what it is like for him – all over. Pain. It is not dull or slow, it is fast and sharp – coming and going in waves. And he slaps his head as he always has because it hurts. He slaps his head to tell you this. He slaps his head to make it hurt to diminish the sense of pain elsewhere. When he slaps his head he is speaking to you. And Him, almost overwhelmed by the limitations and strugglings of his broken body and his lost mind. But Him. “Him” is watching every moment of this. Knowing that it is perfectly in its place. At some level he knows and is not suffering. He is simply present with absolute loving compassion at what is happening to this body and mind of his. He is not waiting or wanting. Just watching with utter patience...”

- (2001 p 1-2).

The above passage illustrates Brandon’s (1999, above) account of the experience of the shaman / wounded healer, where, in the experience of the healee’s suffering, both healer and healee are inextricably united. Another remarkable aspect of the above account is
the depth of consciousness to which Wright was taken by the healing session – he seemed to be at a place where he was aware of an aspect of the ‘healee’ (it might be tempting to use the term ‘Higher Self’), where the healee “is simply present with absolute loving compassion at what is happening to this body and mind”. Although Wright was at pains to express doubt about what he perceived, this is clearly an account of a profound spiritual – mystical – experience.

Nurses learning Therapeutic Touch (and other healing modalities such as HT or Reiki) are usually taught that their modality works because of some action of the ‘energy field’ of the healer having a beneficial effect upon the energy field of the healee. Significant to the process is the degree to which the healer is attuned to her own energy, the energy of the healee, and ‘universal energy’ (Sayre-Adams & Wright 1995; Krieger 1993, 1987; Quinn 1984). In books devoted to the teaching and explaining of TT, there are illustrative journal-type quotes from healers and student-healers reporting their experiences in the various stages of healing encounters, reporting a range of types of extraordinary experiences. These are experiences issuing from the conscious attunement to their own inner experience, and the attunement to the energy of the healees. Thus, there are accounts like the following:

February 14, 9am: AH-HA! I've learned the self-knowledge test with the hands and I did feel something! It was slightly different as I learned to “listen” more carefully. The sensations that I felt were heat, tingling, a sensation of pressure, and elasticity, so that the area between my hands felt like warm Jell-O or warm foam.


A more challenging experience is reported in the following account from a different text on Therapeutic Touch:

I had problems with tiredness and absorbing the client's excess energy during the first session. I could not believe her pain that I carried away with me. The weight and vice-like pain made me feel very muggy. So I had to review my centring. Initially, I felt that I shouldn't have to keep centring myself during the treatment session but after my experience in the first session, in the second session, I stopped frequently to recentre. This was helpful but didn't cure it, so I tried another exercise which proved more effective.

Chapter Three – Grounding

85
However, I was still absorbing the patient’s congestion to a lesser degree. I tried to shake the excess energy off my hands frequently and to wash my hands and have a drink of water after the session. But I felt the problem was in my method of using my hands in combination with my breathing. I was very sure that I was absorbing my patient’s energy when I breathed in as I was working with them. So I tried to take both hands away as I breathed in, but this made the treatment disjointed and I often forgot to do it, in any case. I remembered my TT teacher saying how we give away energy with our right and receive with our left. THE ANSWER! I changed my technique to closing my left hand whenever I breathed in during the treatment session. It worked! I am now giving TT without getting tired or absorbing congestion

- (Anon, in Sayre-Adams & Wright 1995, p 102).

Joseph (1991) alluded to some esoteric or ‘energetic’ (from the perspective of Rogerian nursing theory) aspects of nurses connecting with their patients. Under the subheading “The Energetic Occupational Hazards of Caring”, of her 1991 paper, Joseph alluded to extraordinary experiences of nurses, particularly practitioners of Therapeutic Touch, when she wrote:

An image taught by Dr. Janet Quinn ... in a class she taught on Therapeutic Touch comes to mind. Dr Quinn said that as nurses walk down the corridor of the hospital, or any setting in which they provide care, they can almost feel the needs of clients reaching out to them, as though the clients are there with fishing rods and reels, casting out as nurses go by and hooking them energetically. “How do nurses deal with this,” she asked?

- (p 56).

Reports of extraordinary personal experiences, of the type presented above, bring light and depth to this research. What is experienced in healing sessions is evidently crucial to the lives of healers as well as to those receiving healing, and as is asserted in the previous section on wounded healers, can at times bring just as much healing to the practitioner as to the recipient.

Table 3 below summarises the literature presented above concerning the extraordinary experiences of nurses in the healing encounter.
In the above sections, research reports and non-research writings by nurses were discussed. Nursing research addressing the extraordinary experiences of nurses in healing encounters were qualitative reports by Hemsley & Glass (1999b), Heidt (1990) and Lionberger (1986). Hemsley & Glass found that the theme “super presencing” expressed the extraordinary nature of presence in the healing encounter, addressing the mystery and power so often attending those events. Under the overarching theme of “opening to the flow of the universal life energy” Heidt (1990) found three themes in her grounded theory study expressed the experience and practices of her nurse healer participants: “opening intent”, “opening sensitivity”, and “opening communication”. These themes each addressed an aspect of the healer’s relationship with “universal life energy” which became apparent to the participants in their sessions. Lionberger (1987) reported similar experiences by participants in her hermeneutic phenomenological study. Her analysis yielded two main themes: “healing intent” and ‘focused attention”, with the latter theme having four characteristics: “(1) disciplining attention, (2) achieving a calm, relaxed state, (3) establishing receptivity, and (4) becoming a channel.

Table 3. Nurse healers’ extraordinary experiences in the healing encounter. (# denotes qualitative research report)

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<td>Story telling and nurse healers: Energetics of the not ordinarily encountered</td>
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<td>#Hemsley &amp; Glass</td>
<td>1999b</td>
<td>“Super” presencing: Nurse healers' stories of healing</td>
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<td>#Heidt</td>
<td>1990</td>
<td>Openness: a qualitative analysis of nurses’ and</td>
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<td>#Lionberger</td>
<td>1986</td>
<td>Therapeutic Touch: A Healing Modality or a Caring</td>
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<td>Wright</td>
<td>2001</td>
<td>Beyond &quot;being with&quot; (editorial)</td>
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<td>1993</td>
<td>Accepting Your Power to Heal: The Personal</td>
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<tr>
<td>Sayer-Adams &amp; Wright</td>
<td>1995</td>
<td>Therapeutic Touch</td>
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<td>Joseph</td>
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<td>The Energetics of Conscious Caring for the Compassionate Healer</td>
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There were also some ‘anecdotal’ reports by nurses of extraordinary experiences within healing encounters, in books about TT in particular, such as those by Sayre-Adams & Wright (1995) and Krieger (1993), and sprinkled through journals like ‘Sacred Space’ or in anthologised articles, as with Joseph (1991).

**Transformational and Extraordinary Experiences of Healers (Non-Nurse)**

The nursing literature on the transformational and extraordinary experiences of nurse healers exists, to a large degree, within a larger, multidisciplinary discourse. This is broadly in an area known as ‘transformational studies’ wherein there are writings from fields such as anthropology, sociology, medical anthropology and psychology. Within this discourse the discussion of the transformational experiences of healers is expressed most rigorously and comprehensively by the study of shamanism.

**“From Doctor to Healer”**

Formal research into the transformational journeys of healers has tended to centre on shamans, and other tribal healers. However, one study I located, “From Doctor to Healer”, by Davis-Floyd & St. John (1998), focused on the transformational journeys of doctors who practice holistically, or are healers. Due to its close similarities with my present research, this study warrants singling out for close attention.

Davis-Floyd & St John (1998) interviewed 40 “holistic physicians”, and along with those, analysed the stories of 17 “Meta-physicians” collected previously (in 1989), as well as a number of other interviews with holistically-minded doctors from different sources. Davis-Floyd & St John found that a large proportion of these doctors underwent significant personal transformational changes on the path of reshaping their practice of medicine in line with holistic principles. The authors saw this path of change as taking these individuals from “doctor to healer”.

Analysing the accounts of their participants, Davis-Floyd & St John (1998) wrote of “catalysts for transformation”, impelling them to embark upon radically different life
courses, which involved them adopting unconventional concepts and practices regarding health, illness, healing, and doctoring. These catalysts for transformation, Davis-Floyd & St John (1998) found, were: confronting the limits of technomedicine, learning from their patients, suffering personal illness, and social and spiritual awakening.

The last two of the abovementioned themes, “suffering personal illness” and “social and spiritual awakening” speak strongly to this study’s focus on personal transformational journeys of healers.

**Suffering Personal Illness**

Like some of the holistic nurses in Keegan & Dossey’s (1998) book, (and so many shamans, discussed below) a number of the holistically minded doctors interviewed by Davis-Floyd & St John (1998) underwent illness that served as painful initiatory experiences pushing the doctor towards personal change and holistic practice. Here again is evoked the notion of the wounded healer, exemplified in the following account of from Larry Dossey, who had suffered from migraines, which threatened to end his beginning medical career:

> I had gone through all the tests for abnormal brain function and tried all the medications that are supposed to work, but which did not, and I had a tremendous problem. In the early seventies I found that biofeedback had been successful in treating this problem. This seems commonplace today, but in the Seventies it was unthinkable that you could hook up to a gadget and learn to change your body and something as severe as a migraine would be better. [Through biofeedback] the headaches went away, not totally, but it was like a miracle. I was so convinced of the efficacy of this approach that I became certified as a biofeedback instructor, and used it in my internal medicine practice for many years.

- (in Davis-Floyd and St John 1998, p 156-157).

Another key aspect of illness in a doctor moving towards being a healer identified by participants in Davis-Floyd & St John’s study was how suppressing the desire to change itself could bring about illness. They cited the words of Christiane Northrup to highlight this aspect:

*Chapter Three – Grounding*

89
Once you say you’re interested in this, that you believe in it, you better do something about it in your life or you’ll get sick. The gods will visit you in an uncomfortable form until you put your money where your mouth is. So don’t read about it or get interested unless you intend to follow up. I don’t know if the universe is going to give you ten years to put this together anymore. What you believe and how you live your life must line up. Once you start believing this your higher power doesn’t give you as much slack as when you were unconscious

- (in Davis-Floyd and St John 1998, p 157).

**Social and Spiritual Awakening**

The sub-theme ‘social and spiritual awakening’, (under their theme ‘catalysts for transformation’) was discussed by Davis-Floyd and St John (1998). They referred to Whitfield (1995) when they spoke of “doorways to the soul” in articulating this theme:

> Our interviewees’ “doorways to the soul” included encounters with guidance, reading an influential book or meeting an influential individual, such as a spiritual teacher, using hallucinogenic drugs, and Whitfield’s “series of synchronous events”. Some of these passages were primarily spiritual, some primarily social; most contain elements of each. For a “doorway to the soul” that leads an individual into a deeper relationship with oneself may at the same time lead to a deeper relationship with others; thus the doorway to the soul also becomes a “doorway to the social”

- (p 158).

A number of remarkable transformational experiences reported by their participants were documented by Davis-Floyd & St John in this section of their book, and they are pertinent to this particular study. For example, Julia Hall discussed a key *kundalini* awakening experience:

> The day before I was to interview for an OB/GYN residency, I was in such doubt and so confused that I decided to go for a reading and a healing. This encounter finished the opening process which had been going on for several years. Within three weeks I was flooded with dream material and dreaming 15 hours a day. It was a total shift in my energy. Throughout the process I was confident that this was a spiritual healing and that something that was beyond me but was basically benevolent was in charge. But it was very, very disruptive. I developed what they now call “the *kundalini* syndrome”. I didn’t have flashing lights, but I did have a lot of uninvited visions. I could see energy between people and energies between *chakras*. I knew what people were going to say a second
A seminal experience of guidance, which changed his life, was reported by Michael Greenberg:

I was sitting in my office, ready to quit medicine. Everybody was gone for the day. I was sitting there alone because I thought I was having a psychotic break with reality. I was looking in the Yellow Pages for a practice broker to sell my practice when I heard a voice say, "close the book; you're not leaving". These voice things are not literally translatable, but the message was, "Of course you hate what you're doing. You've become more of a businessman than a doctor. Not just you, not just the profession, the whole consciousness. You can stay here and listen ... (I knew I had a choice) or choose to run away". The voice said, "if you do this, you're never going to be rich or famous, but you'll always have enough". My life kind of turned on a dime then

(in Davis-Floyd and St John 1998 p 158-159).

**Starting Out on the Other Side**

Davis-Floyd & St John (1998) identified another theme, “starting out on the other side”, reflecting the experience of a minority of those they interviewed. Here, some of the doctors had come into medicine already holding a holistic paradigm, and found themselves often drawn, seemingly against their will and better judgment, into the technomedical paradigm so forcefully presented in their medical training. Some of these participants described periods of being disheartened, conflicted, and confused whilst finding their way as beginning doctors whose orientation to health and illness clashed painfully with that of the dominant paradigm in medical training.

**Recruitment & Initiation of Shamans / Healers – Anthropological Research**

It must be noted initially that the word ‘shaman’ is not precisely synonymous with ‘healer’. Whilst it has been asserted that the majority of those individuals who have
been assigned the name ‘shaman’ in anthropological and other literature have acted as healers (Hultkrantz 1999), numerous authors have pointed out that a shaman in her own society plays a far more central role in community life than does a doctor or healer in Western culture. Shamanism has been identified as a religion in its own right, with shamans as the intermediaries between the spirit world and the other members of the (usually tribal) society (Vitebsky 2000; Hultkrantz 1999; Krippner 1991; Eliade 1964).

Further, there has been a tendency for anthropologists to call all tribal healers ‘shamans’, which authorities on shamanism claim ignores some of the very significant features and functions of the shaman (eg Hultkrantz 1985). Hultkrantz (1978) gave a sense of the shape and scope of scholarly discussion on this matter when he wrote, complaining of a lack of lexical precision by some Anglo-American anthropologists and ethnologists:

> They tend to conceive any medicine-man as a shaman, whereas most other scholars closely follow the original (Tungus, possibly originally Sanskrit?) import of the word, namely a particular, ecstatic diviner, healer and mediator between humans and the spirit world. On the other hand, historians of religion have tended to consider any ecstatic with relations to the spirit world as a shaman, in this way omitting the important social functions of the shaman. Furthermore, some sociologists do not clearly identify shamans as a separate “professional” category. Wach [1947], for example, identifies the Eskimo shaman or angakoq as “the Eskimo priest, prophet or magician”. There is obviously a need to clarify what a shaman is and what phenomena may be included under the term shamanism

- (p 28).

The above quote from a prominent scholar of this field indicates the complexity of academic discussion on the nature and identity of a shaman. Whilst it is important to acknowledge that important conversation, a full exploration of this is beyond the scope of this literature review. Taking the preceding discussion into consideration, I judge that ‘shaman’ and ‘healer’ are sufficiently close conceptually for this present investigation of the transformational experiences of nurse healers to be enriched by examining shamans’ experiences of transformation. In any case, whether an individual’s experience in the following discussion of literature relates really to a shaman or to a non-shaman healer is almost impossible to divine precisely, therefore a degree of conceptual blurriness must be borne in this case.
In the anthropological discourse, terms like ‘recruitment’ and ‘initiation’ (Eliade 1964) or ‘making’ (Elkin 1977) or ‘calling’ (Heinze 1991) signify the transformational pathways followed by individuals coming to the role of shamans/healers in traditional societies. Studies have shown how this process typically entails a dramatic transformation, often involving severe social disruption, life-threatening illness or temporary insanity for the potential shaman. Some neophyte shamans, notably among the Chuckchee tribes of Siberia, underwent androgyny (Halifax 1979), and many go off into the wilderness for a time (Halifax 1979). Other experiences of the shaman-elect reported in the literature included supernatural and quasi-supernormal events like being struck by lightning or bitten by a spider; frightening encounters with supernatural beings; and dreams and visions involving sacred, supernatural or symbolically significant entities, such as serpents or spirits; or spiritual journeys through metaphysical realms which might involve death, dismemberment and reconstitution (Vitebsky 2000; Krippner 1991; Huber 1990; Lewis 1989; Halifax 1982, 1979; Reid 1983; Kleinman 1980; Elkin 1977; Eliade 1964). The following passage from Kleinman’s (1980) study of shamans in Taiwan gives a flavour of the initiatory experiences found among shamans of various cultures:

The word for shaman in Taiwan is the Hokkien term, Tāng-ki which means literally “divining youth.” The popular ideology has it that young men or women are chosen by gods to manifest the gods’ wish to “save the world.” This is revealed via trance, at which time the god “speaks through” the entranced shaman. The ideology also states that the shaman is poor and usually illiterate; that he is often cured of an otherwise incurable illness (usually physical) by his god, who thereafter establishes a Confucian style master-disciple relationship with him that the shaman cannot end by himself if he wishes to keep his health; that he suddenly finds himself, often against his will, spontaneously trancing and able to cure “miraculously” individuals with sicknesses previously thought to be incurable; and that the shaman remains ignorant of what happens when he is in a trance


Without Kleinman’s overt scepticism, Krippner (1991) gave a similar account of recruitment and initiation to the role of shaman in a tribal society:

Among the Inuit Eskimos, it is necessary to dream of spirits in order to be called to shamanize. Once the spirit appears in a dream, the dreamer spits blood, becomes ill, and withdraws from society. While

Chapter Three – Grounding

93
alone, he sees a *tunerak* which looks like a human being but is actually a spirit. At first, is *tunerak* takes possession of the individual, compelling him to wander about naked. Gradually, the shaman-elect gains control of the spirit. He makes a drum and begins to assume his shamanic role


These transformational passages are deeply resonant with this research study, and demand being brought to the fore at this point, so that the range of reports on this matter may light up the terrain of the healer’s pathways in consciousness across the various cultures. Included in the following discussion are some examples from the anthropological and related literature of shamans’ (and other healers’) accounts of their transformational experiences. These are in the words of the healers themselves, as relayed to the anthropologists.

Elkin (1977) wrote about the Aboriginal ‘men of high degree’, including their transformational experiences. In the following account from the Yaralde people, he recorded the ‘psychic terrors’ undergone by some recruits in their coming to terms with their relations with the spirit world:

> When you lie down to see the prescribed visions, and you do see them, do not be frightened, because they will be horrible. They are hard to describe, though they are in my mind and my miwi [psychic force], and though I could project the experience into you after you had been well trained.

> However, some of them are evil spirits, some like snakes, some are like horses with men’s heads, and some are spirits of evil men which resemble burning fires. You see your camp burning and the flood waters rising, and thunder, lightning and rain, the earth rocking, the hills moving, the waters whirling, and trees which still stand, swaying about. Do not be frightened. If you get up, you will not see these scenes, but when you lie down again, you will see them, unless you get too frightened. If you do, you will break the web [or thread] on which the scenes are hung. You may see dead persons walking towards you, and you will hear their bones rattle. If you hear and see these things without fear, you will never be frightened of anything. These dead people will not show themselves to you again, because your miwi is now strong. You are now powerful because you have seen these dead people

As mentioned above, anthropologists sometimes noted how coming to be a healer or shaman in traditional societies could be heralded by extraordinary occurrences, said to be visited upon the postulant by the spirits, or gods, who wish to work through them. This could be accompanied by illness which precedes the awakening of the ability to heal. Huber (1990), for example, reported on the recruitment to the role of healer (curer) amongst the Nahua-speaking people of the Hueyapan region of Mexico, and provided the following account from one of the people he spoke to in his ethnographic research:

Lightning struck me when I was feeding the pigs. A pig fell down because it was also hit. It got back up, but as soon as it got up it fell over dead. To one side we had a jar of holy water so that the bats wouldn't come to suck the blood of the pigs. When the lightning-bolt killed the pig, it then struck me and finally broke the jar of holy water. My illness began when the lightning bolt frightened me and when the pig died next to me. [I began to suffer soul loss.] It must be like that.... Afterwards one curers

- (1990, p 139).

Reid (1983) studied the healers (marrnggitj) of the Indigenous Yolngu people of northern Australia. As in the above examples from other cultures, these marrnggitj, she reported, usually came to know they were meant to be healers through frightening encounters with spirits.

Singer & Garcia (1989) traced the personal history of Marta de Jesus, a Puerto Rican espiritista [medium and healer], resident in the USA. Marta had described having spiritual visions and visitations from spirit characters since a child, and these experiences escalated in her teens, as Singer & Garcia reported:

By age fifteen, during the period of greatest conflict and disorganization in her family, these experiences began to overwhelm her: “When I was 15, I almost went crazy. I used to black out. I used to go into a rage, kick and bite myself. I couldn't stop it... because spirits used to throw me on the floor. My mother took me to a psychiatrist and the psychiatrist said I wasn't crazy, to look for spiritual help.... Then my mother took me to a Santero [practitioner of Santeria].” The Santero ritually "sealed" Marta's camino espiritual (the pathway of her spiritual development), thereby removing her visions and other symptoms. He told her that these abilities would remain dormant for a period of ten years, after which, when she was
emotionally mature enough to handle them, her spiritual powers would return


Later, Singer & Garcia (1989) reported, Marta told how her spiritual pathway opened again and she was pressured by her experiences to decide to serve as a healer.

Accounts from the shamans of Siberia attracted considerable interest in anthropological circles early in the 20th century, and still make compelling reading. One such fabulous report of a transformational passage through the underworld, given to the Russian anthropologist Popov (1936, 84ff.) by a shaman of the Tavgy people, was reported (and translated) by Vitebsky (2000):

The Great Underground Master told me that I would have to travel the path of every illness. He gave me a stoat and a mouse as my guides and together with them I continued my journey further into the underworld. My companions led me to a high place where there stood seven tents. "The people inside these tents are cannibals," the mouse and stoat warned me. Nevertheless I went into the middle tent, and went crazy on the spot. These were the Smallpox People. They cut out my heart and threw it into a cauldron to boil. Inside the tent I found the Master of my Madness, in another tent I saw the Master of Confusion, in another the Master of Stupidity. I went round all these tents and became acquainted with the paths of various human diseases.

Then I went through an opening in another rock. A naked man was sitting there fanning the fire with bellows. Above the fire hung an enormous cauldron as big as half the earth. When he saw me the naked man brought out a pair of tongs the size of a tent and took hold of me. He took my head and cut it off, and then sliced my body into little pieces and put them in the cauldron. There he boiled my body for three years. Then he placed me on an anvil and struck my head with a hammer and dipped it into ice cold water to temper it.

He took the big cauldron off the fire and poured its contents into another container. Now all my muscles had been separated from the bones. Here I am now, I'm talking to you in an ordinary state of mind. And I can't say how many pieces there are in my body. But we shamans have several extra bones and muscles. I turned out to have three such parts, two muscles and one bone. When all my bones had been separated from my flesh, the blacksmith said to me, "your marrow has turned into a river" and inside the hut I really did see a river with my bones floating on it. "Look, there are
your bones floating away!" Said the blacksmith and started to pull them out of the water with his tongs.

When all my bones had been pulled out onto the shore the blacksmith put them together, they became covered with flesh and my body took on its previous appearance. The only thing that was left unattached was my head. It’s just looked like this goal. The blacksmith covered my skull with flesh and joined it onto my torso. I took on my previous human form. Before he let me go the blacksmith pulled out my eyes and put in new ones. He pierced my ears with his iron finger and told me, "you will be able to hear and understand the speech of plants. "After this I found myself on the summit of the mountain and soon afterwards woke up in my own tent. Near me sat my worried father and mother.

- (Vitebsky 2000, p 60-61).

The arctic explorer and ethnographer Rasmussen recorded the following account of an Eskimo shaman’s introduction to the spirit world. The neophyte had sought inspiration in the wilderness, and recalled:

I soon became melancholy. I would sometimes fall to weeping and feel unhappy without knowing why. And for no reason all suddenly changed, and I felt a great, inexplicable joy, a joy so powerful that I could not restrain it, but had to break into song, a mighty song, with room only for one word: joy, joy! And I had to use the full strength of my voice. And then in the midst of such a fit of mysterious and overwhelming delight I became a shaman, not knowing myself how it came about. But I was a shaman. I could see and hear in a totally different way. I had gained my enlightenment, the shaman’s light of brain and body, and this in such a manner that it was not only I who could see through the darkness of life, but the same bright light also shone out from me, imperceptible to human beings but visible to all spirits of earth and sky and sea, and these now came to me to become my helping spirits.

- (cited in Lewis 1989, p 37).

In her 1991 book, ‘Shamans of the 20th Century’, Ruth-Inge Heinze presented a number of accounts from anthropologists who had interviewed shamans, some of whom recounted their transformational journeys. One case that stood out was that of the ‘western’ shaman Elizabeth Cogburn, who spoke of her “calling”:

They have been many calls, or actually something like "waves of calls". But even before those, I can look back on the entries in my

Chapter Three – Grounding
A significant aspect of the above account was the very early age of Cogburn’s “calling” – as if she was set apart from the beginning of her life. Although not universal among reports of shamans / healers in the anthropological literature, being called or set apart for the shaman’s role from an early age (including a familial or hereditary calling, as reported by Kleinman (1980, quoted below)) was a common feature of recruitment reported in the literature (Struthers 2000; Vitebsky 2000; Heinze 1991; Krippner 1991; Halifax 1982,1979; Hultkrantz 1978). However, Krippner (1991) pointed out that although they may acknowledge their destiny to shamanize early in life, shamans did not assume that role until they had passed puberty.

Halifax (1979) collected, from anthropological and other sources, the personal stories of a number of shamans, including accounts of initiatory experiences along the lines of those mentioned above.

**Gently Unfolding the Healing Gift**

Not all of the accounts of recruitment found in the literature told of health crises or dramatic and / or life-threatening encounters with spirits. The nurse researcher Roxanne Struthers (2000) found that the women Cree and Ojibwa healers who participated in her study spoke of an “unfolding of the healing gift”, seemingly a gentle and gradual process of growing into the role and practices of a healer. This was expressed in the
theme “unfolding the healing gift” which Struthers (2000) identified in the accounts of the participants in her hermeneutic phenomenological study.

**Theorizing the Recruitment**

The role of the anthropologist or ethnologist is generally not simply to present without comment or analysis the accounts of those they study, and the literature presented a variety of rational frameworks in which the transformational experiences of the shamans and other healers have been understood.

**Rite of Initiation**

Like Slater et al (1999, above), and following Eliade (1964), Huber (1990) noted how the transformational journeys of his participants seemed to follow a pattern of a rite of initiation, “including a quasi-liminal period”. Huber continued:

> When individuals enter this liminal period, they are forced to decide either for or against becoming a curer, a decision that is both traumatic and disorienting. This decision-making period is charged with ambiguity, psychological stress, themes of life and death, and encounters with supernatural beings.

- (1990, p 162).

**Social Circumstances Concerning Shamans’ Recruitment**

The Scottish social scientist Ioan Lewis’s (1989 (1971)) primary concern was to create a sociology of ecstatic religion. He stated his wish to address the following questions:

> How does the incidence of ecstasy relate to the social order? Is possession an entirely arbitrary and idiosyncratic affair; or are particular social categories of person more or less likely to be possessed? If so, and if possession can be shown to run in particular social grooves, what follows from this? Why do people in certain social positions succumb to possession more readily than others? What does ecstasy offer them?

- (p 27-28).

Focusing on what he termed ‘peripheral cults’ of possession, Lewis’s functionalist theory asserted that in male-dominated societies women would predominate in the peripheral cults because they had few outlets for assuming significant social roles. Thus, by Lewis’s interpretation, an individual (usually a woman) would become ill,
deranged, or possessed by spirits as her reaction to difficult life circumstances (common for women oppressed in male-dominated societies).

Relief or cure would manifest by accepting the role of medium for the possessing spirits, and the woman would then become a medium / healer / shaman in the cult to which she was introduced in the healing process. The woman thus acquired an outlet for her hitherto repressed need for religious expression, and an important role to perform in that cult or subgroup of that society, perhaps even in the wider society. She would however, be obliged to continue in that role as the precipitating afflictions would return should she abdicate.

Whilst Lewis’s discussion was perceptive and very thoroughgoing, he was accused of conflating a number of experiences under the one term ‘possession’. Hultkrantz (1978) was especially irritated:

he characterises all shamans as mediums as practising controlled possession. ... [H]e also identifies trance as possession, that is, possession with a change of ego-consciousness. As always in Anglo-Saxon studies, the two meanings of possession – as possessing something, and as being possessed – play havoc in this otherwise intelligently written work

- (p 44).

Following Lewis (1989), Huber was preoccupied with the social conditions of the shamans of his study group, particularly pertaining to gender. He observed role conflict, and noted how that impacted both upon the circumstances leading to the individual taking on the role of curer, as well as upon the performance of the duties of the vocation. Pertinent to this research, Huber theorized about the greater likelihood of women to take on the curer role in that society:

In Hueyapan, more women than men experience soul loss because the women’s role is very narrowly defined and provides few outlets to reduce stress. Soul loss is often first experienced during adolescence, a particularly stressful period for females. Since experienced curers interpret frequent and severe cases of soul loss as signs of their patient’s destiny to cure, more young women than men are encouraged to become healers

- (1990, p 169).
Huber (above) apparently presumed that ‘soul loss’ was directly attributable to life stresses, the unspoken assumption being that it was equivalent to a psychological disturbance. He does not justify or even discuss this assumption in his paper, leaving open the question of whether his sociological analysis of this phenomenon is founded on ethnocentric conceptions of health, illness and social operations. Of issue here is that Huber seems to be applying western notions of health and illness, which have no spiritual or even existential frame, to experience which, in the culture of the people he studied, had a rich and deep spiritual meaning. Whilst Huber did not specifically define ‘soul loss’, its meaning for those he studied may be inferred from his writing:

many Nahua curers report first becoming aware of their calling when their bodies have been “de-possessed” of their souls. It is during this time that their detached souls encounter spirits that oblige them to assume the medical role for which they are destined to undertake

(1990, p 164).

The above quote illustrates clearly how ‘soul loss’ had a rich spiritual meaning in that society, consistent with the beliefs and social practices of those people. To translate it into a western conception with a very different meaning to that held by those who actually undergo the experience, so that it may be theorized in sociological terms, seems unreasonable without at least some level of justification.

Also bringing Huber’s (1990) study in line with Lewis’s (1989) theory was Huber’s finding that the improved status afforded by the curer role was likely a motive for the neophyte to adopt that role. Huber expressed this part of Lewis’s theory thus:

Though the peripheral healing role does not provide women with a direct means to influence public affairs, it does provide women with “the opportunity to gain ends (material and nonmaterial) which they cannot readily secure more directly” (Lewis 1989: 77)

- (Huber 1990, p 172).

This theory apparently repudiates the consistent assertions, recorded in the literature, by these shamans, healers and other members of “possession cults”, that they did not
choose their calling, but were chosen by the spirits; and that furthermore they did not enjoy easier lives than that they may have otherwise endured. Huber himself wrote:

individuals seriously entertaining the idea of becoming a curer express great reluctance to begin healing. Among other considerations, potential recruits face the prospect of encountering life-threatening accusations of sorcery and strong resistance from their spouses, family members and residents

- (1990, p 169).

Apparently the spiritual calling was not a sufficient reason, in the eyes of Huber, Lewis (1989) and others offering functionalist sociological analysis to this field, for an individual to dedicate her life to that role. What appears to be problematic is not only whether the (mostly) female healers might enjoy an increased socioeconomic status within their societies (clearly untrue in some cases – see, for example, Kendall (1989); Naka, Toguchi, Takaishi, Ishizu & Sasaki (1985)). The assumption by these scholars, usually tacit, that achieving such status served as a key motivation for those undertaking that life path, seems open to question. As well as ignoring possible spiritual explanations, this devalues the personal reality of the shaman / healer who reports that the overwhelming physical, psychic, moral and spiritual experiences attending her recruitment process is sufficient motivation for undertaking such a vocation. Consider the following reports, regarding the recruitment of (usually female) shamans, in societies which devalue such roles as inappropriate for women. Kendall (1989) wrote of shamans in Korea:

No woman claims to have wilfully embarked upon this career. Rather, the gods torment destined shaman with visions, voices, mysterious illnesses, and general ill luck. A “god-descended” woman and her family may deny the signs, but only for so long; those who resist the calling die the deaths of crazy women whose thwarted destinies yield ominous ghosts. But once a woman is initiated as a miansin [shaman], the spirits that tormented her become allies who send her divination visions and the power to cure

- (Kendall 1989, p 139).

This overwhelming summoning to shamanize was also the case for the yuta [shamans] of Okinawa, reported by Naka et al (1985):

one does not become a yuta of her own will, but rather, she is forced to become a yuta by the notification of, or by the will of the god. In many cases, however, one would try to ignore or reject becoming a

Chapter Three – Grounding
Given evidence that such accounts of their recruitment are widespread and consistent across cultures (Huber 1990, Lewis 1989, Kleinman 1980), without good reason to suspect that shamans across many cultures on different continents are all lying or deluded about their calling, reasoned inquiry ought to take their reports seriously. At least it must be acknowledged that any personal, social or material gain they accrue from being shamans / healers is derivative rather than instrumental (as functionalist interpretation holds) in their undertaking the vocation. This is not to deny that cultural and societal conditions play a role in how the vocation of the healer expresses within a particular society. In our own cultural context, whilst hardly any might assert that the likes of Mother Theresa, Francis of Assisi, Theresa of Avilla or Hildegard of Bingen chose their vocations because of the improved social opportunities so afforded, whereas few would deny that the form or expression of their vocations was contoured by their societies and their times.

The above critique speaks to the issue of epistemology and ontology employed by the social scientist studying healers across cultures – in disregarding the personal perspective and interpretations of reality of those under scrutiny, significant meaning must be lost (see the discussion in the following chapter on methodology, ‘Crucible’, pp. 184-189). Anthropologists, such as Kendall (1989), who employ an ‘interpretive’ methodology which allows the meanings of the healers themselves to occupy the foregrounds of their ethnographic analysis, have been criticised for neglecting theoretical understandings. Gellner (1994, p 29), for instance, wrote:

In recent writing about spirit possession dissatisfaction is often expressed with functionalist or indeed any theory of possession. The alternative offered is a general anti-reductionism, sometimes dignified with the label ‘the interpretive approach’. This surely forecloses interesting questions, both about recruitment to the role of medium and about the ideological implications of indigenous systems of thought.

Chapter Three – Grounding

103
On the other pole of this argument, some scholars go so far as to assert that those who study shamans and other healers are not qualified to make comment unless they themselves step into the extraordinary realms inhabited by those individuals (Kremer 1999). Certainly there are a number of scholars prominent in that field who do to some degree self-identify as shamans, or at least admit to treading some way along those paths (Schenk & Ratsch 1999; Jamal 1987; Harner 1980; Castaneda 1968).

Singer & Garcia (1989) similarly utilised Lewis’s (1989) sociological frame, aligning their findings with those of scholars such as Hammond & Jablow (1976), Baer (1981), Crapanzano (1973), Lawless (1983) and Finkler (1981). They cited Finkler (1981, p494) who wrote that some women healers, through involvement in their medico-religious cults were “able to convert their powerlessness or affliction to authority and to transfer any influence they may possess in the private sector to the public sphere”. Of Marta de Jesus, whose life and practices they studied (mentioned above), Singer & Garcia wrote:

> She has skilfully used the healer role as a vehicle to overcome numerous hardships and challenge both dominant and subcultural constraints on women

- (1989, p 158).

Whilst refraining from making overt assumptions about Marta’s motivations in embracing the vocation of healer, Singer & Garcia came to the conclusion that:

> Marta’s case illustrates the importance of the healer role as a culturally constituted avenue for social mobility for women in otherwise male-dominated social settings

- (p 158).

Again I might comment that such a functionalist sociological perspective might promote a distorted notion of the motivation of someone growing through the role of healer. This conceptionalization appears to assume that social mobility might be the primary concern of the individual. However, balanced discussion ought to allow the personal reality of the healers – that the healer’s transformational journey leads inexorably to empowerment. And that is not primarily about social role – the part individual plays – but, as I see it, it is more about being – the inner reality of the individual. The healer’s

Chapter Three – Grounding

104
perspective has her empowerment reflecting out on the world, manifesting in roles which resonate with the inner reality.

Kleinman (1980), whilst focusing on the therapeutic activities of the shamans he studied, was also alert to the cultural and social circumstances in which they arose. He wrote concerning the familial context of the healers he studied:

Strikingly impressive among healers of all types in Taiwan is what might be called the kinship basis of the healing role. Healing in traditional China was frequently an hereditary occupation, and this has been carried over into the ideology of health care systems in contemporary Taiwan. If practitioners do not possess an elaborate genealogy of healers in their families, they often manufacture such medical genealogies in order to attract patients


He also wrote about the social background of his participants, hinting at the likely socioeconomic motivation for individuals to adopt the lucrative career of urban shaman:

All the Tâng-kis we studied were from lower class backgrounds; most possessed only rudimentary education or were illiterate; four-fifths were men; all were from rural villages

- (Kleinman 1980, p 214).

**Shamans: Not Madmen but People of High Degree**

Heinze (1991) pointed out that shamanism did not become a valid or respectable field of study until the middle of the 20th century. Indeed, not surprisingly, there was a predominant attitude amongst Western academics, anthropologists included, that the manifestations of shamanism signalled serious psychological derangement (Heinze 1999; Krippner 1991; Lewis 1989; Hultkrantz 1978). Thus, Silverman (1969) asserted that the changed consciousness of the shaman was convincing evidence of schizophrenia (in Krippner 1991). Devereux (1956) claimed that shamans were neurotic, and that their acceptance and respect within their own societies was evidence of pervasive societal neurosis (in Lewis 1989).

Hultkrantz (1978) noted that some shamans experienced convulsions and other hysterical symptoms, sometimes associated with a well-known disorder known as
‘Arctic hysteria’ which was prevalent in the arctic regions of Eurasia. Hultkrantz was not convinced that shamans suffered any lasting and pervasive psychopathology, stating:

still, the shaman does not succumb to these attacks, he conquers them by adapting them to the role he assumes, the role of the shaman. It has often been said that the shaman heals himself from his hysterical disease during the vocation process, and this seems to be true to a certain extent

- (1978, p 50).

Other writers have supported Hultkrantz’s positive assessment of the mental condition of shamans. The psychiatrist Kleinman (1980), whilst apparently dubious of his subjects’ claims to having undergone significant spiritual transformations, observed nonetheless that the Taiwanese shamans he studied were psychologically healthy individuals:

None exhibited any evidence of significant psychopathology nor gave any history of major psychiatric problems. Most were rather remarkable individuals, who possessed strong personalities and many adaptive coping skills. They were adept at quickly assessing and managing life crises and personal difficulties, were as effective at interpersonal communication as at ritual manipulations, and were recognised as such by neighbours and clients

- (p 214).

Elkin (1977) resisted the temptation to theorise heavily, or try to explain away the results of his investigations into the “making” of the “men of high degree” amongst the Aboriginal peoples of Australia (although he did draw comparisons between their reported experiences and the mystical transports of Tibetan lamas). Remarkable for academic thinking of the time (1945), Elkin expressed a sensitive appreciation of the respect which these shamans and their powers commanded in Aboriginal societies. He described the indigenous Australian shaman as in no way a madman, but:

a person of high degree, and not merely a member of a profession; he is a “clever man” – one who has been admitted to the secrets not disclosed to the ordinary, though fully initiated, man. Moreover, the admission to such knowledge and the ritual endowment with “life” are the necessary prelude to the exercise of super-normal and magical powers

- (p xxi).
Psychological studies have also supported the position that the extraordinary experiences of transformation reported by shamans are not signalling lasting mental illness (although, as Vitebsky (2000) stated, they may undergo transient psychotic states in that process). Notably, research involving Rorschach inkblot testing of both shaman and non-shaman members of the same (Apache) society prompted the researchers to conclude that:

shamans are healthier than their societal co-members.... This finding argues against [the] stand that the shaman is severely neurotic or psychotic, at least insofar as the Apaches are concerned


Krippner (1991) further noted that this finding was supported by a similar study (Shweder, 1979, p 327-331) involving the Zinacanteco shamans of the Chiapas region of Mexico.

Like Hultkrantz (quoted above), Halifax (1982) asserted the propensity of shamans to transcend the traumas attending their coming to the role. She went further, affirming the sacred nature of the transition from sufferer to healer and spiritual intermediary:

The opening vision for the shaman unfolds in a transpersonal realization resulting from a crisis of death and rebirth, a transformation of the profane individual into one who is sacred. For many neophytes, this realisation awakens in the dream-web when animal-tutors and spirits on the Other World appear. They come as emissaries of mythical beings, of gods and ancestors. And the candidate is doomed if he or she does not accept the instructions received in the dream from these presences of the Other World


Mircea Eliade (1964), a seminal contributor to this field, whose interest was the history of religions, pointed out that the dramatic and traumatic experiences described amongst neophyte shamans are found amongst initiates throughout the world’s religious traditions. Such an experience, Eliade claimed, was a typical psychological response to a person’s contact with the divine. In response to the commonly held assertion that the shaman’s experiences were invariably manifestations of psychopathology, Eliade wrote:

like any other religious vocation, the shamanic vocation is manifested by a crisis, a temporary derangement of the future shaman’s spiritual
equilibrium. All the observations and analyses that have been made on this point are particularly valuable. They show us, in actual process as it were, the repercussions, within the psyche, of what we have called the “dialectic of hierophanies” – the radical separation between profane and sacred and the resultant splitting of the world

- (1964, p xii).

Strongly concurring with Eliade, Halifax (1979) wrote: “the initiation of the shaman is an ahistorical event, transcending the confines of culture and bringing into focus ontological concerns that have existed within the human mind for aeons”. Similarly, Davis-Floyd & St. John (1998, discussed above) found in their study of the transformational journeys of doctors to healers, that the doctors in their study often reported an understanding of the sacred and transcendent nature of their transitional experiences.

Table 4 below summarises the authors and titles sourced in the above discussion on the anthropological discourse concerning the transformational experiences of healers / shamans.

<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Year</th>
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<tbody>
<tr>
<td>Vitebsky</td>
<td>2000</td>
<td>Shamanism</td>
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<td>Hultkrantz</td>
<td>1999</td>
<td>The Unity of Shamanism: Reality or Illusion?</td>
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<td>Davis-Floyd &amp; St. John</td>
<td>1998</td>
<td>From Doctor to Healer: The Transformative Journey</td>
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<tr>
<td>Hultkrantz</td>
<td>1978</td>
<td>Ecological and phenomenological aspects of shamanism</td>
</tr>
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<td>Krippner</td>
<td>1999</td>
<td>Close Encounters of the Shamanic Kind: From Meetings to Models</td>
</tr>
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<td>Krippner</td>
<td>1991</td>
<td>Forward to: “Shamans of the 20th Century” by R-I Heinze</td>
</tr>
<tr>
<td>Dubin-Vaughan</td>
<td>1991</td>
<td>Elizabeth Cogburn: A Contemporary Shaman</td>
</tr>
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<td>Heinze</td>
<td>1999</td>
<td>Who Are the Shamans of the 20th Century?</td>
</tr>
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<td>Heinze</td>
<td>1991</td>
<td>Shamans of the 20th Century</td>
</tr>
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<td>Huber</td>
<td>1990</td>
<td>The recruitment of Nahua curers: Role conflict and gender</td>
</tr>
<tr>
<td>Singer &amp; Garcia</td>
<td>1989</td>
<td>Becoming a Puerto Rican Espiritista</td>
</tr>
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There is a body of literature, some of it written by the shamans / healers themselves, of first-hand accounts of the transformational journeys of these people. Some of these accounts, such as those by Jamal (1987), Castaneda (1968), Sarris (1994) or Sharon (1978) (below) are arguably part of the anthropological discourse, but are included in this section because they were presented in a form accessible to a general reading audience, and not just the specialized and critical academic forum.

In line with my assertion at the start of this review of the literature that the stories of healers are a critical part of the foundational literature for this study, I discuss below some works which are not academic studies, but which represent strong illustrations of the path of the healer. However the phenomenological power held in these accounts is not diminished by the absence of academic rigor in some of the works.

As might be expected, the following literature expresses similar ideas to the findings of the (above) anthropological writings on the transformational experiences of shamans / healers. For instance, in Sharon (1978), Eduardo Calderon Palomino, described a period of personal disruption and illness which precipitated his coming to be a

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### Table 4. Anthropological and Ethnological accounts of transformation of shamans / healers

<table>
<thead>
<tr>
<th>Author</th>
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<td>Reid</td>
<td>1983</td>
<td>Sorcerers and Healing Spirits</td>
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<td>Halifax</td>
<td>1982</td>
<td>Shaman. The Wounded Healer</td>
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<tr>
<td>Halifax</td>
<td>1979</td>
<td>Shamanic Voices: A Survey of Visionary Narratives</td>
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<td>Kleinman</td>
<td>1980</td>
<td>Patients and Healers in the Context of Culture</td>
</tr>
<tr>
<td>Elkin</td>
<td>1977 (1945)</td>
<td>Aboriginal Men of High Degree</td>
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<tr>
<td>Silverman</td>
<td>1969</td>
<td>Shamans and acute schizophrenia</td>
</tr>
<tr>
<td>Eliade</td>
<td>1964</td>
<td>Shamanism: Archaic Techniques of Ecstasy</td>
</tr>
<tr>
<td>Devereux</td>
<td>1956</td>
<td>Normal and Abnormal: The Key Problem in Psychiatric Anthropology</td>
</tr>
<tr>
<td>Popov</td>
<td>1936</td>
<td>Tavgiytsy [The Tavgy]</td>
</tr>
<tr>
<td>Czaplicka</td>
<td>1914</td>
<td>Aboriginal Siberia</td>
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curandero (Peruvian folk healer). Exposure to curanderos in his efforts to regain his health resulted in Eduardo himself undertaking an apprenticeship in that healing art. This was also the typical pattern of recruitment reported in other writings of shaman/healers, such as the Nahua curers in Huber’s (1990) study, as well as the western doctors in Davis-Floyd & St. John’s (1998) study, and the stories of a number of the nurse healers in Keegan & Dossey (1998) (discussed above).

Sarris (1994) traced the life of the Native American Pomo medicine woman Mabel McKay, tying together many of her stories with his own observations and reflections of her as someone who he’d known well for a number of years. Mabel McKay denied being a shaman, but was acknowledged among her people as a healer. Like a number of healers in the above discussion, Mabel described a calling which set her apart from an early age, and which set her upon a life path radically different from ‘normal’ members of her society.

Jamal’s (1987) anthology, “Shape Shifters: Shaman Women in Contemporary Society” collected the personal accounts of 14 women who identified as shamans. Among these were some whose work is discussed in these pages: Joan Halifax and Ruth-Inge Heinze (above), and Lyn Andrews (below). Jamal wrote of her own transformational journey, and as well (among other questions) asked the shamans she interviewed the following questions concerning their own experiences of transformation:

- Have you experienced a transformation within yourself at some point in your life?
- If so, what precipitated the experience? Example: kundalini arousal; visions; personal traumas; specific experiences

(Jamal 1987, p xix).

Writing of her own journey in the preface to her book (Jamal herself identified as a shaman) this author told how she had a calling from an early age to explore consciousness more deeply and have a mystical connection with the earth. Transformational triggers and initiations she identified in her life course included constant spiritual exploration, a profound sexual awakening early in her adult life, intense traumatic grief from the assassination of her lover, a period of seclusion and

Chapter Three – Grounding

110
intense spiritual practices in an ashram, intense kundalini-rising experiences, pregnancy and the birth of her child, and an initiatory dream or vision. Many of Jamal’s experiences were the type of experiences reported by other shamans / healers in the above pages.

Similarly, the contributors to Jamal’s (1987) book reported the types of transformational and initiatory experiences which, in the previous pages of this chapter, I have written about at some length. Joan Halifax, for instance, wrote how she experienced serious illness as a child; and, as an adult, explored altered states of consciousness which led her to look deeply at herself and seek explanations for her experiences in anthropological accounts. Later she met shaman healers who brought their teachings of ‘earth wisdom’ to her, and learned the ‘sky wisdom’ of Buddhist teachings as well. Importantly, in the context of this particular research, Halifax reflected insightfully upon some pitfalls that she learned concerning the path of the healer:

There is a trap in the extraordinary. One begins to feel special and self-important, along with an absence of compassion. Maybe it is disappointing, this talk of simplicity in favour of the more dramatic aspects of being shaman. What we all want at our core is to be free from suffering; we want to be in a situation of simplicity. We don’t want to be driven by desire, or hate; nor do we wish to be caught in confusion. Moving past these three positions means that we discover simplicity, harmony, relaxation, compassion, and wisdom. From this awakening arises the impulse to help others.


In his famous (perhaps notorious) 1968 book, ‘The Teachings of Don Juan: A Jaqui Way of Knowledge’ Carlos Castaneda described his apprenticeship to a native Mexican brujo (sorcerer, or man of knowledge). Castaneda had written his book from his doctoral thesis in anthropology, which was quite remarkable at the time for its intimate first-hand depiction of the activities and worldview of the sorcerer. The anthropologist Walter Goldschmidt, in the preface to Castaneda’s first book, pointed out that Castaneda in effect undertook two concurrent apprenticeships – that with the brujo Don Juan, and that with the University of California in undertaking his Ph.D. Goldschmidt
added: “In this work he demonstrates the essential skill of good ethnography – the capacity to enter into an alien world” (Castaneda 1968, p 10).

As well as writing a compelling account of his conversations and activities with Don Juan in the course of pursuing his apprenticeship as a sorcerer, Castaneda presented a detailed academic analysis of the world of the brujo, which he extended through his further writings (1972). Given the focus of this work upon the experiences of healers, the question of whether Don Juan was a healer is significant. Harner (1980) classed Don Juan as a type of shaman who was not a healer, whereas Heinze (1991) maintained that, being a sorcerer (brujo), Don Juan was not qualified to be termed a shaman.

The preceding notwithstanding, clearly there was a profound personal – even ‘spiritual’ – transformation involved in moving from one who lived and perceived ordinarily, to someone who was, in Don Juan’s terms, a ‘man of knowledge’. This profound transformation itself is worthy of attention here. The contrast of the world and personal journey of the sorcerer, as described in Castaneda’s books, with that of the shaman and other healers I have written about above, may be valuable in highlighting some of the significant aspects of the healer’s journey.

Castaneda defined a man of knowledge, in the words of Don Juan, as:

one who has followed truthfully the hardships of learning ... A man who has, without rushing or without faltering, gone as far as he can in unravelling the secrets of power and knowledge

- (in Castaneda 1968 p 82).

In his “Structural Analysis” of Don Juan’s teachings, Castaneda (1968) wrote that a man of knowledge had unbending intent, had clarity of mind, and was a warrior. Significantly, to become a man of knowledge involved learning – knowledge was not bestowed upon the neophyte (apprentice), but required strenuous labour. The apprentice in Castaneda’s system is not chosen by the spirits, but rather chosen by the brujo, whose criteria for choosing an apprentice are not able to be discerned by ordinary means – to use Castaneda’s terminology, there were no overt prerequisites, but the brujo
appeared to employ covert prerequisites in selecting an apprentice. Castaneda conjectured that the covert prerequisite that Don Juan applied in selecting an apprentice was a “disposition of character, which Don Juan called ‘unbending intent’” (1968, p.192). Furthermore, Castaneda asserted that becoming a man of knowledge was an unceasing process – “was not a condition entailing permanency” (p 199). These features contrast markedly with the recruitment and initiatory experiences of shamans and other healers portrayed above, and would appear to distinguish Don Juan from healers and shamans depicted elsewhere in the literature.

Andrews (1985, 1983) wrote of her apprenticeship to a native Canadian healer ‘Agnes Whistling Elk’, who was her guide through a remarkable exploration of a realm of experience. Of these experiences Andrews (1985) wrote:

During the course of my apprenticeship, I have been forced to restructure my beliefs as to who I am and what the world is. In an alien environment I was pitted against an adept male sorcerer named Red Dog. In this dangerous struggle I triumphed, much to my surprise. I had undergone several initiations since then, culminating with an initiation to a highly secretive shamanistic society of women known as the Sisterhood of the Shields

(p xi).

Similarly, Roads (1994, 1990, 1987) wrote about his transformational spiritual journey through connection to the wisdom of nature. In the first of these first books, Roads (1987) wrote of having conversations in his mind with natural things such as trees and stones, which spoke to him in his mind, imparting the wisdom inherent in nature. In the second (1990), he wrote of a deepening connection, where he met and was taught by the Spirit of nature, the god Pan. This led to his learning to travel out of his body, and into metaphysical union with nature. In the third of these books, Roads (1994) described entering through a doorway into a timeless dimension of existence, where he met beings which guided him through deep initiations into understanding the deep spiritual nature of existence.

It is difficult to establish any critical perspective on writings such as that by Roads or Andrews (above), or Millman (below), except in that they may relate to and enrich a
body of literature such as that in the above section on the transformational journeys of healers / shamans, drawn from the anthropological discourse. Writing such as this which addresses experience outside of rational or empirical examination might present serious problems in an academic context, yet their phenomenological power in how they bring light to matters inherently inaccessible to reductionist approaches to knowledge is valuable to a study such as this. There is an unanswerable question of whether some of these works might be simply fictional works of the imagination, yet in a sense that is not important. What is important is that they resonate as powerful instances of human experience within this area of inquiry, harmonising with what is recounted by healers of many different cultures and historical times, which have been reported to trained observers who have reported them faithfully and rigorously.

Michael Roads (1990) wrote that Dan Millman (1991, 1984) was a great source of inspiration for him, although Millman was unaware of that. In his books, Millman described his own spiritual journey, guided by shamans in California and Hawaii. His was a journey of extreme physical, emotional and psychic trials, testing his courage and determination whilst developing his capacity to be honest, loving, powerful and true to himself. Millman wrote of having a repetitive initiatory dream, involving a man who he was shocked to meet one night at an all-night service station. This man turned out to be his spiritual teacher, guiding him through an extremely intense transformational process. In other passages, Millman wrote of being physically dismembered in a vision (which seemed very real) and then re-assembled, and of being buried in a graveyard amongst the graves of deceased shamans. These initiatory experiences described by Millman accord with those of shamans / healers recorded by anthropologists in various parts of the world, and discussed in the previous sections of this chapter.

The healer Barbara Brennan (1993, 1988), included accounts of her personal healing journey in her instructional books on ‘healing through the human energy fields’. She wrote of how her postgraduate studies in atmospheric physics prepared her for study of the ‘human energy field’, and how her interests and activities, such as her practice of Reichian psychotherapy, massage and other alternative modalities, led her almost inexorably to her practice as a healer. She wrote of how she responded with scepticism
and concern when she began to see auras around other people, and other phenomena not
ordinarily visible; and how, in time, and through long-term exertion at personal spiritual
development, she came to accept and develop this ability to a high degree.

A key feature of Brennan’s approach to healing was spiritual guidance, and she wrote in
some detail of her evolutionary journey regarding development of her inner guidance
(1993, p265ff). For Brennan, this was not a precipitous transformation such as some
shamans experienced (above), but was a process unfolding over several years. She
described difficulties and challenges she encountered during the process, notably events
and processes surrounding her learning to accommodate to her ability to visualise
spiritual realms:

I worked in a process group on my channel because I was getting a
lot of psychic information like other people's past lives that I didn't
know what to do with. At one time I had a broken leg and was
stomping around with the cast on, loudly yelling that I wasn't angry.
The head of the centre... said, "The problem with you is that your
channel opened too fast, and you are too angry inside and you can't
handle it. You need to close your channel". My guidance confirmed
this. I was getting a lot of pleasure from being psychic. I was getting
off on being special and was using it to avoid dealing with important
issues in my life. The only acceptable use of my channel was for my
own personal work. I didn't know how long it would have to be this
way. My guides simply said for as long as it takes

(1993, p 266).

Goldner (1999) investigated the lives and practices of a number of prominent spiritual
healers, (including Barbara Brennan), finding in a number of cases that there was a
significant initiatory health crisis. Similarly, Harpur (1994) also described a health
crisis precipitating the ability to heal in the famous blind healer Godfrey Mowatt, who
experienced a concurrent deepening of his experience of spirituality. Blinded as the
result of an accident as a child, Harpur reported, Mowatt as an adult experienced
overwhelming pain from a freak accident to his glass eye, went through deep
depression, and in the recovery process experienced a profound vision prompting him to
undertake a healing ministry.

Table 5 below summarises the literature, discussed above, concerning personal accounts
of healers’ experiences of personal transformation.

Chapter Three – Grounding

115
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<th><strong>Author(s)</strong></th>
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<th><strong>Title</strong></th>
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<tr>
<td>Goldner</td>
<td>1999</td>
<td>Infinite Grace: Where The Worlds of Science and Spiritual Healing Meet</td>
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<td>Harpur</td>
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<td>The Uncommon Touch: An Investigation of Spiritual Healing</td>
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<td>Journey into Oneness</td>
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<td>1987</td>
<td>Talking With Nature</td>
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<td>Sarris</td>
<td>1994</td>
<td>Mabel McKay: Weaving the dream</td>
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<td>Brennan</td>
<td>1993</td>
<td>Light Emerging: The Journey of Personal Healing</td>
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<td>Jamal</td>
<td>1987</td>
<td>Shape Shifters: Shaman Women in Contemporary Society</td>
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<td>Andrews</td>
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<td>Wizard of the Four Winds: A Shaman's Story</td>
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<td>Castaneda</td>
<td>1968</td>
<td>The Teachings of Don Juan: A Jaqui Way of Knowledge</td>
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Table 5. Transformational Journeys of Shamans / Healers – Personal Accounts

**Summary of Transformational Journeys and Extraordinary Experiences of Healers (non-nurse)**

Academic and non-academic writings contributed to a body of literature which informs this study regarding the transformational journeys of healers in various contexts. Whilst not presenting a formalised methodology, Davis-Floyd & St John’s study of the transformational journeys of doctors to healers, was a well-written and rationally formulated analysis of numerous personal reports of doctors. They found “catalysts for transformation”, driving the holistic physicians through radical personal change leading to holistic practice. Two of these catalysts, “suffering personal illness”, and “social and spiritual awakening” are of particular relevance here. Davis-Floyd & St John identified, under the latter of these themes, significant elements such as encounters with guidance, reading an influential book or meeting an influential individual, such as a spiritual teacher, using hallucinogenic drugs, or a “series of synchronous events”, which they drew from Whitfield (1995).

A number of contributions to anthropology, particularly ethnographic studies on shamanism, relate the transformational pathways of healers in many societies (Vitebsky 2000; Sarris 1994; Krippner 1991; Heinze 1991; Huber 1990; Lewis 1989; Singer &
Garcia 1989; Jamal 1987; Naka et al 1985; Halifax 1982, 1979; Reid 1983; Kleinman 1980; Elkin 1977; Sharon 1978; Castaneda 1968; Eliade 1964). Initiatory experiences typical for healers / shamans across cultures, reported in these writings, included severe social disruption, life-threatening illness or temporary insanity, androgyny, going off into the wilderness for a time; supernatural and quasi-supernormal events like being struck by lightning or bitten by a spider; frightening encounters with supernatural beings; and dreams and visions involving sacred, supernatural or symbolically significant entities, such as serpents or spirits; or spiritual journeys through metaphysical realms which might involve death, dismemberment and reconstitution. In contrast, also identified was the experience by some healers of a gentle unfolding of the healing gift (Struthers 2000, Brennan 1988).

Themes for discussion and analysis which emerged in these writings included the rite of passage (eg in Huber 1990), social circumstances concerning shaman’s recruitment, and the issue of the mental health and moral status of shamans / healers. Discussion of the social circumstances of recruitment of healers revolved around the work of Lewis (1989), who found that women were attracted to certain ‘peripheral cults’ because of their more marginalised status in some societies. This low status meant they were not only often in difficult and unsupported circumstances but were also excluded from opportunities to express their need for social power, the key institutions of which were dominated by men. Lewis argued that both were alleviated for some women by their embracing the ideologies and practices of the cults. Evidence in favour of this ‘functionalist’ thesis was cited by ethnologists such as Huber (1990) and Singer & Garcia (1989) in their studies of (largely) female healers, and whilst in most cases they stopped short of claiming that the healers they studied sought the healer role for the purpose of improving their social circumstances, that was implied.

However, in contradiction to Lewis’s sociological theory, a great weight of personal reports from healers themselves, reported in the literature, attested to a recruitment process that was overwhelmingly spiritual in ordination. Moreover, anthropologists such as Huber (1990), Kendall (1989), McClain (1989) and Naga et al (1985) have described how many women desperately sought to avoid such a role, knowing they
would experience little or no social benefit. Contrariwise, in a number of cultures they attracted ostracism and other severe social sanctions and disadvantages to themselves and their families as a direct result of submitting to the role of shaman/healer (Huber 1990; Kendall 1989; McClain 1989; Naga et al 1985).

Regarding the issue of the mental health of shamans/healers, there have been scholars who have asserted that the manifestations of extraordinary behaviour of shamans is compelling evidence of psychopathology, such as psychosis (Silverman 1969 (in Krippner 1991)) or neurosis (Devereux 1956 (in Lewis 1989)). These assertions were challenged by findings of clinical researchers such as Boyer et al (1964) and Shweder (1979) (both cited in Krippner (1991)) which found that shamans they studied were above the norm on critical measures of mental health, a finding supported by observations of field researchers such as the psychiatrist Kleinman (1980). Others, such as Hultkrantz (1978) and Vitebsky (2000), were prepared to attest to a transitory psychopathology amongst those shamans/healers, overcome in the successful transition to the role. A number of scholars found that shamans/healers were, to use Elkin’s (1977) phrase individuals “of high degree”, possessed of skills (both practical and esoteric) important within their societies, and personally transformed so as to be able to function effectively on multiple levels of reality (Heinze 1991; Halifax 1982, 1979; Eliade 1964).

**Foundational Issues – Healing and Holism in Nursing**

As has been noted above, this topic of research – the experiential pathways of nurse healers – must be informed by the study of healing and holism in nursing, as it lies conceptually within that field of nursing.

Nurse scholars have traced healing and holism as a foundation of nursing practice and theory back to Florence Nightingale (Attewell 1998, Dossey 1998, Watson 1998, Colbath 1997, Macrae 1995), (although neither “healing” nor “holism” was a part of Nightingale’s vocabulary). Of her holistic orientation to nursing care, Dossey et al wrote:
She called attention to the natural antidotes to disease: fresh air, the reparative importance of quiet in the hospital, good lighting, and a properly managed environment... She was truly concerned with the body, mind and spirit of the sick


**Healing and nursing**

**Conceptions of Healing**

The word “healing”, as was noted in the introductory chapter of this thesis (‘Opening’, p 14-15), relates to wholeness, and means “to make whole”. Scholars such as Taylor B (1995), Dossey et al (1988) and Benner (1984) have pointed out that, in the broadest sense, nursing practices which promote a sense of wholeness in another can be termed healing – and inevitably this flows from excellent nursing care. More specifically, prayer, or modalities such as TT, practically address the wish for nurses and their patients to more consciously or powerfully bring healing to human suffering. Keegan & Dossey (1998) defined healing as:

A process of bringing parts of oneself together at a deep level of inner knowledge leading toward an integration and balance, with each part having equal importance and value; may also be referred to as self-healing or wholeness

- (p 255).

In my 1998 definition of healing, I also attempted to address the deeper reality, or consciousness, of wholeness, from whence the semblance of particulate reality is revealed to be illusory:

The word ‘heal’ comes from the Old English hælan, derived from hal, meaning ‘whole’. The modern world of Western civilisation is quite remarkable for its achievement in analysing and breaking almost everything down into its smallest possible parts, to the point that the meaning of the whole is too often overlooked. ... When considering someone as whole, we see someone with a past and a future, engaged meaningfully with life, someone with personal power, with integrity, someone evolving spiritually. Considering someone as whole, seeing that person as whole, is in itself an immensely powerful healing act, exposing the appalling lie told to us that we, our lives, are but an agglomeration of spiritless pieces serendipitously arranged

- (Hemsley 1998, p 51).

Another definition of healing came from McCabe (2001a), who wrote that it is:
an innate capacity that supports the move from disease or imbalance to balance and integration. Healing can be supported or suppressed, and is dependent on the internal and external resources available to the person at the time

- (McCabe 2001a, p 344).

Addressing the encounter between healer and healee, and incorporating the association of energy and healing, Rankin-Box (2001) defined healing as:

a therapeutic form of energy exchange that may occur between two or more individuals with the conscious intention to improve health and wellbeing

- (Rankin-Box 2001, p 274).

Fontaine (2000) wrote of the implications of healing, using the case of dying to highlight the relationship of healing to life and living:

It is movement toward a sense of wholeness and completion. Healing comes from surrendering to life as it is, including all feelings from anger and despair through joy and peacefulness. The irony is that in the process of accepting life as it is, most people feel more alive, and live more fully, even when facing death. When the focus is on healing, success does not depend on whether the person lives. Healing can take place even as the body weakens. Through healing, people allow themselves to be everything they already are and move toward a greater sense of the meaning of their experiences. Even when nothing can be done physically to alter the course of disease, still much can be done in a caring sense, to make the human experience more meaningful and understandable

- (Fontaine 2000, p 39-40).

The Practice of Healing in Nursing

As stated above, nurses have identified that skilled nursing results in healing of the recipients of that nursing (Taylor B 1995; Benner 1984). And furthermore, Watson (1999, 1990a, 1985a) has identified that healing is intrinsic to a theoretical conceptualization of nursing. This notwithstanding, many nurses have learned, and do practice, modalities whose purpose is to specifically bring healing to nurse-client situations. Among the healing practices which nurses have published about are prayer (Taylor & Outlaw 2002), TT (Sayre-Adams & Wright 1995; Krieger 1993) and Healing Touch (Davies 2001; Mentgen 2001; Umbreit 2000; Hutchison 1999; Hover-Kramer, Mentgen & Scandrett-Hibdon 1996) (both TT and HT were developed by nurses), as

Keegan (1994) wrote a book about the role of the healer in nursing, reiterating and extending Dossey et al’s (1988) focus on the development of the healer, and healing practices, in the light of embodied holistic philosophy. Also focusing on healing practice across modalities was the book by Hover-Kramer & Shames (1997), which presented an integrated approach to energetic healing for emotional problems.

**Therapeutic Touch**

As a nursing intervention, TT can claim a significant number of trained practitioners – Fontaine (2000) estimated that 40,000 to 50,000 nurses practise TT in USA. Also, a large body of theoretical and research literature has been written concerning it. TT was developed by the nurse Dolores Kramer with her associate Dora Kunz in USA in the early 1970’s. They had been inspired by a well-known healer Oskar Estebany, who’d been participating in experiments involving “laying-on of hands” with the experimental biochemist Grad since the early 1960’s (Krieger 1975). Krieger became convinced that this practice of healing with the hands was an innate human ability, and set about systematically developing, studying, researching and teaching what they came to call “Therapeutic Touch”, which grew steadily in popularity over the years.

The practice involved attunement to, and adjustment of, the energy field of the healee. Krieger (1975) originally theorised the practice in terms of her understanding of Indian esoteric spirituality and believed that the energy involved in TT sessions was what Indian mystics called *prana*, or life energy. The healer was possessed of, and could pass over, enough *prana* to offset a deficit of *prana* in the recipient. By this account of health, it could be conjectured that a deficit of *prana* may lie at the root of the sick condition.

Later nurse scholars with an interest in TT began to theorise the practice in terms of Rogers’ theory of unitary man, (which eventually became known as Science of Unitary
Human Beings) (Quinn 1984). Recently, research studies and theoretical discussion about TT are frequently framed in terms of Rogerian Unitarian theory (or the Unitary Paradigm) (Madrid & Winstead-Fry 2001; Green 1998; Rosa et al 1998; Richardson 1995; Smyth 1995; Quinn 1997, 1992, 1989).

Table 6 below summarizes the literature discussed above on the conceptions and practice of healing in nursing.

<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Year</th>
<th>Title</th>
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<tr>
<td>Hofer &amp; Bruni</td>
<td>2002</td>
<td>Pranic healing: an energy-based healing for the contemporary nurse</td>
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<td>Taylor &amp; Outlaw</td>
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<td>Use of prayer among persons with cancer</td>
</tr>
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<td>Davies</td>
<td>2001</td>
<td>My journey into the literature of therapeutic touch and healing touch: part 2</td>
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<td>Harrington</td>
<td>2001</td>
<td>The healing touch of Reiki</td>
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<td>Madrid &amp; Winstead-Fry</td>
<td>2001</td>
<td>Research issues. Nursing research on the health patterning modalities of therapeutic touch and imagery</td>
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<td>McCabe</td>
<td>2001a</td>
<td>Complementary Therapies in Nursing and Midwifery: From Vision to Practice</td>
</tr>
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<td>McCabe</td>
<td>2001b</td>
<td>Nursing and Complementary Therapies: a Natural Partnership</td>
</tr>
<tr>
<td>Mentgen</td>
<td>2001</td>
<td>Healing Touch</td>
</tr>
<tr>
<td>Rankin-Box</td>
<td>2001</td>
<td>The Nurse’s Handbook of Complementary Therapies</td>
</tr>
<tr>
<td>Fontaine</td>
<td>2000</td>
<td>Healing Practices: Alternative Therapies for Nursing</td>
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<td>Shamanism and complementary therapy</td>
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<td>Umbreit</td>
<td>2000</td>
<td>Healing touch: applications in the acute care setting</td>
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<td>Hutchison</td>
<td>1999</td>
<td>Healing Touch: An energetic approach</td>
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<td>Attewell</td>
<td>1998</td>
<td>Florence Nightingale’s relevance to nurses</td>
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<td>Dossey</td>
<td>1998</td>
<td>Florence Nightingale: A 19th-century mystic</td>
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<td>Green</td>
<td>1998</td>
<td>Critically exploring the use of Rogers’ Nursing Theory of Unitary Human Beings as a framework to underpin therapeutic touch practice</td>
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<td>Hemsley</td>
<td>1998</td>
<td>The Lived Experience of Nurse Healers in Nursing</td>
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<td>Keegan &amp; Dossey</td>
<td>1998</td>
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<td>Sawyer</td>
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<td>Clinical exemplars. The first Reiki practitioner in our OR</td>
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<td>Starn</td>
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<td>The path to becoming an energy healer</td>
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<td>Reflections: Florence Nightingale and the enduring legacy of transpersonal human caring</td>
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<td>Healing touch: a resource for health care professionals</td>
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<td>Macrae</td>
<td>1995</td>
<td>Nightingale's Spiritual Philosophy and its Significance for Modern Nursing</td>
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<td>Richardson</td>
<td>1995</td>
<td>A Review of the Literature and Research into TT</td>
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<td>Sayre-Adams &amp; Wright</td>
<td>1995</td>
<td>Therapeutic Touch</td>
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<td>Smyth</td>
<td>1995</td>
<td>Healing through nursing. The lived experience of therapeutic touch. Part one</td>
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<td>Taylor</td>
<td>1995</td>
<td>Nursing as healing work</td>
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<td>Keegan</td>
<td>1994</td>
<td>The Nurse as Healer</td>
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<td>Krieger</td>
<td>1993</td>
<td>Accepting Your Power to Heal: The Personal Practice of Therapeutic Touch</td>
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<tr>
<td>Quinn</td>
<td>1992</td>
<td>Holding Sacred Space: The Nurse as Healing Environment</td>
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<td>Stohl</td>
<td>1991</td>
<td>Nurse ministry: the nurse as modern day shaman</td>
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<td>Quinn</td>
<td>1989</td>
<td>On healing, wholeness, and the haelan effect</td>
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<td>Watson</td>
<td>1985</td>
<td>Nursing: Human Science and Human Care</td>
</tr>
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<td>Benner</td>
<td>1984</td>
<td>From Novice to Expert: Excellence and Power in Clinical Nursing Practice</td>
</tr>
<tr>
<td>Quinn</td>
<td>1984</td>
<td>Therapeutic Touch as Energy Exchange: Testing the Theory</td>
</tr>
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<td>Bohm</td>
<td>1980</td>
<td>Wholeness and the Implicate Order</td>
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<tr>
<td>Krieger</td>
<td>1975</td>
<td>Therapeutic Touch: The Imprimatur of Nursing</td>
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</tbody>
</table>

Table 6. Healing in Nursing – General Literature

**Research on Healing in Nursing**

Research on healing in nursing has largely focused on the practice of Therapeutic Touch, which has been investigated quantitatively since the early 1970’s (Krieger 1975, 1979). As this literature review aims to locate this study within the field of holistic nursing interpretive research, the following review of healing research in nursing focuses upon qualitative research. Although not addressed directly in this review, for reasons set out in the introduction to this chapter (above, p 57), I note that there are, published in the nursing and related literature, a number of thoroughgoing reviews, analyses and meta-analyses of the considerable body of quantitative research into TT, including those by Madrid & Winstead-Fry (2001), O’Mathuna (2000); Graney, Engle & Winstead-Fry (2000); Davies (2000, 2001); Peters (1999); Winstead-Fry (1999);
Meehan (1998); Rosa et al (1998); Easter (1997); Spence & Olsen (1997); Richardson (1995); (Quinn 1988).

**Qualitative Healing Research in Nursing**

A search of ‘Cinahl’ and other electronic databases revealed a small number (six) of recent (since 2000) qualitative research studies reported in nursing and related journals and other academic publications, addressing the topic of healing. Of these six studies, one (Minden 2002) was a case study report; two employed a naturalistic design (Wilkinson, Knox, Chatman, Johnson, Barbour, Myles & Reel 2002; and Thorpe & Barsky 2001); one employed ethnography for the methodology (Engebretson & Wardell 2002); one was a hermeneutic phenomenological study (Kieman 2002); and one was of unspecified methodology (Taylor & Lo 2001).

Four were qualitative components of mixed methodology research projects (Engebretson & Wardell 2002; Wilkinson et al 2002; Taylor & Lo 2001; Thorpe & Barsky 2001), and of these only Thorpe & Barsky presented a strong discussion of the qualitative methodology (as opposed to method), placing more methodological emphasis upon the quantitative component of their studies, (although Engebretson & Wardell placed greater emphasis on the qualitative component of their findings).

Whilst it must be reiterated that it is impossible to draw inferences across studies with differing epistemological assumptions, and many of the studies would make no claims to the extension of the specific findings beyond the realms of the experiences of the participants, such knowledge is strongly indicative of the concerns of nurses as they respond to the need to understand the phenomenon of healing in its manifold expressions. As such they are critical as informing the holistic concerns intrinsic to nursing, and are therefore foundational to this interpretive enterprise, and warrant exposition.

Engebretson & Wardell (2002) studied the experiences of 23 recipients of Reiki, who were each interviewed and observed following a 30-minute Reiki session. The results focused on the qualitative analysis of the transcribed interviews (no qualitative
methodological framework was detailed – the study was designated at different points ‘descriptive’, ‘not naturalistic’, and ‘ethnographic’), with supportive quantitative data obtained from questionnaires, biofeedback measurements and measurements of salivary IgA and cortisol levels.

The authors found that the participants reported a liminal state of consciousness, evident in paradoxical experience of sensate and symbolic phenomena. Here, their perception of time, space and self (internally and in relationship) were evidently altered by the experience of receiving Reiki. Illustrative of the liminal states Engebretson & Wardell found in the reports of their participants is the following quote from their study:

"Participants described altered awareness as exemplified by such comments as "[I knew my] mind had thoughts, but didn't know what they were." Other recorded descriptors included "[a] daydream-like trance," "detached," and "a meditative state." Several iterated that they were on a "threshold," for example: "... when you're still drifting, have everyday pictures on one's mind and then, just before they get hazy and dreamlike ... I got to that stage," and, "You're under an anesthesia.... That's how it must feel ... dying ... lifting up, very, very light ... not like sleeping""


These authors concluded that the dynamic, subtle and non-linear experience of their participants in Reiki sessions suggested that touch therapies “may repattern individual functions so that the body can self-correct” (p 50). This, they claimed, could best be explained by viewing of humans as information systems, as distinct from the traditional metaphor of mechanical systems, and therefore calls for more flexible and complex models of human functioning.

A possible weakness in their study was the lack of a clearly articulated qualitative methodology. Evidently, although most weight in the results was placed on the qualitative analysis, the design of the research was keyed towards ensuring quantitative validity and rigour, rather than embodying qualitative or naturalistic principles of research. Thus, for instance, the sessions were time-limited and standardized, even though this was not how Reiki is ordinarily practiced; and participants were chosen on the basis of uniform good health and naivety to Reiki, rather than by interest in, or need
for healing, as would be the case in normal practice of the modality. This lack of a clear
discussion of methodology does weaken the possible claims for a basis of knowledge
for this study’s very interesting and important findings.

In a hermeneutic phenomenological study, Kieman (2002) looked at the experience of
five women who received TT during postpartum visits from a nurse who was focused
on the postpartum needs and concerns of the participants. Thematic analysis of the
audiotaped visits yielded five themes or essences: ‘Feeling Relaxed’, ‘Feeling Open’,
‘Feeling Cared For’, ‘Feeling Connected’, and ‘Feeling Skeptical’.

In each of the cases, Kieman (2002) found that the participant and the nurse both
reported a positive experience, which they tentatively attributed in part to TT’s
enhancement of caring and connection. However, no definitive conclusions were able
to be drawn as to the role of TT in that finding, given the concurrent interactions typical
of home visit nursing in the postpartum period.

Minden (2002) investigated humour as a healing strategy in the care of male forensic
psychiatric patients. Construed as constructivist research using a case study approach,
this study evaluated a humour group involving the forensic patients and nursing
students, over a four year period. Methods employed were in-depth interviews with the
patients, as well as questionnaires completed by both students and patients, along with
naturalistic observations made by the researcher. The author concluded that the
structure and format of the humour group in this study could serve as a useful model to
bring forth the healing potential of humour in health care and other settings.

In a similar study to the above inquiry by Engebretson & Wardell (2002), Wilkinson et
al (2002) employed a mixed quantitative and qualitative methodology to investigate the
clinical effectiveness of Healing Touch (HT). They recruited 22 subjects who had not
previously experienced HT, divided into three groups – no treatment, HT only, and HT
plus music plus guided imagery. They aimed to evaluate the impact of HT on health
enhancement by measurement of secretary IgA (sIgA) levels in the participants’ saliva,
by self reports of stress levels, by client perceptions of health enhancement, and by qualitative questionnaires to explore individual effects.

Qualitative evaluation identified relaxation as the most prevalent theme reported by participants receiving HT, according with the empirical finding of reduced stress. Also themes of enhanced awareness and connection with the practitioner and within self were found. All of the clients reported change before and after HT, and some attributed the change to the HT. A number spoke of improved mood through the sessions, and some reported physical sensations such as warmth and tingling sensations associated with the movements of the practitioners’ hands above their bodies.

Wilkinson et al (2002) found that quantitative analysis of their data indicated a statistically significant increase of sIgA of the clients of the more experienced HT practitioners in the study, as compared to no change in the clients of the less experienced practitioners. The clients participating in the study reported a statistically significant decrease in stress levels, and 55% of those who were experiencing pain reported pain relief. They concluded that the data generated in this study supported the supposition that receiving HT can lead to positive health enhancement, on the basis of the above findings.

From the perspective of this thesis, with its interpretive research focus, this research study by Wilkinson et al (2002), with its strong emphasis on statistical verification of quantitative data, and secondary importance of qualitative analysis, is of less relevance than those with a richer and more strongly evaluated qualitative aspect. However, I have no substantive grounds to be critical of this interesting and well thought out study, but simply note its relative lack of congruence with the philosophical tenor of this particular thesis.

Taylor & Lo (2001) (originally published as Taylor (2001)) also presented a qualitative component to a mixed methodology inquiry into the health benefits of Healing Touch (HT). The participants to this study were 35 first year and 16 third year undergraduate nursing students – 51 in total. 28 were in the experimental group, the other 23 allocated
to the control group. The experimental design was set up to measure coping ability, self-esteem and general health pre and post administration of HT, using standard instruments. Semi-structured interviews were conducted with the experimental group at completion of the treatments, and these interviews were analyzed qualitatively. Both groups (none were aware that they might receive HT – they were told that they would be receiving ‘relaxation therapy’) attended for therapy weekly for four weeks.

The quantitative findings revealed no change attributable to HT on the coping ability, self-esteem or general health of the first year students, but slight benefits for the third year students, who experienced less stress and coped somewhat better as compared with the control group.

Qualitative results from the semi-structured concluding interviews included positive reports such as feeling relaxed and refreshed, seeing colours, uncovering emotions, feeling happier, and being helped with problems. General effects from the sessions reported included feeling relaxed, improved thinking, improved sleep patterns, feeling more open-minded. No negative effects were reported.

Given the overall positive effects of HT evident in the qualitative data, Taylor & Lo conjectured as to the lack of corroboration the measured evidence from the instruments used provided. They identified the likely inherent limitations of narrow instrumentation for assessing a modality producing global changes in a client’s wellbeing as one problem in this kind of research (which was addressed quite well in Engebretson & Wardell’s (2002) study, discussed above, where broader indicators of health and wellbeing, as well as a more thoroughgoing qualitative approach were employed). Additionally, Taylor & Lo (2001) reported that inconsistencies of participant and practitioner attendance and the restrictions of the protocol for the sessions resulted in a mismatch between what occurred in the research setting, and what would occur in actual practice. Similar problems of mismatch were reported by Engebretson & Wardell (2002) and Wilkinson et al (2002) above, and it has been also problematic reproducing experimentally the natural and beneficial conditions of TT sessions (eg Cox 2003). Taylor & Lo (2001) did note the disparity of knowledge claims between quantitative

Chapter Three – Grounding

128
and qualitative approaches as somewhat problematic in mixed methodology studies such as theirs, an acknowledgement lacking in discussion in other mixed methodology studies reviewed here.

Thorpe & Barsky (2001) selected purposively eight women registered nurses to participate in in-depth, personal, semi-structured interviews. These researchers described a three-stage reflective-thinking model – awareness, critical analysis, and new perspective (based on Scanlon & Chernomas (1997)). They articulated this model in regards to women’s expressed inner knowledge and wisdom across personal and professional life cycles. They did this by describing three major themes, identified from their interviews, which signify women’s ability to heal themselves. These themes were: ‘Spirituality’, ‘Be-ing Versus Do-ing’, and ‘Eustress Versus Distress’.

The in-depth interviews covered issues around general health, job involvement, personality hardiness, and burnout, as well as life-cycle stage. These themes had been identified at the earlier survey stage of the purposive sampling process of participant selection. The authors identified existing understandings on self-reflection, spirituality and personal and professional growth for women across the lifespan, which guided their questioning in the interviews. The themes garnered from the transcribed interviews (see above) were, the authors stated, indicative of the process of reflection had brought healing through the participants’ lives. Thorpe & Barsky (2001) outlined how the three-step reflective process (see above) was enacted by the participants in each of the themes. Thus, the research results were embedded in the understandings given in Scanlon & Chernomas’s (1997, in Thorpe & Barsky (2001)) model of reflective thinking.

This study was particularly strong in the way that it associated the research approach and interpretive understandings with theory, such as that of Scanlon & Chernomas (1997), and of holistic nursing theorists such as Watson, Parse, Newman, and Neuman, as well as theorists on spirituality and feminism. This not only gave the research theoretical strength, but also the possibility to extend existing theory through its findings.
The following table summarises the literature on recent qualitative research on healing in nursing, reviewed above.

<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Year</th>
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<th>Qualitative Methodology</th>
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<td>Experience of a Reiki session</td>
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<td>2002</td>
<td>The experience of therapeutic touch in the lives of five postpartum women</td>
<td>Phenomenology</td>
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<td>Minden</td>
<td>2002</td>
<td>Humor as the focal point of treatment for forensic psychiatric patients</td>
<td>Constructivist / Case Study</td>
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<td>Wilkinson, Knox, Chatman, Johnson, Barbour, Myles &amp; Reel</td>
<td>2002</td>
<td>The clinical effectiveness of healing touch</td>
<td>Naturalistic (Mixed Methodology Study)</td>
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<td>Taylor &amp; Lo</td>
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<td>The effects of healing touch on the coping ability, self esteem and general health of undergraduate nursing students</td>
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<td>2001</td>
<td>Healing through self-reflection</td>
<td>Interpretive/ Interactive /Naturalistic (Lincoln &amp; Guba) (Mixed Methodology)</td>
</tr>
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</table>

Table 7. Healing in Nursing – Recent Qualitative Research

**Summary of Qualitative Healing Research in Nursing**

In the above section, six recent (since 2000) qualitative nursing research studies into healing are reviewed (Engebretson & Wardell 2002; Kieman 2002; Minden 2002; Wilkinson et al 2002; Taylor & Lo 2001; and Thorpe & Barsky 2001). Engebretson & Wardell (2002) employed a mixed methodology to study the health related experiences of recipients of Reiki healing. They found modest positive health improvements related to the empirical measures, and qualitative analysis revealed a liminal state of consciousness involving dynamic, subtle and non-linear aspects of experience altered in the Reiki sessions, suggestive of a repatterning process enabling self correction of the body.

uncertain as to whether the findings were more attributable to the TT or to the natural rapport inherent in the nurse-patient relationship in the postpartum care.

In a case study approach, Minden (2002) investigated humour as a healing strategy in the care of male forensic psychiatric patients. The study extended over an extended period, and the positive results led the author to suggest the use of this healing approach in similar or other health care settings.

Wilkinson et al (2002) studied health benefits of HT using a mixed methodology approach. Qualitative findings of themes of deep relaxation, enhanced awareness and connection with the practitioner and within self were found, according with quantitative result of reduced stress.

Taylor & Lo (2001), also employing mixed methodology, produced almost identical qualitative findings to those of Wilkinson et al’s study (although they were not formally presented as ‘themes’). The empirical findings to their experimental investigation into the positive health effects of HT revealed uneven effects amongst the two groups of subjects studied, yielding an overall tentatively positive conclusion that HT may lead to reduced stress and improved coping skills.

Thorpe & Barsky (2001) reported on the qualitative component of a mixed methodology study. They incorporated understandings of self-reflective thinking, spirituality, healing, and feminist insights, in their investigation of the life experiences of women registered nurses. The participants were purposively selected for their expertise in the topic. Identified themes were: ‘Spirituality’, ‘Be-ing Versus Do-ing’, and ‘Eustress Versus Distress’.

**Holism and nursing**

**Perspectives of Holism**

The word “holism” is attributed to the South African philosopher and Prime Minister Jan Smuts, who, in 1926, wrote how wholes were of greater significance than their
constituent parts in determining what happens in nature (Owen & Holmes 1993; Dossey et al 1988). Smuts, reported by Owen & Holmes (1993, p 1689), wrote:

Life is not the totality or the aggregate of the relations of ... material particles. It is something more, something over and above that (Smuts, cited in Hancock 1968).

Owen & Holmes (1993), whilst noting a considerable variety of notions of holism, identified some common elements of the various conceptualisations, essentially:

that living organisms are unified and indivisible units, the parts being both interdependent and interrelated. The interdependent parts critically determine the nature of the entire unit, and cannot be understood by isolated examination of the parts – the designation of ‘parts’ and ‘whole’ being relative and mostly ad hoc ... the common underlying theme is connectedness of wholes and parts, however designated, and the recognition that any unit is simultaneously both whole and part


The above effort by Owen & Holmes at identifying common elements in disparate notions of holism might not satisfy as one upon which this research might depend, given it did not mention any spiritual dimension to existence. Moreover, given criticism of their article from authors aligned with analytic scientific approaches to nursing theory, such as Hastings (2002) and Cave (2000), its effort of taking a middle way might satisfy few.

The American Holistic Nurses’ Association (1994) gave two conceptions of holism, both of which it found acceptable:

Holistic nursing recognises that there are two views regarding holism: that holism involves studying and understanding the interrelationships of the bio-psycho-social-spiritual dimensions of the person, recognising that the whole is greater than the sum of its parts; and that holism involves understanding the individual as an integrated whole interacting with and being acted upon by both internal and external environments. Holistic nursing accepts both views, believing that the goals of nursing can be achieved within either framework

The first of the two notions of holism presented in the above quote is one that this research has harmony with, given that it proposed a spiritual dimension to humans, with which nursing has a direct concern. As indicated by the second view of holism in the above quote, there is some variance in nursing holistic theory concerning spirituality. Authors such as Martsolf and Mickley (1998) and Oldnall (1996) have noted how not all of these formulations consider spirituality, often opting simply for a variation of the ‘biopsychosocial’ formulation of holism (as can be seen in the quote from O’Connell & Radloff, below). Martsolf & Mickley (1998) claimed that most holistic nursing theories, whilst incorporating spiritual understandings, did not address them explicitly, leading to the situation where “both researcher and practitioner are often confused in how to address spiritual issues” (p 294). Clearly, more clarification of the role of spirituality in conceptions of holistic nursing is called for, and more recent work such as that by Malinski (2002) is beginning to address this imbalance by articulating the nursing theoretical perspectives on spirituality and healing more clearly and suggesting research approaches based on these theoretical notions.

**Historical Background to Holism in Nursing**

*Nursing Theorists and Holism*

From the early 1970’s, nurse theorists began to put forward conceptual models for nursing as a distinct professional entity, and a number of these models espoused holism, or holistic principles, as central to health, and the role of the nurse (Rankin-Box 2001; Chen 2000; Hancock 2000; Traynor 1996; Owen & Holmes 1993; Brouse 1992; Dossey et al 1988; Sarter 1988). The first nurse to use the term “holism” in regards to nursing practice was the theorist Levine, in 1971 (Rankin-Box 2001; Sarkis & Skoner 1987), who argued that “nursing intervention is essentially a conservation of wholeness, which focuses on the identifying the patterns of identification for each individual” (Owen & Holmes 1993, p 1691). Martha Rogers (1970) is commonly credited with the first systematic formulation of nursing as a science. Whilst Rogers did not initially use the term “holism” the following quote from her book (1970, p 41) reveals the undoubted holistic foundation of her theory of human being and health:

> Human behaviour reflects the merging of physical, biological, psychological, social, cultural, and spiritual attributes into an indivisible whole – a whole in which the parts are not distinguishable. Human existence is a unified phenomenon.

*Chapter Three – Grounding*
Other theorists emerged, a number of whom also espoused holistic conceptions of health and human nature, often importing ideas from holistic theories developed in other disciplines. Thus, some theorists incorporated elements of systems theory and Selye’s “general adaptation” theory, as well as psychological theories like gestalt, Maslow’s hierarchy of needs, or Carl Rogers’ humanistic psychology (Marriner-Tomey 1989). Other holistic conceptions have come into nursing from physics (notably Bohm’s (1980) quantum mechanics theory of the “implicate order”), and philosophical influences of Western philosophers such as Alfred Whitehead and Teilhard de Chardin, or more generally from Buddhist, Taoist and other Eastern philosophies (Hastings 2002; Cave 2000; Owen 1995; Owen & Holmes 1993; Sarter 1988). Some aspects of nursing conceptual models and holism are discussed in Chapter 4 of this thesis “Crucible” (pp 170-176), particularly as that discourse concerns methodology. Watson’s (1999, 1988, 1985) holistic theory is employed to theoretically underpin this research, and is presented in the previous chapter of this thesis (Chapter 2 – ‘Initiation’).

Holism may well be a dominant concept in nursing theoretical understandings, but its adoption does not have universal approval. A number of writers have decried a lack of precision in the term “holism”, pointing out that in the different conceptions of holism there are significant implications, not only for health care on the ground, but for knowledge generation and development, policy directions and funding as well (Cave 2000; Owen 1995; Griffin 1993; Owen & Holmes 1993).

**Societal Factors in Holism’s Recent Emergence**

Nurse authors, such as McCabe (2001b), Fontaine (2000), Nelson (1995), Owen & Holmes (1993) and Dossey et al (1988) have identified the relatively recent movement towards holism in nursing (as well as medicine and other “caring” professions) as a resurgence of understanding of human health that was interrupted by the complete subjugation of health care by reductionist science since the late 19th century. McCabe (2001b) outlined how therapies and approaches to health care based on the understanding of people being part of and benefiting from nature, were swept aside by a medical science whose stunning successes suggested that all health problems would eventually yield to scientific solutions. Likewise, Nelson (1995) found that the recent
holistic nursing approach to care of the whole person as an expression of spiritual understanding (Watson 1985), has origins which long predate even Nightingale’s pioneering views, but was neglected in nursing’s close affiliation with biomedicine’s reductionism.

McCabe (2001b) pointed out that nurses have been well positioned to witness both the benefits and shortcomings of reductionist medical science, seeing that whilst the benefits have been justly well publicised, the shortcomings have tended to be downplayed or obscured within medically controlled health care contexts. Dossey et al (1988) reported that from the 1970’s, along with many doctors, nurses began to speak out for a health care which could address many of the human problems ignored by biomedicine. They, in accordance with the thinking of a number of significant theorists in nursing, pointed out that the very reductionism which fostered the innumerable clinical successes of medicine, from technical marvels in surgery to the countless powerfully-acting drugs, caused many issues important to human health to be overlooked (Dossey et al 1988). Being theoretically aligned, with medicine, to a reductionist scientific outlook thus hampered nurses from construing a unique understanding capable of supporting their professional practice.

Fontaine (2000) wrote how proponents of holistic approaches to health have claimed that reductionism, by its nature, resists giving the clinician a picture of the whole person in his / her environment, which would show many of the causes of ill health; nor, as authors such as Leininger (1985) extended this critique, is reductionist science always a good tool to reveal the ways that attending to the whole person can empower an individual to a lasting wellbeing.

Dossey et al (1988) indicated that a number of cultural and historical factors came into play from the 1950’s onwards, which have led to a society-wide holism movement, within which nursing theory and practice has played a part. Some of these factors included theoretical and scientific advances such as systems theory, and the wide acceptance of Hans Selye’s theory of adaptation, which led to an awareness that people are better understood as multidimensional wholes, whose dimensions, such as social,
mind and body, interact to impact on health in ways that contradicted received scientific views of illness and health. Dossey et al (1988) further pointed to a burgeoning “wellness movement” beginning (or resuming) in the 1960’s in the USA with Halpert Dunn, which brought attention to the importance of fostering wellness, and challenging the dominant perception of health as being absence of disease.

The Practice of Holistic Nursing
Nursing authors such as Owen (1995) and Owen & Holmes (1993) pointed out that although holism appeared to have become a “dominant ideology” for nursing, it was far less in evidence in clinical nursing practice, where there have been strong forces acting against nursing independence. O’Connell & Radloff (1995) put this incongruity in the Australian context:

it is ironic that nursing, embracing its philosophy of ‘holism’ has to operate within an Australian health care system based on Australian Diagnosis Related Groups, an economic model antithetical to the biomedical, behavioural and sociocultural holistic perspective. Nurses practising within this health care system are subject to its constraints and would find it difficult to maintain their disciplinary independence


The holistic nursing theorist Parse (1998, p3) was clearly less convinced of the ‘dominant ideology’ position of holism when she wrote: “in the main nursing, philosophically and in practice, still mirrors the natural science approach and, with only some exceptions, follows the medical model”.

In contrast to such assertions, the work of researchers and theorists such as Taylor (1995, 1994b) suggests that, even in such a dehumanising climate as is predominant in the present health care system, the skills and interpersonal orientation of ordinary practising nurses can embody holistic understandings. This kind of observation need not militate against the specific promotion of holistic attributes in nurses, as the work of scholars such as Keegan & Dossey (1998, reviewed above), Dossey et al (1988) and Benner (1984) reveals the exciting possibilities for healing through extending expanded holistic understandings and competencies into practice.
It is in the above context that the specific practice and theory of ‘holistic nursing’ has significance to the nursing profession. Rather than being redundant, as some commentators have claimed (Owen & Holmes 1993), within a nursing profession whose pre-eminent paradigm is holistic, ‘holistic nursing’, although a relatively small (and by no means uncontroversial) specialist field of nursing, can offer possibilities of supporting nurses in potentiating in practice the theoretical holistic direction offered by the nurse theorists.

Responding to a groundswell beginning in the early 1970’s, the American Holistic Nurses Association was formed in 1980, aiming to: “Promote the education of nurses and the public in the concerns and practice of health of the whole person” (Dossey et al 1988, p69). The Australian College of Holistic Nurses (originally the Holistic Nurses’ Association of Australia) was formed in 1991. Its stated goals are:

- Purpose
  The Australian College of Holistic Nurses (ACHN) is an organisation of people dedicated to the application of holistic principles and practice within nursing and health care generally.

- Aim
  ACHN encourages and supports professional nurses and other health care practitioners to provide leadership in health care within an holistic framework (i.e., integration of body, mind, emotion, spirit) when assisting people to meet their health care needs

- (Australian College of Holistic Nurses 2001).

Regarding holism in nursing practice, Keegan & Dossey (1998), drawing on the working description of the American Holistic Nurses’ Association (1994) presented the following description of holistic nursing, which, they maintain:

- embraces all nursing practice which has healing the whole person as its goal. ...

  Holistic practice draws on nursing knowledge, theories, expertise, and intuition to guide nurses in becoming therapeutic partners with clients in strengthening the clients’ responses to facilitate the healing process and achieve wholeness.

  Practising holistic nursing requires nurses to integrate self-care in their own lives. Self-responsibility leads the nurse to greater awareness of the interconnectedness of all individuals and their relationships to the human and global community, and permits nurses to use this awareness to facilitate healing
Of significance for this research, in the above quote a close relationship is identified between holism and healing as the natural consequence of holistic practice. The above quote from Keegan & Dossey (1994) also indicates how holistic practice, as articulated by authorities in the field, does demand the individual’s personal involvement at a depth and intensity which might challenge some of the prevailing attitudes and practices of Western culture. I view this as significant in terms of this research, which I hope may contribute to an understanding of the attributes and competencies required of, as well as a perspective of the kinds of challenges faced by, nurse practitioners at the deepest levels of holistic engagement.

There are numerous courses taught in academic institutions in the USA credentialed by the American Holistic Nurses' Certification Corporation (AHNCC), which give accreditation in the form of a certificate in holistic nursing as a specialty in nursing (American Holistic Nurses Association 2003). A search of the internet using the search engine “Google” in early December 2003 failed to reveal any such specialist courses in Holistic Nursing in Australia.

Table 8 below summarises the literature cited in the above discussion on holism in nursing.

<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Year</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hastings</td>
<td>2002</td>
<td>Modern nursing and modern physics: does quantum theory contain useful insights for nursing practice and healthcare management?</td>
</tr>
<tr>
<td>McCabe</td>
<td>2001a</td>
<td>Complementary Therapies in Nursing and Midwifery: From Vision to Practice</td>
</tr>
<tr>
<td>McCabe</td>
<td>2001b</td>
<td>Nursing and Complementary Therapies: a Natural Partnership</td>
</tr>
<tr>
<td>Rankin-Box</td>
<td>2001</td>
<td>The Nurse's Handbook of Complementary Therapies</td>
</tr>
<tr>
<td>Cave</td>
<td>2000</td>
<td>The error of excessive proximity preference - a modest proposal for understanding holism</td>
</tr>
<tr>
<td>Chen</td>
<td>2000</td>
<td>The focus of the discipline of nursing: caring in the holistic human health experience</td>
</tr>
<tr>
<td>Fontaine</td>
<td>2000</td>
<td>Healing Practices: Alternative Therapies for Nursing</td>
</tr>
<tr>
<td>Hancock</td>
<td>2000</td>
<td>Are nursing theories holistic?</td>
</tr>
<tr>
<td>Martsolf &amp; Mickley</td>
<td>1998</td>
<td>The Concept of Spirituality in Nursing Theories: Differing World-Views and Extent of Focus</td>
</tr>
</tbody>
</table>
The above discussion introduced the literature holism in nursing, as it informs this research on the transformational journeys of nurse healers. Discussed were the key concepts of holism, particularly as they inform nursing through the major conceptual models. The holistic nursing literature was also surveyed for understandings of the evolvement of holism in nursing through early understandings from pioneers like Florence Nightingale, and broad societal changes regarding conceptions of health and attitudes to medicine. This section concluded with a short discussion of the literature concerning holistic nursing practice, including reflection on the possible contribution of this study to an understanding of the personal requirements for highly engaged practitioners.
Conclusion

This chapter on the literature informing this research has been informed by the interpretive human science perspective enunciated by van Manen (1990), and the introduction is in large part an exposition of what this means in terms of the epistemological and particularly the ontological engagement with literature I have aimed for. Thus, I have engaged the literature both as one participating fairly objectively in a tradition of scholarship, and also more ontologically as one connected passionately to the stories emerging in interpretive accounts on the topic of the transformational and deep esoteric experiences of healers.

This latter engagement is mostly evident in the early sections of this chapter, which focus on the transformative and other extraordinary experiences of nurse healers and other healers and shamans. The nursing literature is sourced for interpretive works expounding the topic, focusing first on research studies, as well as some academic works on the areas close to the topic, notable concerning the ‘wounded healer’. More personal accounts are also sourced from the literature for their phenomenological power to illuminate the topic. As well as the nursing literature, which is not extensive, I have investigated the anthropological discourse, where there is a wealth of information and stories on the transformative journeys of shamans and other healers. This I have engaged in an analytical way, as with a critique of functionalist interpretations of the experiences of woman healers, and by also including some vivid or insightful personal quotes.

The chapter concludes with a discussion of issues foundational to this research, although not its direct concern – healing and holism in nursing. Literature on healing as a concept, and as a practice is examined, with a brief focus on Therapeutic Touch (TT), followed by a review of the most recent nursing qualitative research studies. Holism is examined through the literature, on the topics of perspectives on holism, a historical analysis including nursing theory and holism and societal factors contributing to its emergence, finishing up with a glimpse into the practice of holistic nursing.
Chapter Four
To reiterate, this thesis represents an investigation into the experiences of the numinous, transformation and personal growth undergone by nurse healers. It is about their personal spiritual journeys (my own included), and is intended to uncover information useful to nurses, particularly those who may be embarking upon or are already deeply involved in their journeys as healers themselves. This study also aspires to provide information useful to those nurses responsible for supporting or supervising the work of nurse healers, or teaching healing to nurses.

Keeping in mind the discipline context of undertaking a Ph.D in nursing, I acknowledge the imperative to locate my work theoretically and paradigmatically, that it participates in and contributes to nursing’s life as an evolving entity (Rawnsley 1999). Hence, much of this chapter is devoted to discussion amongst nurses concerning the nature of, and the means to acquire, knowledge most relevant not only to the practice of nursing, but the understanding of the nature of nursing and concepts of interest to nurses.

Intrinsic to that participation in the scholarly traditions of nursing, as I have already elaborated (in Chapter 2), this thesis is directed both to draw from, and to lend support to, the theoretical work of a prominent nurse theorist, Jean Watson. Watson has demonstrated over at least three decades a commitment to nursing as a caring and healing profession, a life work entirely commensurate with my interests and purpose in undertaking this research. Theoretically aligning this research in this way inevitably

- from ‘The Little Prince’, de Saint-Exupéry (1945, p 18)
raises some significant epistemological / methodological implications, addressed as this chapter unfolds.

The above notwithstanding, in my thinking I do not feel obliged to embrace fully in this methodology the postmodern orientation expressed in Jean Watson’s recent writings (eg 1999a, 1995b), but have drawn on her earlier (1985a, 1985b) theorizing on methodology for nursing. Simply put, I wish to acknowledge and outline the influence of her thought and spirit on this research, how there are significant cosmological convergences between our outlooks, and ultimately (in Chapter 7, ‘Harvest’) to detail how this project may lend support to her theoretical vision of nursing.

Quantitative or Qualitative Research?
The subject of this investigation – personal transformation, spiritual growth, healing, lived experience – are not readily amenable to investigation using a quantitative approach based upon the precepts and practices of empirical science (Rothberg 1989; Watson 1985a, 1985b). How one may quantify spiritual evolvement, or indeed demonstrate scientifically that it exists at all, are indeed problematic questions. The oft-quoted words of the scientist confronted by published research supportive of the efficacy of distant healing, illustrate a deep unwillingness in the scientistic culture to accommodate the agency of a spiritual dimension on human life:

This is the sort of thing I wouldn’t believe, even if it really happened!

- (Dossey1995, p 52).

The sociologist Kyriakos Markides (1995), who studied healers and mystical experience using a phenomenological approach over a number of years, also reflected upon the hostility of some vocal sectors of the scientific establishment towards claims of healing. He concluded that although there was abundant evidence to support the existence of healing, and other nonmaterial phenomena, there exists in scientific circles a dogmatic refusal to consider even the possibility that such evidence might have validity.
Lawrence Sullivan (1989) spoke to how healing is difficult to rationalise or to capture empirically when he wrote in the context of a remarkable cure by an indigenous Brazilian healer:

Disease and cure always confront realities that are other than ordinary: realities that are strange, unsuspected, unseen, or unfamiliar

(p 396).

There has been of course a lively debate since at least the time of the ‘Enlightenment’ surrounding the applicability of the investigatory approaches which have unlocked so many of the secrets of the ‘natural’ world, to the realms of ‘human’ experience. I shall discuss this in more depth below. For now I simply concur with the assertions of human scientists who have shown that approaches applying quantitative data collection and statistical analysis to little-explored phenomena (such as those which form the subject of this inquiry) would not provide the breadth and depth (or ‘richness’ or ‘thickness’) of information to reveal much of use about them (eg Denzin & Lincoln 1994). Therefore, I am led to seek the answers to my question by utilising a qualitative research approach, within an appropriately framed interpretive methodology.

This chapter establishes the epistemological and methodological grounds for the research project. Primarily, I rely upon the nursing discourse where it lends appropriate strength to the arguments needed to validate my theoretical decisions. Recourse to non-nursing sources is necessary at times, especially in bringing forth the work of the philosophers and other key theorists who have inspired the methodology.

Further, nursing research exists in a disciplinary and interdisciplinary context of social / human science and natural science professions, which demands of me a degree of clarification by recourse to other discourses.

**Tentatively Interpretive**

Following is a tentative account of my reasons for choosing the particular epistemologic frame I use in this research.
The research paradigm that suggests itself for this kind of research is ‘interpretive’. An hermeneutic or eclectic phenomenological approach would be utilised, employing storytelling as the method, with participant interviews as the empirical data collection medium. Some of the indications for taking this methodologic approach can be summarised as follows:


- Phenomenology, in the Husserlian sense, holds that what is true or real for the individual can be scientifically identified as it presents itself to the correctly receptive consciousness. Therefore it maintains a degree of congruence with spiritual conceptions associated with holism and healing, in that there is no theoretical or empirical constraint upon what may be validly considered real (as contrasted to materialist assumptions in approaches aligned to scientific realism) (Hemsley 1998; Bishop & Scudder 1997; Hover-Kramer & Shames 1997; Watson 1985a, 1985b).

- Hermeneutic phenomenology gives primacy to the lived experience of the individual, whose interpretations (together with the researcher’s) form the crucible in which meaning is forged. Therefore, it suggests itself as a suitable medium for the study of the experiences of nurse healers, where the particular worldview and lifeworld, through which the healing experience flows, may be safely explored. The phenomenologist Max van Manen highlighted this importance of congruence when he said:

> The method one chooses ought to maintain a certain harmony with the deep interest which makes one a [healer] in the first place

- (1990, p 2).
The following pages represent an exploration of the issues involved in a holistic nursing science methodology. As this chapter unfolds, the above bare bones of justification for methodology will be fleshed out in the light of the nursing scholarly tradition, and other scholarship by which a nursing research methodology needs be informed.

**Explanation of Terms**

Terms used extensively in this chapter include ‘ontology’, ‘epistemology’, ‘methodology’, ‘method’, ‘empirical’, ‘human science’, ‘social science’. Following are explanations of these terms as used in this chapter: “ontology”, “epistemology”, “methodology”, “methods”, “empirical” and “positivism”.

**Ontology**

Typically, Western philosophy is divided up into the domains of epistemology and ontology. Ontology is concerned with reality, or being. In the context of nursing research, Koch (1999 parag.1) wrote of ontology: ‘this means asking the question: “What does it mean to be a person?”’ Ontology, the question of being, is central to interpretive research (Taylor 1994a). According to modern hermeneutics, understanding is a basic or primordial feature of being. This relates to the hermeneutic circle where, according to Heidegger (1962) and Gadamer (1975), in order to make sense of something, it is necessary to use understandings which have already been made. Gadamer (1975, p 266) wrote: ‘Heidegger derive[d] the circular structure of understanding from the temporality of Dasein [(human being-ness)]’. Thus, these philosophers maintained that it is impossible for human knowing to reach beyond being, thus repudiating the legitimacy of depicting an objective reality entirely free of human interpretation.

**Epistemology**

Epistemology is the branch of philosophy dealing with what may be known and what conditions govern it. Koch (1999, parag.1) wrote that ‘[e]pistemology refers to the philosophical question: “How do we know what we know?”’. Chinn & Kramer (1999) gave the following definition of epistemology: ‘Pertaining to the “stem” or basis of knowledge; perspectives on how knowing becomes knowledge or how or how
knowledge is created’. The above precepts on ontology by the hermeneutic philosophers Gadamer and Heidegger entail an epistemology directly derivative of ontology – an ontologised epistemology. This is explicated below.

Methodology
According to Denzin & Lincoln (1994, p 99), methodology ‘focuses on how we gain knowledge of the world’. Koch (1999, parag.1) elaborated by stating that methodology ‘alludes to the philosophical/theoretical framework and the assumptions that underpin that framework. Included is the process by which we generate data’. Methodology has traditionally been depicted as how epistemology is represented practically, by the researcher (Rawnsley 1998). However, in qualitative formulations, such as the interpretive and critical perspectives, the involvement of ontological, ethical and praxis dimensions is axiomatic in methodology (Walter, Davis & Glass 1999; Glass 1994).

Crucial to this research, van Manen (1990) emphasized the human science perspective when he wrote concerning methodology:

It includes a general orientation to life, the view of knowledge, and the sense of what it means to be human which is associated with or implied by a certain research method. Methodology is the theory behind the method, including the study of what method one should follow and why


In the above quote, van Manen (1990) also made the important point that a chosen methodology may well have a crucial bearing upon the methods to be employed in a research project.

Method
Methods are the more technical, practical means by which research is undertaken. A method is not necessarily associated with any particular theoretical position. For example, below the point is made that qualitative research methods may be employed to conduct research framed in positivist, interpretive, critical, or postmodern assumptions.
**Empirical**

Regarding the term ‘empirical’, its use in the literature on research methodology is inconsistent at times.

The World Book Dictionary gives two meanings for ‘empirical’:

1. *Based on experiment and observation.*

2. *Based entirely on practical experience, without regard to science or theory*

   - (Barnhart & Barnhart 1976, p 691).

Definition 2 hints at a long-standing debate in Western philosophy, where the empiricist epistemological position, espoused by philosophers such as Locke and Hume, was set against the rationalist position, held famously by Plato and more recently by philosophers such as Descartes and Comte. Whilst empiricism’s position was that claims to knowledge must always be based upon observation and experimentation, rationalists maintained that the senses cannot be trusted, and a true picture of the world is achievable only through rational processes. More recently, within analytic philosophy, logical positivism was successfully attacked on the grounds that its rationalist stance at times led it away from correspondence with the real world. This resulted in the superseding of logical positivism by logical empiricism as the dominant position in analytic philosophy.

In the discourse on qualitative research methodology there is a tendency for theorists to use the term ‘empirical’ research for positivist or postpositivist (quantitative) research design, and set that against research employing alternative (qualitative) paradigms. This is not universal. For example, Denzin & Lincoln (1994) used the term ‘empirical materials’ in preference to ‘data’ for qualitative research. The key here is that ‘empirical’ denotes what is revealed by the senses (as in definition 1, above), which, as Denzin & Lincoln point out, inevitably involves qualitative research where it grounds in bald experience.
Positivism and Empiricism
On the other hand, within the discourse on qualitative research, the terms (logical) ‘empiricist’ and (logical) ‘positivist’ tend to be used interchangeably, in referring to the epistemology of quantitative research. This use of terms generally conflates the philosophical differences between these schools of analytical philosophy. These differences, whilst highly significant in their own context, have limited bearing upon this discussion; hence, in following the contours of the discourse, I also use these terms interchangeably at times in this thesis.

Section I: Choosing a Methodology

The ‘A’ Theme and the ‘B’ Theme
As noted previously in this thesis, in selecting a suitable methodology for this particular area of study, it has been a priority for me to seek conceptual harmony with the topic under study. The first and primary condition is epistemologic congruence, which I call the ‘A’ Theme in this chapter on methodology. Then there is also the important issue of personal / ontological congruence (van Manen 1990, quoted above), which I call the ‘B’ Theme.

To briefly address the second issue (the ‘B’ Theme) first, the epistemology, methodology and methods chosen need to be coherent with the spirit of healing, and its meaning for me personally. This issue must form something of a fine subtext to the central concern of the methodology, serving as a criterion for the acceptability of an epistemological or methodological stance. It seems not to demand a detailed explication at this stage, but sits on the shoulder of the work like my daughter’s cockatiel does on mine as I write this. This issue is expanded upon below, under ‘Epistemological and Ontological Considerations Specific to this Project’ (p 184).

Introducing Epistemological Congruence (The ‘A’ Theme)
Perhaps primarily, a researcher needs to be satisfied that there is a congruence between the epistemological assumptions of the chosen research methodology, and the phenomena under investigation (the ‘A’ Theme) (Monti & Tingen 1999; Taylor 1994a;
van Manen 1990; Rothberg 1989). A brief sketch of some of the widely used research approaches (or paradigms) may serve to illustrate this:

**Research Paradigms**

For example, a widely held perspective in nursing scholarship sees validity and utility in adopting an epistemological stance that denies absolute objectivity and ontological separateness of the researcher studying people’s experiences (Koch 2000; Mitchell & Pilkington 1999; Clark 1998; Taylor 1994a; Watson 1985a). Thus, the lived experiences of those studied may be brought forward ‘from the inside’, as it were. Additionally, scholars taking this position maintain that the tendency of empiricist studies to objectify those studied, invalidate their personal perspectives and ignore their life context, is avoided by this stance on knowledge (Watson 1985b). This reflects strong overall trends in the other human/social sciences (eg Freeman 1997; Tappan 1997a, 1997b; Denzin & Lincoln 1994; Maines 1993; van Manen 1990; Packer & Addison 1989; Polkinghorne 1988). Such an epistemological position is characterised as ‘interpretive’, or ‘constructivist’, and in the nursing research discourse is commonly assigned to the ‘interpretive paradigm’. (The critical and postmodern paradigms, referred to below, take a similar stance).

By the same token, a researcher may wish to establish a relationship between specific phenomena of significance to health, such as a nursing action and a health outcome. Such a case calls for a methodology within an epistemology putting the researcher in a position of detached observer so that quantitative methods can determine whether such a relationship does exist (eg Monti & Tingen 1999). This assumption of a ‘real world out there’ independent of the observer is the core epistemological position of scientific realism, and the positivist (or empiricist) paradigm.

Further, a number of theorists argue that a research methodology developed under the ‘critical paradigm’ is needed in many cases to illuminate and address the imbalances of power inhering in research involving human participants who may be marginalised. Such an approach addresses power issues in the social world, bringing forth and challenging the often hidden injustices and imbalances by which groups of people are
oppressed by dominant forces in society. Key elements of this approach are praxis and reflexivity, where the researchers reflect openly on the position and impact of the researcher within the research process, and the lived reality of the research participants. A number of feminist approaches can be located in this paradigm (Glass 1994).

Researchers in the ‘postmodern paradigm’ focus on the specificity of individuals’ experience of the world. They repudiate grand epistemological models of explanation of human phenomena in favour of more localised, even socially relative accounts (Scheurich 1997).

As stated above, the first challenge that I (like any other nursing researcher) face is to establish an epistemological position congruent with what I am studying. This is likely to place this research methodologically within one of the identified research paradigms. The four research paradigms mentioned above, the interpretive / constructivist, the positivist / postpositivist (empiricist / postempiricist), the critical, and the postmodern paradigms are those most commonly considered by researchers in nursing (Monti & Tingen 1999).

Following on from the above brief introduction to the requirement for congruence between the research topic and the epistemological stance taken to study it, the ensuing section surveys the contexts in which nursing research scholarship – specifically nursing research scholarship – is situated. Thus, the methodology emergent in this chapter may be conceptually grounded in this tradition.

### (IA) Contexts to a Nursing Science Methodology

A reading of the nursing and related discourses reveals a number of contexts which inform and influence nurses’ thoughts and activities around research today. Some of these contexts are discussed below. An historical plane is identified, encompassing the professional emergence of nursing, the revolution in philosophy of science and the move towards disaffiliation of the human / social sciences from the research methods of the natural sciences. As well, a second conceptual horizon – that of paradigms – is
examined for its utility in theoretically framing this research, as with the relationship between nursing theory and epistemology as it flavours the nursing discourse on paradigms. The insights of Barbara Carper (1978) also form, I believe, an important third context in which nursing knowledge development and investigation operates, and this work, and its implications, is also briefly discussed. Admittedly, these are not necessarily fully discrete themes, but are intertwining and interdependent.

The following should not be considered a comprehensive treatise on these aspects of nursing’s research enterprise. That would be well beyond the scope of this thesis. Rather, my aim is to sketch a ‘lay of the land’, and a delineating of some of the boundaries, within which this conceptual construction of a methodology in (interpretive) nursing science must locate itself. Thus, this research may be placed within the tradition of nursing scholarship to which it aims to contribute.

**Historical Context of Nursing Research**

**The Professional Emergence of Nursing (Science)**

Nursing historians have highlighted factors that militated against the development of nursing as a profession prior to the middle of this century. For instance, prominent around the time of Florence Nightingale were social situations such as the priority of religious affiliation or vocation based on feminine values, the domination of health care by the medical profession, and the assumed primacy of moral development of the women involved. These above elements played out in the context of the universal disregard of women as important societal agents (eg Traynor 1996; Grace 1978). All these factors served to inhibit the women who made up the nursing field from exercising control over their working lives, and the direction of their chosen field of work.

A key aspect of this early lack of professional development, identified by nurse historians, was the impoverished state of nursing education, languishing under a widespread perception that nursing was a practical activity requiring little theoretical knowledge (Traynor 1996; Grace 1978). This was despite the establishment of high-level interventions such as the 1923 Goldmark Report whose recommendations of
wholesale improvements to nursing education in the USA were mostly disregarded (Garling 1985; Grace 1978). The delayed emergence of nursing’s unique knowledge base could also be linked to the above societal factors (Traynor 1996).

It is widely recognized how the two world wars of the 20th century brought about significant changes for women in the workforce. Whilst the men throughout the Western world were involved in killing each other, women played an enhanced role in the economic activity of the nations. Others, among them large numbers of nurses, played important roles in war efforts.

Chinn & Kramer (1999) pointed out that in the USA at least this led to the widespread institution of baccalaureate courses for nurses in academic institutions. Grace (1978) had indicated that it was nurses returning from war service, wanting to take advantage of a promise of college education to returning service personnel, who prompted the proliferation of tertiary nursing courses which occurred in the USA post World War II.

Flowing on from that, since at least the period following World War II, nurse leaders have slowly gained ground in their efforts to reform nursing so as to empower nurses to assert their professional standing alongside doctors and other health professionals (Chinn & Kramer 1999; Monti & Tingen 1999; Traynor 1996; Worrell-Carter 1995; McCoppin & Gardner 1994; Watson 1985). This movement led, by the 1980’s, to nursing being almost universally characterised by its members in academia as a scientific profession, referred to as ‘nursing science’ (Chinn & Kramer 1999; Polifroni & Welch 1999; Parse 1987; Peplau 1987).

Peplau (1987), in support of nursing’s claim for scientific status, identified in nursing six characteristics deemed to be essential criteria for a field to be called a science:

1. [Nursing science] is an intellectual discipline; it requires educated researchers knowledgeable about the particular field of scientific endeavour.
This professionalising process had as one of its key aims the assertion of nursing’s independence from medicine (Worrell-Carter 1995; McCoppin & Gardner 1994). However, early in this process, medicine, as an example of a successful natural science, was seen by nurses as a key model to which to aspire. Leininger (1988) observed that there was thus a tendency for nurses to be very influenced by the technological advances of biomedicine, often seeing their role as aligned with the curative function of biomedicine. In line with this trend, nurses tended to embrace work practices which invested greater importance in ‘technical’ above ‘basic’ duties. The latter were relegated to trainees whilst the trained staff focused their attention on the ‘technical’ tasks, which were likely to relate to the patient’s disease and medical treatment (McFarlane 1976).

The developing scholarly tradition in nursing was similarly influenced by medicine’s (as well as that of social sciences like psychology, education and sociology) affiliation with positivistic science. Increasing amounts of nursing research was conducted, almost exclusively employing positivistic research designs with quantitative data collection and statistical analysis (Chinn & Kramer 1999; Carper 1978), along the lines of medicine and the ‘behavioural’ sciences. Nurses working in academia presented nursing as shaping itself to be a rigorously pursued natural science profession, with their status in academic spheres very much dependent upon this (Chinn & Kramer 1999).

This also was reflected in the discourse by the kind of theoretic approaches employed by many nurse scholars to analyse concepts of interest to nurses. These tended to be
presented in a hierarchal and linguistically formularised fashion, along the lines developed in the tradition of analytical philosophy (Chinn & Kramer 1999; Polkinghorne 1988; Rainbow & Sullivan 1987).

**Nursing as a Human Science**

The professionalising process was characterised in the 1960’s, 70’s and 80’s by the advent of widely accepted nursing theories or ‘conceptual models’, which contributed to a growing sense of nursing being more self-aware and self-directed (Peplau 1987). A number of these nursing theories are holistic (Parse 1998, 1987, 1981; Newman, Sime & Corcoran-Perry 1991; Munhall 1982; Rogers 1970). However, scholars such as Munhall (1982) began to argue that there was then the anomalous situation that nursing was being theoretically self-defined by conceptual schema that were holistic in nature, whilst nearly all nursing research was conducted under positivistic epistemological assumptions, and was consequently misaligned to any genuinely holistic theoretical perspective. Munhall and other scholars such as Martha Rogers (1990, 1970), Margaret Newman (1990), Rosemary Parse (1987) and Jean Watson (1985a, 1985b) argued that nurses were being serviced by a research culture with limited ability or inclination to throw light on many of their practical or theoretical concerns.

These holistic theories of nursing represented a move towards human-centeredness in nurses’ academic and practice concerns, which was consistent with a conception of nursing as a ‘human’ science. This was taken up by theorists such as Parse, Newman, and Watson, who forcefully argued that nursing as a concept, and as a practice, is best not conceived as a natural science. They claimed that humans, as encountered in the nursing experience, are inadequately depicted by the particulate way that the natural sciences approach their study. There are numerous other scholars in nursing who have taken various points of view whilst supporting the general view that nursing should be conceived of as a human science supported by research methodologies congruent with that. Prominent nursing scholarly journals, such as ‘Advances in Nursing Science’, ‘Nursing Science Quarterly’, ‘Image: Journal of Nursing Scholarship’ and ‘Journal of Advanced Nursing’ have hosted a vigorous discourse around this over the past 30 years.
Despite what I have just written above, it needs to be said that this human science conception is by no means the predominant view within contemporary nursing. Parse (1998, p 3) summed up the above situation as follows:

Nursing’s emergence with medicine in the study of the human created one science, namely, medical science, with the coparticipation of both medicine and nursing. This approach seriously curtailed the development of a unique and distinct body of nursing knowledge, even though Florence Nightingale... set forth a view of the human that was more than the sum of parts, a view of nursing as knowledge distinct from medical knowledge, and a focus on health rather than illness. And... in the main nursing, philosophically and in practice, still mirrors the natural science approach and, with only some exceptions, follows the medical model.

Below I explore in more depth some of these issues faced by nursing scholars, which I have raised in the above paragraphs.

**The Revolution in Philosophy of Science**

Despite its widely recognised benefits, nurses in the field have noted that quantitative research often disappointed when they sought information with which to inform their human-centred practice (Hover-Kramer & Shames 1997; Mitchell 1995). Similar frustrations around the dubious utility of quantitative research studies for practitioners have been noted in other human science fields, for example clinical psychology (Polkinghorne 1988) and education (van Manen 1990). Until the last three decades, however, there have been minimal options for empirical research in fields such as nursing, education, psychology, and sociology, other than positivistically framed inquiry (Denzin & Lincoln 1994).

Significant changes in the climate for conducting research in nursing, offering a deeper congruence with its holistic character, were ‘in the wind’ from the early 1960’s onwards. This reflected changes happening in the other human-focused academic disciplines. To explore this historical-conceptual context to a nursing science methodology, following is a brief account of changes in the philosophy of science that
enabled the more recent movement towards harmony of methodology with nursing’s holistic focus. These changes have led eventually to the pluralism of epistemologies employed today in the discipline of nursing, along with the other social / human sciences.

**Analytical Philosophy**

The philosophical foundations underpinning research methodology, the philosophy of science, were utterly dominated by the school known generally as ‘analytical philosophy’ for at least the first half of the 20th century (Kaplan 1961). Its most recent expression was called ‘logical empiricism’, dominant in the 1960’s (Shapere 1981). The nursing discourse commonly identifies analytical philosophy with ‘logical positivism’, a school largely superseded by logical empiricism. As the differences between the tenets of these schools within analytic philosophy have no substantial bearing upon my overall discussion, and given the abovementioned usage in the nursing literature, these terms are at times used interchangeably in this thesis (as noted earlier in this chapter).

The tradition of analytic philosophy based itself on the tenets of natural science, working to provide a picture of reality entirely encompassed by what can be revealed by science itself. Thus, there was an emphasis on strict logical coherence and mathematical explanation (Kaplan 1961). The following quote from Abraham Kaplan gives an elegant account of the ethos of Analytic Philosophy:

> If philosophy is still the love of wisdom, it is not the vain pursuit of a remote goddess, but the very earthy enterprise of achieving intimacy with the body of knowledge made available in the sciences. The material of philosophy is neither the world as given, nor as transformed in the perspectives of art and religion, politics and morality. The material of philosophy is science, and its business is to analyse the methods, terms and laws of science so as to make clear their logical structure and empirical content

(1961, p 56).

Epistemologically and ontologically, analytic philosophy assumed that humans stand apart from a material world ultimately explainable through logically circumscribed rational and empirical processes. The Cartesian separation of mind from matter was
axiomatic: there is a world ‘out there’ that is utterly separate from human consciousness, and it is the function of science to describe it and explain its workings. This position is also known as ‘scientific realism’ (Hacking 1981).

Metaphysical speculation was eschewed – there was no point, philosophers of this school maintained, in engaging in speculation about matters for which there are no verifiable answers (Weber 1986; Kaplan 1961).

A central assumption is that science is value free. Objectivity in this framework is paramount – what is studied by science must be viewed through eyes cleansed of bias and preconception (Bernstein 1983). Data obtained are flushed clean of contextual impurities so they can be analysed in sterile ‘laboratory’ conditions.

There is in this approach an emphasis on breaking everything down to the indivisible parts for examination. This is very much true for language. Taking their inspiration from the ‘Tractatus’ of Ludwig Wittgenstein, analytic philosophers from Bertrand Russell onwards worked through a detailed analysis of language. They strived to bring forth the precise meaning of each statement, ever wary for fallacies and inconsistencies skulking in common linguistic usage. Thus, complete logical coherence of irreducible concepts with language was the ideal strived for (Kaplan 1961).

Other key assumptions of analytic philosophy, identified by Hacking (1981) were:

- Science progresses cumulatively and smoothly in a logical fashion; that is, science progresses scientifically.
- Scientific concepts are by nature precise.
- There is a distinct demarcation between scientific theories and other types of belief.
- There is a sharp distinction between observation and theory.
- Experiments and observations provide the foundations for establishing and verifying scientific theories.
There is a context of justification and a context of discovery, meaning it is possible and necessary to separate the psychological, historical and social contexts of discovery from the necessary logical basis for accepting the truth claims of a scientific fact.

Further, there is a unity of science, whereby ‘there should be just one science about the one real world. Sociology is reducible to psychology, psychology to biology, biology to chemistry, and chemistry to physics’ (p 2).

Critiques of Analytical Philosophy
From the middle of this century, critiques of analytic philosophy began to gain in forcefulness. Because analytic philosophy so closely allied itself to the methods and values of science, criticisms of science were, in effect, criticisms of this philosophy. Feyerabend (1975) questioned the assumption that science is value free, and the truth claims inherent in scientific method. He pointed out the ideological hegemony of science in Western society, and how people who questioned dominant scientific doctrines were severely sanctioned.

Critical theorists, the most prominent exponent being Jurgen Habermas (1999), highlighted how language and thinking in science involve inherent differentials in social power, and emphasised the importance of reflexivity of the researcher in coming to collaborative emancipatory positions in social science research.

This is related in some ways to feminist critiques of science, which focus on the ways that science has mirrored the assumptions of, and served the interests of patriarchal, controlling elements in society (Harding 1999). Feminist critique even extends to how key notions of modern science, such as ‘objectivity’, are genderised. Far from being value free, this depicts science as serving culturally as an instrument for the imposition of an andocentric world view (1999).

Philosophers from other traditions have also made comment on the philosophical basis of modern science. The Hindu spiritual teacher Paramahansa Yogananda (1972, p 428) provided an Eastern Mystic’s perspective when he wrote:
The dictum of Descartes: “I think, therefore I am”, is not philosophically valid. The reasoning faculties cannot shed light on man’s ultimate Being. The human mind, like the phenomenal world that it cognizes, is in perpetual flux and can yield no finalities. Intellectual satisfaction is not the highest goal. The seeker of God is the real lover of vidya, unchangeable truth; all else is avidya, relative knowledge.

From within science itself have come observations that have far-reaching epistemological consequences, and some consequent explanatory theories have deep congruence with holistic nursing theories. For instance, scientists in the field of quantum mechanics made the empirical observation that the simple act of observing certain subatomic particles brings about change in their behaviour. This observation cuts across the Cartesian tenet that mind and matter do not interact.

In response to this observation, Bohm (1980) proposed a theory suggesting that there is an ‘implicate order’ in which all entities are enfolded and are in contact with each other, as well as an ‘explicate order’, revealed to us by our senses, in which entities are separated. This holistic theory aimed to explain the mysterious behaviour of subatomic particles observed in quantum physics, as well as address the issue of dichotomy of mind and body held in Western philosophy since Descartes (Weber 1981). Here the words of Heisenberg are relevant:

In the natural sciences, then, the object of research is no longer nature as such, but a nature confronted by human questions, and in this sense, here too, man encounters himself


There have always been philosophical competitors to the dominant ideology of the philosophy of science, and on the European continent (to arbitrarily ignore philosophies of other cultures) analytic philosophy never occupied the dominant position that it enjoyed in the academies of Britain, North America, Japan and Australia (Kaplan 1961). Arising on the European Continent were the traditions of Critical Social Science, mentioned above, as well as the diverse ‘project’ (as termed by Spiegelberg (1994)) of
Phenomenology, with its sister school of Hermeneutics (to be discussed in more detail below). More recently, structuralism, neopragnetism, poststructuralism and postmodernism arose to exert great influence right throughout the institutions of Western culture. This notwithstanding, it is hard to find examples of scientific inquiry conducted in the Western world before the later half of the 20th century, in the social sciences as well as the natural sciences, which was not construed under the epistemological premises of analytic philosophy as outlined above (Denzin & Lincoln 1994).

In the end, positivism itself is said to have been undone ‘by its own hand’. Critics from within the tradition of Analytical philosophy, such as Lakatos, Popper and particularly Wittgenstein with his ‘Philosophical Investigations’ (1967) are said to have presented its biggest challenges (Scheurich 1997). Thomas Kuhn was one such critic.

*Kuhn’s ‘Historicist’ Critique*

The ‘historicist’ challenge to the philosophy of science instigated by the work of Thomas Kuhn (1996, originally published in 1962) has brought about major changes. It is probably fair to say that since the publication of Kuhn’s ‘The Structure of Scientific Revolutions’ there has been considerable change in the way that research in the natural sciences (of whose history Kuhn was writing) is conceived. Kuhn’s challenge was to the rule over the philosophy of science exerted by analytic philosophy (a rule so profound that until then it was often itself simply called ‘philosophy of science’). Still more so, however (if my reading of the discourse is correct) has his challenge to the epistemological narrowness of analytic philosophy had a very significant impact upon the conduct of research in the social / human sciences (Rainbow & Sullivan 1987).

Kuhn’s thesis on the ‘Structure of Scientific Revolutions’ can be summarised as follows.

- Communities of scientists ordinarily work and communicate together doing ‘normal science’ to solve the problems arising within their respective fields. These communities work within paradigms, concrete puzzle-solutions enabling them to answer the questions arising. Thus, paradigms determine the kind of questions
which have meaning to those conducting normal science, as well as the possible answers to those questions (Kuhn 1996).

- From time to time questions arise for which the theories and practices employed by a scientific community cannot provide answers. If the inability of a discipline to solve particular problems or questions is enough to seriously disrupt the conduct of normal science, then that discipline is in crisis.

- The typical pattern, Kuhn maintained, is for a competing paradigm to arise within a discipline, which may address the unanswered questions. These paradigms, Kuhn maintained, are incommensurable – it is as if the scientists in the respective competing paradigms occupy different conceptual realities, different worlds. He described a period of revolution, where both paradigms operate within a discipline. Some of the scientists choose to adopt the new paradigm, while others stay with the existing one.

- A key assertion of Kuhn’s (1996) (1962) thesis is that there are no overriding rational reasons for the scientists to choose one paradigm over another – the new over the old, or visa versa. The process of one paradigm becoming dominant and attracting adherents from the other more closely resembles (religious) conversion than persuasion by an overwhelmingly convincing rational argument. Eventually a new paradigm is adopted and becomes dominant, and normal science resumes, the crisis negotiated.

Kuhn’s work depicts science’s progression as being not so much objectively scientific as modulated by humanly interpretations and historical circumstances. (As such, it was recognised by Kuhn himself as being hermeneutically situated (Bernstein 1983)). His observations on the role of paradigms, particularly his assertion that there are no necessary rational conditions for the choice of one paradigm over another, struck at the heart of analytical philosophy’s key contention that theory necessarily follows on from facts.

Further, that a science may move ahead successfully through means or in circumstances that are not logically necessary, severely undermines the rational grounds of a
philosophy modelling itself upon science. The spectre of relativity inherent in this account of the history of science loomed threateningly over a philosophy based upon objectivist premises (Bernstein 1983).

Adjustments to analytic philosophy (in themselves amounting to something of a revolution) as a result of Kuhn’s historicist critique, as well as the critiques of Popper, Feyerabend, Lakatos and others, have given rise to the doctrine of ‘postempiricism’, or ‘postpositivism’ (Phillips 1990). As referred to above, within nursing and the other social / human sciences, the tenets of this philosophy are commonly seen as delineating the ‘postpositivist paradigm’, one of at least three competing research paradigms. The philosopher Mary Hesse (cited in Bernstein 1983, p 33) outlined these tenets as follows:

1. In natural science data [are] not detachable from theory, for what count as data are determined in the light of some theoretical interpretation, and the facts themselves have to be reconstructed in the light of interpretation.

2. In natural science theories are not models externally compared to nature in a hypothetico – deductive schema, they are the way the facts themselves are seen.

3. In natural science the lawlike relations asserted of experience are internal, because what counts as facts are constituted by what the theory says about their inter-relations with one another.

4. The language of natural science is irreducibly metaphorical and inexact, and formalizable only at the cost of distortion of the historical dynamics of scientific development and of the imaginative constructions in terms of which nature is interpreted by science.

5. Meanings in natural science are determined by theory; they are understood by theoretical coherence rather than by correspondence with facts.

Bernstein (1983) pointed out that Hesse (above) deliberately expressed these tenets of postpositivism to highlight their correspondence with epistemological statements commonly made about the social sciences. In the heyday of logical empiricism, these
statements might well have been made to draw distinction between the domains of a sharply defined objective natural science and a ‘softer’, relativistic and derivative, social science.

A consequence of this challenge of Kuhn and others was that alternate epistemological positions, such as those held by critical theorists, feminists and phenomenologists, gained ground in the academic worlds of North America and Britain. Nursing and other social / human science researchers using qualitative methods henceforth were positioned (theoretically at least) to argue for alternate methodologies, without fear of dismissal on the grounds of untenable or controversial epistemology. Even the epistemology of the natural sciences was now controversial (Phillips 1990).

As stated above, Kuhn’s was by no means the only critique of logical empiricism, but it was perhaps the one least ignorable within mainstream philosophical circles, and ultimately most difficult to refute (Bernstein 1983). As will be discussed below, Kuhn’s thesis, particularly his notion of the paradigm, had a significant impact on the methodology of the social / human sciences.

The Disaffiliation of the Human / Social Sciences from the Research Methods of the Natural Sciences

Going back to Comte, the founder of sociology, there was a widespread presumption within the social sciences that they were forms of natural science, appropriately serviced by methodology and methods of natural science. Even in anthropology and sociology, where there was a long tradition of qualitative research method, positivist and postpositivist epistemological assumptions determined how the research was strategised and conducted, and how results were formulated and interpreted (Vidich & Lyman 1994). A unified science (as outlined above) prising out the secrets of an ultimately intelligible world revealed through the sharp pincers of positivist epistemology, promised the near-certitude of hard knowledge for the domains of human study (Denzin & Lincoln 1994).
However, this vision was never really realised in the social / human sciences. As Rainbow & Sullivan (1987, p 3) put it, what eventuated was the embarrassing failure of any of the social sciences, including linguistics and economics, to develop either the agreement on method or the generally acknowledged classic examples of explanation characteristic of the natural sciences.

Further, there occurred a resurgence of the contention made earlier by interpretive thinkers such as Dilthey that there is a fundamental difference between what the natural sciences and the social / human sciences are examining, such that different research approaches are required for there to be fruitful study of these areas. To quote Rainbow & Sullivan again:

The interpretive approach emphatically refutes the claim that one can somehow reduce the complex world of signification to the products of a self-consciousness in the traditional philosophical sense. Rather, interpretation begins from the postulate that the web of meaning constitutes human existence to such an extent that it cannot ever be reduced to constitutively prior speech acts, dyadic relations, or any predefined elements

- (1987, p 6).

Thus, from the 1960’s forward, there has been occurring a significant epistemological shift within the social sciences. The extent of the influence upon this shift of the work of Kuhn (who, after all, only addressed the natural sciences in his historical exegesis) is not entirely clear, but the ubiquitous formulation of epistemological argument in terms of ‘paradigms’ appears to have its origin in ‘The Structure of Scientific Revolutions’ (Rainbow & Sullivan 1987).

The acknowledgment in postpositivism that a degree of interpretation (as stated by Hesse, quoted above) is necessary to a scientific outlook has immense ramifications. Certainly, the position of a unified science, with a single epistemology for social as well as natural science, may no longer be insisted upon. Accordingly, Denzin & Lincoln (1994) constructed a schema of research paradigms for qualitative research, all of which they characterise as ‘interpretive’. As expressed here by Denzin & Lincoln and others, this seems to be the ‘meta’-epistemology of today – that all knowledge claims
necessarily involve a degree of interpretation (Schwandt 1990). Beneath that, there are a number of paradigms that, to varying extent, embrace this interpretive dictum.

As may be seen from the diagram below, Denzin & Lincoln (1994) viewed the realm of qualitative research in terms of interpretive paradigms. In their schema, paradigms are the broadest conceptual category, and each is characterised by distinctive features such as criteria of validity, theoretical form, and product. It can be mentioned that the last two paradigms noted in the table below (‘ethnic’ and ‘cultural studies’) are not prevalent in nursing at this time.

<table>
<thead>
<tr>
<th>Paradigm/Theory</th>
<th>Criteria</th>
<th>Form of Theory</th>
<th>Type of Narration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positivist/postpositivist</td>
<td>Internal, external validity</td>
<td>Logical-deductive, scientific, grounded</td>
<td>Scientific report</td>
</tr>
<tr>
<td>Constructivist</td>
<td>Trustworthiness, credibility, transferability, confirmability</td>
<td>Substantive-formal</td>
<td>Interpretive case studies, ethnographic fiction</td>
</tr>
<tr>
<td>Feminist</td>
<td>Afrocentric, lived experience, dialogue, caring, accountability, race, class, gender, reflexivity, praxis, emotion, concrete grounding</td>
<td>Critical, standpoint</td>
<td>Essays, stories, experimental writing</td>
</tr>
<tr>
<td>Ethnic</td>
<td>Afrocentric, lived experience, dialogue, caring, accountability, race, class, gender</td>
<td>Critical, historical, economic</td>
<td>Historical, economic, sociocultural analysis</td>
</tr>
<tr>
<td>Cultural studies</td>
<td>Cultural practices, praxis, social texts, subjectivities</td>
<td>Social criticism</td>
<td>Cultural theory as criticism</td>
</tr>
</tbody>
</table>

Table 9. Interpretive Paradigms (Denzin & Lincoln 1994, p 13).

To greater or lesser degrees throughout the social / human science disciplines, academics have chosen to envision (and re-vision) their respective fields in accordance with this ‘interpretive turn’ in acceptable epistemology, particularly affecting design and conduct of research. Where once there was the unified positivist vision of science, there arose a plethora of visions, aligned to the paradigmatic choices made by the
academics in the various fields. Not just between the various disciplines, this multiplicity of visions applied also within them, as is the case to a marked degree in nursing. This multiplicity of vision has been reflected in a colourful discourse throughout the human / social science disciplines (eg Hall 1999; White 1999; Freeman 1998, 1997; May 1997; Fawcett, Cody, Malinski & Rawnsley 1996; Abelson & Schank 1995; Denzin & Lincoln 1994; Maines 1993; Polkinghorne 1988; Fisher 1984).

Further, whereas, commentators such as McCracken (1988) and Leininger (1985) were writing about qualitative researchers inhabiting ghetto-like margins of the social sciences in the 1980’s, this situation changed rapidly in the 1990’s. Eventually, a situation developed in the social / human sciences where researchers employing purely quantitative methods, without situating the research context, were in some cases refused publication. The following lament illustrates this transformation in research culture:

in the late 1980’s, with the imprimatur of leading journals, ... qualitative research became more prevalent in the academic literature of the social sciences. Since the mid-1980’s, an emphasis on qualitative methods has transformed how nearly all social science research is conducted

- (Cizek 1995, p 229).

(Of course, the issue is not simply that of method suggested by Cizek (above). The epistemological plurality manifests across qualitative (and even on occasion quantitative) methods – a study’s using a particular method is in itself no indication of the epistemological position of the researcher, nor the eventual substantive claims of the research product.)

In line with the above situation in the wider realm of the social / human sciences, the climate for research in nursing has changed considerably in recent years. At the time Munhall (above, 1982) was writing, nurse researchers employing qualitative research methodologies found it almost impossible to obtain support for their research from funding bodies in the USA (Leininger 1988, 1985). Until relatively recently (and still the case in many contexts), qualitative research was considered to be of less value than ‘hard’ quantitative research (Morse 1994).
More recently, however, as I have outlined above, there has emerged a pluralism in nursing research reflecting an increasing appreciation by nurse researchers of the epistemological complexity of the contemporary research environment of the social / human sciences. The recent nursing discourse holds a number of writers encouraging researchers to consider which of the recognised paradigms best suit the research task at hand, which may then serve to oversee the development of an appropriate methodology (Monti & Tingen 1999; Polifroni & Welch 1999; Clark 1998; Ford-Gilboe, Campbell & Berman 1995).

This paradigmatic plurality can be viewed in the context of a change in the self-image of nursing science, where, as noted above, significant quarters of the nursing profession now see nursing as a social / human science, rather than as a natural science (Newman, et al 1991).

It is in this climate that I can, in the academic setting in which I find myself, decide upon a methodology for this research with confidence that my chosen interpretive research design and qualitative methods will be acceptable. Having said that, it does need to be reiterated that qualitative research does not enjoy the full status of quantitative research in most of the institutions of our society. One only has to note the research reported upon by the mass media, which is almost universally quantitative research, claiming to have universal applicability and irrefutable validity. Further illustrating this, Glass (2000) (personal communication) reported that the Australian National Health and Medical Research Council seldom supports nursing research founded upon non-empiricist designs.

The aim of this section has been to locate this research methodology within the nursing tradition of research scholarship, by exploring the contexts in which it has evolved. So far I have discussed the professional emergence of nursing as a science, trends towards reconceptualizing nursing from a natural to a human science, analytic philosophy of science and its critiques, and the interpretive turn in the social / human sciences (which includes nursing). To move on in exploring the contexts to a nursing science methodology, I see a need to examine more closely this issue of paradigms in nursing.
research, to elucidate the paradigmatic and epistemological assumptions beneath the choice of methodology.

The Issue of Paradigms in Nursing Research

The following paragraphs represent an attempt to describe the research context of a discipline coming to terms with a number of worldviews. Perhaps this paradigmatic complexity is reflective of an overall postmodern uncertainty existing in so many facets of the cultural life of Western Civilisation (Watson 1995b; Tarnas 1991). The postmodern / poststructuralist state in which a discipline entertains simultaneously a number of epistemologically and ontologically conflicting worldviews is variously received by academics in nursing and the other disciplines. Whilst some decry the lack of certainty and unity (eg Fawcett et al 1996; Newman 1997), others recognise that there are opportunities offered (Glass & Davis 1998; Cody (in Fawcett et al 1996, quoted below); Watson 1995b; Dzurec 1989).

Importantly for the vast majority of nurses, I conjecture that this discourse is very much reflective of the way the practice of nursing is located in the world. Required are approaches that are pragmatic, that yield to cognitive flexibility, and are finely attuned to the vital yet hard-to-capture parts of human experience inevitably entwined around health and its challenges (Monti & Tingen 1999; Sullivan 1989). And healing is certainly in there.

The recent nursing literature has identified three or perhaps four distinct worldviews or paradigms within which researchers may choose to gather knowledge. Typically, these are called the ‘postpositivist’, the ‘interpretive’, the ‘critical’ and the ‘postmodern’ paradigms (Letourneau & Allen 1999; Mitchell & Pilkington 1999; Monti & Tingen 1999; Polifroni & Welch 1999; Baker, Norton, Young & Ward 1998; Clark 1998; Glass & Davis 1998; Taylor 1994a). As intimated above, each of these paradigms encompasses a distinctive epistemology and ontology, with philosophical / methodological implications quite distinct from the others.
Defining a Paradigm

Before going further, it is necessary to clarify what is meant by the term “paradigm”. I have conjectured above that the recent concern with paradigms in scientific research methodology in nursing and the other social/human sciences can be traced to Thomas Kuhn’s ([1962] 1996) historicist critique of positivistic analytic philosophy (Rainbow & Sullivan 1987; Bernstein 1983). Kuhn identified two senses of the term ‘paradigm’ as it appeared in the first edition of his ‘Structure of Scientific Revolutions’:

On the one hand, it stands for the entire constellation of beliefs, values, techniques, and so on shared by the members of a given community [of scientists]. On the other, it denotes one sort of element in that constellation, the concrete puzzle-solutions which, employed as models or examples, can replace explicit rules as a basis for a solution of the remaining puzzles of normal science

- (1996, p 175).

Kuhn believed that competing paradigms in scientific communities involve an incommensurability, such that ‘the proponents of competing paradigms practice their trades in different worlds’ (1996, p 150). Notwithstanding this incommensurability between paradigms, commentators such as Carper (1978) pointed out that Kuhn’s epistemological position remained essentially that of scientific realism. Kuhn vigorously defended his thesis against claims that he was suggesting science was conducted other than rationally (eg 1996, p 191ff). For Kuhn, it seems, the many paradigms of science are nestled beneath the one epistemic umbrella of scientific realism. Bernstein (1983) argued that Kuhn kept remarkably close to the positivistic assumptions he is believed to have discredited.

In marked contrast is the considerable heterogeneity of epistemological positions within paradigms currently espoused for nursing research. It seems reasonable to conclude that Kuhn’s conception of the paradigm was somewhat narrower than what has subsequently emerged in nursing and the other social/human sciences.

Therefore, although Kuhn’s work introduced the term to mainstream discussion of the philosophy of science, how he presented it in ‘The Structure of Scientific Revolutions’ is not prescriptive of how paradigms are conceived of in the recent nursing/human
sciences research discourse (Monti & Tingen 1999). There is discussion in the
discourse regarding the validity of deviating from Kuhn’s usage of the term (eg Clark
1998), but it is clear that this wider epistemological conception of the paradigm plays a
large part in how nurse thinkers currently look to meet the needs of this humanly
diverse discipline in the postmodern context of little theoretical certainty.

Other definitions of a paradigm appear in the literature. Monti & Tingen (1999, p 65)
cited Kim (1997) when they wrote: ‘Kim defines paradigms as "general scientific
perspectives and traditions," because nursing science is developing from various
research traditions and the discipline's problems require different perspectives’.

Guba (1990, p 17) defined a paradigm as ‘a basic set of beliefs that guides action,
whether of the everyday garden variety, or action taken in connection with a disciplined
inquiry’. Guba’s language was deliberately informal, to emphasise his assertion that the
evident vagueness of the term is useful, ‘because it is then possible to reshape it as our
understanding of its many implications improves’ (p 17).

In 1994, Guba & Lincoln were more specific when they proposed the following
definition:

A paradigm may be viewed as a set of basic beliefs (or metaphysics)
that deals with ultimates or first principles. It represents a worldview
that defines, for its holder, the nature of the “world”, the individual’s
place in it, and the range of possible relationships to that world and
its parts... The beliefs are basic in that they must be accepted simply
on faith (however well argued); there is no way to establish their
ultimate truthfulness


Guba and Lincoln (1994, p 109) provided the following table to highlight the basic
ontological, epistemological and methodological assumptions and beliefs they saw in
the research paradigms they identified. In the nursing context, the ‘constructivist’
paradigm below might be best understood as the ‘interpretive’ paradigm.
Table 10. Basic Beliefs (Metaphysics) of Alternative Inquiry Paradigms (Guba and Lincoln 1994, p 109)

<table>
<thead>
<tr>
<th>Ontology</th>
<th>Positivism</th>
<th>Postpositivism</th>
<th>Critical Theory et al</th>
<th>Constructivism</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>naive realism- “real” reality but apprehendable</td>
<td>critical realism- “real” reality but only imperfectly and probabilistically apprehendable</td>
<td>historical realism- virtual reality shaped by social, political, cultural, economic, ethnic &amp; gender values; crystallised over time</td>
<td>relativism- local and specific constructed realities</td>
</tr>
<tr>
<td>Epistemology</td>
<td>dualist/objectivist; findings true</td>
<td>modified dualist/objectivist; critical tradition/ community; findings probably true</td>
<td>transactional/ subjectivist; value-mediated findings</td>
<td>transactional/ subjectivist; created findings</td>
</tr>
<tr>
<td>Methodology</td>
<td>experimental/ manipulative; verification of hypotheses; chiefly quantitative methods</td>
<td>modified experimental/ manipulative; critical multiplicity; falsification of hypotheses; may include qualitative methods</td>
<td>dialogic/ dialectical</td>
<td>hermeneutical/ dialectical</td>
</tr>
</tbody>
</table>

The Paradigms and the ‘Metaparadigm’ of Nursing
A distinction may need to be drawn between the (above) usage of the term ‘paradigm’ as it has entered the nursing research lexicon from other social / human science discourses, against how a number of nurse theorists have employed the term in their writings about the nature of nursing. Thus, there appear to be two distinct areas of discussion on paradigms in nursing.

The former usage has appeared in published work by nursing scholars such as Letourneau & Allen (1999), Mitchell & Pilkington (1999), Monti & Tingen (1999), Polifroni & Welch (1999), Baker et al (1998), Berman, Ford-Gilboe & Campbell (1998), Clark (1998), Glass & Davis (1998), and Dzurec (1989). This has been outlined above, as reflective of a broad discourse encompassing recent philosophical themes related to epistemology, as well as developments coming out of a number of the social /
human sciences, often on a multidisciplinary basis (eg Guba 1990; Denzin & Lincoln 1994; Rainbow & Sullivan 1987; Bernstein 1983). Nurses have followed and contributed to the discussions and applied their insights to their academic practices.

The other discourse on paradigms in nursing has been focused at the level of overall theories or conceptual models of nursing (rather than aiming primarily at epistemology and research methodology). Drawing from Kuhn’s ((1962) 1996) depiction of a scientific discipline as characterised by a single overriding paradigm, the primary concern of these nurse theorists is for accepted paradigms to express the unique character of nursing. Thus, in this sense, a paradigm is a discipline-specific (nursing-specific) conceptualisation of a worldview. Along these lines, Chinn & Kramer (1999, p 256) defined a paradigm as a

worldview or ideology. A paradigm implies standards or criteria for assigning value or worth to both the processes and the products of a discipline, as well as for the methods of knowledge development within a discipline.

Parse (1987) identified two fundamental paradigms in which nursing theories (or conceptual models) tend to fall. The first of these is the ‘totality paradigm’, which sees a human as a ‘mechanistic organism who adapts to the environment and strives toward a state of wellbeing’ (p 4). There is here an assumption that an organism (human) is equal to the sum of its parts (Fawcett 1996). Parse saw this paradigm as congruent with nursing viewing itself as a natural science.

The second paradigm identified by Parse (1987) she named the ‘simultaneity paradigm’, (also referred to as the ‘unitary-transformative paradigm’) which views a human as a ‘unitary being in continuous mutual relationship with the environment, and whose health is a negentropic unfolding’ (p 4). A human is here viewed as an indivisible whole, different to and greater than the sum of its parts. Arising in nursing through the theoretical work of Martha Rogers (1970), the simultaneity paradigm conceptualisation draws from diverse philosophical sources, prominent amongst which are ideas of the
humanistic psychologists such as Abraham Maslow and Carl Rogers, and mystical insights of writers such as Teilard de Chardin (Sarter 1988).

Newman (1990) associated these two conflicting paradigms with disparate views of health, one seeing health as absence of disease (‘totality’ paradigm), the other seeing health as ‘unitary evolving pattern of person-environment interaction’ (p 230) (‘simultaneity’ paradigm). Newman identified writers such as Capra (1982), Watson (1985) and Rogers (1970) as other adherents to the latter perspective.

In 1997, Margaret Newman wrote:

> A paradigm consists of the coming together of the focus, philosophy, and theory of the discipline. These elements must be consistent with each other. Otherwise, as a discipline with a professional commitment, we are offering an incoherent message to society’


Newman here voiced a concern, appearing frequently in the literature, for nursing to clarify its identity. This is at times expressed in the discourse in terms of the single question nursing sets out to answer (Packard & Polifroni 1991), the focus of the discipline (Newman et al 1991), and also the question of the ‘metaparadigm’ of nursing (Fawcett et al 1996; Watson 1990; Fawcett 1984). Underlying this concern for metaparadigm is the struggle for nurse academics to delineate a unique conceptual realm for nursing within the broader world of academe, and within society generally.

Newman’s (above) words speak to a persistent perception in nursing academia that the status of nursing in the Western academic world (and in the wider society) has suffered from this lack of clarity about its unique domain (Chinn & Kramer 1999; Engebretson 1997; Fawcett et al 1996; Packard & Polifroni 1991).

This concern is not universal, however. Contrast Newman’s aspiration for nursing to present a coherent face, with the attitude of William Cody (Fawcett et al 1996), who put out more of a postmodern perspective when he wrote:
As nursing matures as a discipline, the urge to place a boundary around certain concepts and say “this is nursing” will likely be replaced with a respect for divergent traditions and discourses and the abandonment of the attempt to bind all these together artificially

(p 99).

**Questioning Around Theory and the Issue of Epistemologic Fit**

As can be surmised from the above, discussion around the overarching paradigms for the discipline of nursing appeal to far wider issues than choice of methodology for a research enterprise, which is the topic at hand. That notwithstanding, some of these conceptual models set out to challenge received worldviews, which does involve deep questioning of the epistemological and ontological foundations of a number of accepted approaches to inquiry. As such, they have an important place in a discussion of nursing science methodology, posing as they do critical questions about the nature of human reality, and how it may be conceptualised and studied.

Rogers’ conceptual model, within the simultaneity paradigm, is the obvious example of this. Nurse researchers theoretically aligning their research studies under the conceptual model of Martha Rogers, have been confronted by the apparent incommensurability of the worldview of the Rogerian nursing science perspective, and the epistemological assumptions of the postpositivist (or perhaps even constructivist paradigm) (Alligood & Fawcett 1999; Fawcett 1996, Phillips 1989). Thus, research undertaken to look at the relevance, applicability and veracity of a nursing conceptual model in the simultaneity paradigm may be fundamentally misaligned with the key assumptions of the model itself. This has been discussed explicitly in the context of Therapeutic Touch research, where a large body of quantitative research has not convinced sceptics of the efficacy of that modality. Quinn & Strelkauskas (1993) wrote:

> these research studies are not wholly consistent with our conceptual framework. We have conducted our research studies from particulate-deterministic and interactive-integrative perspectives, yet TT is clearly an example of a phenomenon belonging to the unitary-transformative perspective

(p 14).

‘Simultaneity’ theorists such as Parse, Newman and Watson also explicitly challenge the paradigmatic assumptions of positivistic and postpositivistic science. More recently
there has begun the emergence of research methodologies in nursing specifically informed by the simultaneity paradigm, for the study of nursing phenomena through that worldview (Cowling 2001; Carboni 1995).

Centred as it is upon nursing as a unique discipline, this concern with nursing paradigms is somewhat insulated from the wider multidisciplinary social / human science discourse on paradigms currently informing nursing’s research culture. This notwithstanding, it is evident that the issue of the broad ranging nursing paradigms has significant implications for nurse researchers.

In the context of my current discussion on the setting of a methodology in nursing science, it is probably not enough to note that the paradigms commonly identified in the literature concerning research methodology in nursing can be differentiated from the paradigms nursing theorists outline in their efforts to conceptualise the unique character of this discipline. There is a compelling synergy in nursing research being conducted under the theoretical guidance of a conceptual model that strives to depict a uniquely nursing worldview. Nurse scholars point to the high value to a discipline of research linked to theory, where research supports and extends existing theory, or generates new theory (Chinn & Kramer 1999; Mitchell & Pilkington 1999; Rawnsley 1999; Gortner 1990).

The situation may have wide implications for nursing as a discipline. The above observations by Chinn & Kramer and Rawnsley (and their work seems representative of a widely held viewpoint in the discipline) suggests it is an imperative for nurse researchers to be cognisant as to whether their chosen research paradigms (be they postpositivistic, interpretive critical etc) are harmonious with identifiable nursing theory. Thus, the resultant research can address the concern, identified by a number of nursing scholars and theorists (some mentioned above) that nursing scholarship should foster the identity and unified progress of the discipline. (Therefore, in the following section of this chapter, I outline the methodological implications of Jean Watson’s conceptual model of nursing to this research).
A corollary of this is that nurses who design their research with the aim of generating nursing theory, ought to question whether the paradigms from the multidisciplinary social / human science context are indeed congruous with the specific needs of nursing. This might involve asking questions such as:

- Does research in these paradigms lead to results that give nurses information they need in their practice?
- Do the results encourage excellence, deepen nurses’ insights into problems that they and those they serve face, or enable them to strengthen their alliances with these others?
- Can the research generate theories that explain phenomena of critical interest to nurses?
- Can it, by linking to theory, foster the discipline’s overall knowledge base and conceptual coherence?

Given that nurses practice within quite singular ontological, normative and epistemological arenas, the argument that nursing research approaches should reflect and support this uniqueness is compelling. This is what the nursing theorists have endeavoured to express through their conceptual models.

On the other hand, at issue here also is the place of nursing as a member of a community of social / human science (as well as natural science) disciplines, and as a recognisable institution of wider society. The paradigm discussion emanating from outside the nursing discipline does invite nursing scholars to continue to evaluate how nursing is situated in the world. Some questions suggest themselves here, in the light of the somewhat introspective and insular concerns of nursing scholarship expressed above:

- Ought nurses to make a commitment to adopting practices that are readily intelligible to academics from other disciplines?
- To what extent is it appropriate for nurses to adhere to theories about humanity, about reality, from insular nursing perspectives which may be opaque to those who may wish to look in from without? (Watson 1997b).
Do nurse researchers therefore need to consider whether their paradigmatic and methodological choices keep them in tune with the broader enterprise of advancing knowledge across the disciplines, and to lay the knowledge open to the ready scrutiny, and for the benefit, of the wider society?

Although it is beyond the scope of this discussion to examine these questions in detail, I see they do form part of the matrix of concerns for a nurse researcher constructing a methodology. As such, I have borne them in mind throughout the research process – I am informed by them. There are undoubtedly many points of reconciliation in this discourse, between the concerns of nursing and those of the other social / human sciences, and between the concerns of nurses at points of polarity in this discourse. And nurses pragmatically do go ahead and conduct very useful research under a number of paradigmatic dispositions.

This is a necessarily brief discussion of nursing research and theory I have set forth in the above paragraphs, within this rather general outline of the contexts to a nursing science methodology. I do not doubt that such a cursory glance struggles to do full justice to a complex conversation that has taken place amongst a numerous thoughtful scholars over at least three decades. Notwithstanding this, I believe it is critical to hold in mind, in a research project such as this one into the deeper and transformative experiences of nurse healers, the philosophical, professional, trans-professional and societal contexts of knowledge, through which this study aspires to contribute.

**Ways of Knowing in Nursing – the Contribution of Carper**

In the following paragraphs I address the third and final context to a holistic nursing science methodology that I have identified – the ‘ways of knowing in nursing’ identified by Barbara Carper (1978).

The work of nurse scholars such as Patricia Munhall (above, 1982) brought forth the question of commensurability of the different paradigms at play in nursing’s culture of scholarship, and began to pave the way for a more flexible and pluralistic research endeavour better suited to nursing’s needs.
The ground for such an open discussion of knowledge generation in nursing may have been laid by an earlier publication, that of Carper (1978). Her work made a contribution to nursing scholarship that has quite delineated its epistemological horizons. From an analysis of nursing literature, Carper identified four patterns of knowing within nursing: empirical, aesthetic, personal and ethical knowing. Carper conceived of these patterns of knowing as being dynamic and emergent, as well as not entirely discrete from each other (1978). A highly respected and frequently cited paper, Carper’s work is particularly relevant to this study in that has contextualised for nurses the position of empirical knowledge gathering within the overall activity of the profession (Chinn & Kramer 1999). Carper (1978) maintained nursing had largely ceased to value the ways of knowing outside of the empirical gathering of data. Thus, for example, her work reintroduced nurses to the significance of the art of nursing, which had been viewed with some ambivalence since the visioning of nursing as a science had begun to assume paramount importance for nurse leaders (in North America at least) in the 1950’s.

Carper’s work helped lay the foundations for nursing scholars such as Benner (1984) to explore nursing knowledge as it emerges in non-empirical spheres of nursing activity. Methodologies such as hermeneutic phenomenology (employed in this study) bring to the fore the personal knowledge crucial for informed practice in the human domain. Also, Carper’s influence can be seen in a body of nursing scholarship exploring the aesthetic and ethical domains of knowing and practice, notably in the context of caring (Benner 2000; Gadow 2000; Roach 1998; Brykczyńska 1997; Picard 1997; Ray 1997; Clark 1995; Watson 1990b). Further, Carper’s insights have been extended to broaden the recent discourse around “evidence-based practice” in nursing (Fawcett, Watson, Neuman, Walker & Fitzpatrick 2001).

While criticised for neglecting ontological concerns of nursing (Silva, Sorrell & Sorrell 1995), Carper’s observations of ‘fundamental patterns of knowing in nursing’ provide a strong point of reference for anyone inquiring into how knowledge may be generated in nursing. As such, they are an important element in this exploration of contexts to a nursing science methodology.
Summary of Contexts to a Nursing Science Methodology

To summarise this section concerning the contexts to a nursing science methodology, I have identified and outlined three contexts: (1) the historical development of nursing as a scientific profession, (2) the issue of paradigms in nursing research, and (3) ways of knowing in nursing (Carper 1978). Under the historical development of nursing as a science, I have discussed some factors leading to (as well as inhibiting) this professionalization, and the reconceptualizing of nursing as a human (rather than ‘natural’) science. This led into a discussion of the changes to the philosophy of science in the latter part of the 20th century, which I approached by first providing an outline of analytical philosophy, followed by some of its critiques, especially the historicist critique of Thomas Kuhn. This was followed by an outline of the disaffiliation of the human / social sciences from the research methodology of the natural sciences, a discourse strongly influenced by Kuhn’s critique, as well as by other philosophers and commentators contributing to an ‘interpretive turn’ in this broad field of research and other scholarship concerning humans. Under the issue of paradigms on nursing research, I examined the two ways that nursing scholars use the notion of paradigms – as part of a wider discourse connected to the research concerns throughout the human / social sciences, and as a way to discuss the conceptual models that set out to delineate the unique character of nursing. I then explored points of disagreement and confluence between these two ways of looking at paradigms – for their significance in constructing a methodology informed both by the need to heed nursing’s unique concerns, as well as by the importance of participating in the wider societal traditions of scholarship. The ‘ways of knowing in nursing’ identified by Carper (1978) are discussed briefly for their relevance in marking out the epistemological terrain of nursing, and, of particular relevance to this research, giving voice to areas of knowing – personal, ethical, and aesthetic, which became neglected due to the overwhelming weight given to empiric knowing in modern society.

In the following section, I am informed by these contexts in the specific task of constructing a nursing human science methodology for investigating the deep journeys of nurse healers.
From Theoretical Grounds to Methodology

In the light of the above discussion, and in accordance with my stated aims set out in the introduction to this chapter, I do see relevance in theoretically aligning this research to a nursing conceptual model. Nursing is particularly rich in holistic explanations of human phenomena, which is appropriate to a strong conceptualisation of healing and personal transformation (Cowling 2000; Engebretson 1999, 1997; Watson 1999, 1996, 1995a, 1990a, 1988; Newman 1994). Therefore, grounding the study in holistic nursing theory has obvious benefits for research into spiritual healing and transformation. This is particularly so as this area of study has been seen as epistemologically problematic in a number of contexts, including nursing (Cowling 2000; Rosa et al 1998; Bullough & Bullough 1998; Meehan 1998), philosophy (Forman 1990), sociology (Markides 1995) and transpersonal psychology (Rothberg 1989, 1986; Weber 1981).

The potential for nursing research of healing and spirituality has been explored under the theoretical framework of Rogers’ conceptual model by researchers into healing (Cowling 2000; Eckes Peck 1997; Samarel 1997, 1992; Quinn & Strelkauskas 1993; Meehan 1993; Quinn 1984), and Newman’s model has been similarly employed (Geddes 1999; Yamashita, Jensen & Tell 1998). I propose in this study to utilise the theory of Jean Watson as an overarching schema for this research project.

In Chapter 2 (‘Initiation’), I have outlined the conceptual model of Jean Watson, particularly as it pertains to healing and personal transformation, the domain under investigation in this thesis. Watson’s (1985a) formulation of her theory of nursing included a chapter on methodology, which she opened with the assertion that transpersonal caring, the focus of her theory, needs to be studied by means of methods of non-traditional scientific inquiry. For Watson, these approaches hold different assumptions about the nature of reality, the relationship of inquirer with ‘subject / object’, and about the character of truth statements. She went on to recommend
qualitative or qualitative /quantitative studies, rather than ‘a quantitative rationalistic method of inquiry as the exclusive method’ (1985a, p 79).

Methodologies Watson (1985a) identified as congruent with her theory ‘can be classified generally as qualitative-naturalistic-phenomenological fields of inquiry’ (p 79). Specific methods recommended in her book chapter ‘include earlier descriptive approaches such as existential case studies and content analysis; other methods for consideration include ethnomethodology (a phenomenological approach used at the social-cultural level)’ (1985a, p 79-80).

Watson (1985a) went on to recommend phenomenological research approaches, and detailed two methodologies in this category: a ‘descriptive phenomenological methodology’ employing a ‘Descriptive-Empirical Phenomenological Research Protocol’, and a ‘Transcendental or Depth Phenomenology and Poetic results’. Whilst Watson delineated these methodologies in some depth, she encouraged nurses to ‘create new approaches that are appropriate for the phenomena under study’ (1985a, p 80).

To clarify Watson’s epistemological position, I quote from her book contribution (1985b), where she proposed that nursing science should be:

- based upon an epistemology that includes metaphysics as well as esthetics and empirics. Such pathfinding is based upon the following features: (1) a philosophy of human freedom, choice, responsibility; a belief in human and cultural spirituality; (2) a biology and psychology of wholism (a nonreducible, nondivisible person interconnected with others and with nature (a mind body spirit gestalt); (3) an ontology of time and space; (4) a context of interhuman events, processes, and relationships; (5) a scientific world view that is open; and (6) a method that allows for esthetics, empirics, human values and process discovery - (p345).

These enjoiners by Watson for nurses engaging in the task of constructing research methodology, although written nearly 20 years ago, retain a spirit apt for the task I see ahead. Principles supportive of a holistic perspective such as those expressed in the above quote are needed for research into healing and personal transformation, and
considerations of ontology must not be subsumed in the overriding epistemological impetus behind methodology.

**Epistemological and Ontological Considerations Specific to this Project**

The topic I am researching in this project, the transformational journey of nurse healers, poses specific epistemological and ontological questions. The following pages address the two issues of concern (the ‘A’ Theme and the ‘B’ Theme) outlined at the beginning of this chapter. These relate to two categories of knowledge in which this research is situated. These questions pertain to the issue of finding congruence for the topic with the methodology used to study it (the ‘A’ Theme), which is the overriding theme of this chapter so far, and the related issue of harmonising the methodology with the deep ontological concerns which make me a nurse researcher into healing (van Manen 1990) (The ‘B’ Theme). In my deliberations, this latter ontologised concern pays heed to healing as a fundamental process in human being-ness, emerging in seminal moments in people’s lives as an infused knowing – a knowing from the core of one’s being.

The first epistemological question (the ‘A’ Theme) relates to the primary goal of this research – it sets out to explore an important part of the lived experience of nurse healers, their deeper spiritual, emotional, transformational journeys. The epistemological requirements for that inquiry, to a large degree, tie in with the changes in the epistemology of nursing and the other social / human sciences I have outlined above.

The second (‘B’ Theme) is a more personal requirement, in the spirit of van Manen’s (1990) enjoiner quoted in the introduction to this chapter. My interpretation of this injunction is that the epistemology and methods used to explore the lived experience of the participants need to be congruent with the worldview of the healers themselves, and be not antagonistic to an edifying explanation of the phenomenon of healing itself. From my perspective, this is a spiritual as well as a philosophic issue, inviting a deepening spiral of wholeness to the overall enterprise.
The Lived Experience as a Focus for Nursing Research

To address the first requirement (‘A’ Theme) of the above paragraphs, the topic of this research needs first to be placed into a form of epistemological frame. I wish to look at how nurse healers experience their personal transformational journeys, to find out the special experiences and challenges that can typify or distinguish that particular path in life. I come from a particular perspective, of having myself undergone a number of unexpected, astonishing and often daunting experiences as a healer.

As explored in Chapter 3 (‘Grounding’), this kind of occurrence also figured largely in the reported experiences of some of the nurse healers I interviewed for an earlier study (Hemsley 1998), and has some mention in the nursing literature (eg Geddes 1999; Krieger 1999, 1979b; Slater et al 1999; Keegan & Dossey 1998; Joseph 1991). Further, a particular set of life experiences which healers may undergo have often been associated with transformations common to those undergoing intense esoteric spiritual development. Along this line, recent writers such as Markides (1995, 1990), Roads (1994), Brennan (1993, 1988), Jamal (1987), Andrews (1983) and Castaneda (1972, 1968) have brought to popular readership the journeys of healers and shamans which formerly were kept enclosed within the esoteric traditions of various cultures throughout the world.

I strongly believe that there is something important here to be explored, which I can see no other way to investigate other than by asking some of those individuals who fall into the category of nurse healer to tell me about their experiences. As there is no way to distance the participant (‘subject’) from the topic (her lived experience), an epistemology which is capable of honouring the personal reflections of the participants is called for in this kind of study. What is sought here is held in the private, introspective reaches of the minds of the participants, and, likely as not, is little evidenced in their observable behaviours.
Lived Experience Research brings forth Ontological and Normative Dimensions of Human Knowing

The lived experience is not amenable to objective verification. As theorists on human science, such as Watson (1985a, 1985b) have pointed out, to understand humans in a humanly way, which honours and values the ground shared by ‘knower’ with ‘known’, requires standards of veracity which uphold this ground. Humanly truth is not the same as truth concerning the relations between inanimate entities or logically conceived events, for there must always be value inherent in one person knowing of another. This is why the ontological and normative expression, caring, is such a central concern for theorists such as Watson. The phenomenologist van Manen (1990) wrote strongly on this also, bringing forth Goethe’s statement:

“One learns to know only what one loves, and the deeper and fuller the knowledge is to be, the more powerful and vivid must be the love, indeed the passion”... I do not suggest that love or care itself is a way or method of knowing, but as Frederick Buytendijk said in his 1947 inaugural lecture, love is foundational for all knowing of human existence

- (1990, p6).

Feminists and existentialists have pointed out that there is intense value expressed in the notion of ‘objectivity’ (Keller 1999; Watson 1985). In terms of persons, objectivity denies the wholeness that is greater than the sum of the parts, and repudiates the commonality or intersubjectivity necessary to a human knowing another as a person (van Manen 1990; Watson 1985a, 1985b). As writers such as Charles Taylor (1995) pointed out, I may not know another as a person except by reference to myself; the notion of the other as a person is bleached of meaning unless endowed with the value I place upon myself. Therefore, objectivity is demeaning in the context of one person knowing another, and can only offer a distorted picture of a person. In this sense, to view another in a completely objective way is to forcibly express the judgment that the other is devoid of value. From a nursing knowledge perspective, such a position of objectivity must be of questionable value for providing useful nursing knowledge, as we nurses in our practice are always deeply embedded in the personal realities of those we serve.
In another sense, in line with the ‘B’ Theme, empirical objectivity is an unacceptable value in persons knowing each other because it cannot respect what is rationally unknowable about an individual person. This is not just in the sense that a person will always harbour within, matters conscious or unconscious that he or she cannot, or will not disclose. People also are privileged with what lies outside the rational knowing domain. There has been an assumption in logical empiricist epistemology that everything is rationally knowable. Some have taken the extreme position that what is not rationally knowable or empirically verifiable, has no substantive claims to existence (Markides 1995; Taylor 1987). The connectedness of human consciousness with the numinous, to realms beyond ordinary experience, and the grounding of this in the healing experience, does not therefore have meaning in many formulations of scientific knowing. That we exist materially and individuated, and also are at one with all-there-is, (or are pandimensional beings, as nursing theorist Martha Rogers posits) also makes no sense to objective Cartesian epistemology (Rothberg 1989; Watson 1985b; Weber 1981; Bohm 1980). Thus, seeing another objectively may deny the greater reality of both knower and known.

Further, as intimated by theorists like Thomas Kuhn (outlined above) and forcefully expounded by Hans-George Gadamer (1976, 1975), objectivist epistemology is confounded by the historical nature of understanding. To be explored in more depth below, the thrust of this hermeneutic interpretive epistemology stems from Heidegger’s (1962) explication of understanding as a feature of being. What has been concluded from this is that all claims to knowledge must refer to prior knowledge, and ultimately to the being of the knower.

The honest beginning to a research methodology needs to acknowledge what Kuhn ((1962) 1996) famously pointed out, and was reiterated by van Manen (1990) – that the kinds of questions which may be asked in science are determined by the unavoidable paradigmatic assumptions in which they inhere. In other words, for me to ask this question about the lived experiences of transformation undergone by nurse healers, I must have assumed a reality (paradigm) in which the question is meaningful. For example, as I have outlined in the above paragraphs, this question is not meaningful in a
positivistic context. However, the lived experience as a focus for human research does provide a context in which such a question is meaningful.

The term ‘lived experience’ comes to the arena of current epistemological discourse from the work of philosophers of the enlightenment period. The writings of Wilhelm Dilthey (1833--1911) on lived experience are commonly cited. For Dilthey, according to Tappan (1997b), it was:

> the primary, first-order category that captures an individual’s immediate, concrete, "experience as such.” It is, in other words, an act of consciousness itself; it is something that is lived in and lived through; it is the attitude taken toward life as it is lived in the moment.

- (Tappan 1997b, p 646).

Heidegger, whose influential appropriation of hermeneutics to his (1962) study of ontology resurrected Dilthey from obscurity, also employed the term ‘lived experience’ (“Erleben”). This was in the context of his early assertion of the primacy in experience of a practical firsthand world already full of meaning (Sheehan 1993).

The pedagogical research theorist Max van Manen (1990), like Tappan (1997b, above) took his cue from Dilthey in stressing the immediate, prereflective nature of the lived experience. Van Manen emphasized reflectiveness and reflexivity for the researcher in orienting to and writing about the lived experience, as the core activities of phenomenological inquiry:

> Lived experience is the starting point and end point of phenomenological research. The aim of phenomenology is to transform lived experience into textual expression of its essence – in such a way that the effect of the text is at once a reflexive reliving and a reflective appropriation of something powerful: a notion by which a reader is powerfully animated in his or her own lived experience.

- (p 36).

Nurses and other social / human scientists have identified that ‘lived experience’ is a useful and epistemologically valid focus for research (eg Glass 2001; Van der Zalm & Bergum 2000; Tappan 1997b; Smyth 1996, 1995; Benner 1994; Guba & Lincoln 1994;
van Manen 1990). This occurs in not only an interpretive hermeneutic context grounded in the philosophies of Dilthey, Heidegger and Gadamer. This kind of conceptual frame in which to study other humans is applicable to other research paradigms, and ‘lived experience’ plots the methodological locus in research studies in critical theory, feminist and postmodern approaches (Glass 2001; Denzin & Lincoln 1994).

Therefore, to take the cue from Kuhn (1996), this question, about the lived experiences of nurse healers in their deep transformative journeys with healing, has meaning because I have formed certain paradigmatic assumptions around what it means for one person to know about another. This assumption, made in today’s epistemologically pluralistic academic climate, seems to grant me as a researcher almost the choice to decide for myself that which is real and knowable. However, as I elaborate in the various sections of this chapter, I wish to assert that the choice is made intelligently and reflectively, in the light of a vigorous philosophical discourse, and within an established tradition fed by the works of numerous distinguished scholars.

**Which Paradigm?**

As mentioned at the beginning of this chapter, the ultimate choice of a methodology needs to be informed by a number of factors. Whilst there is a requirement to consider the various research paradigms employed in the discipline’s scholarly tradition, it is not practicable to fully honour all positions in this kind of discussion. Other factors come into play, such as other related studies being undertaken within a paradigm, and my existing prejudices, inclinations and past experiences (such as outlined as ‘B’ Theme, above).

Other paradigms prevalent in nursing, which consider the lived experience (other than the ‘interpretive’ tentative choice outlined in the introduction to this chapter), are the critical and the postmodern. Below is a brief analysis of the paradigms I considered in choosing a research methodology, with focus on their points of coherence with the subject and aims of this research. Following that will be a more detailed account of the paradigm actually chosen to frame the research, including a rationale for its selection.

*Chapter Four – Crucible*
The Critical Paradigm

The critical research paradigm has as a central concern the power differentials inevitably inherent between individuals and within groups of individuals. According to critical theory, scholarly activity not only needs to acknowledge this, but also ought to contribute to its abatement, to alleviate oppression inherent in a communicative context (Ray 1992). Researchers employing critical designs in nursing and the other human/social sciences address power differentials between researchers and those being studied, as well as strive to provide opportunities for empowerment through the research process (Glass 1994).

As the nurse healers in this study, I anticipated, are generally empowered individuals, I did not expect that it was necessary to take an emancipatory approach to this research. Nonetheless, there is a strong resonance between the transformational goals inherent in the critical paradigm, and the theme of personal transformation being explored by this research. Nursing scholars such as Glass (1997) and Chinn (1995) have explored critical theory as a model and a method for personal transformation through effective communicational strategies. However, I am not aware of critical theory being used to investigate spiritual phenomena, or the more esoteric aspects of transformation.

A possible critical approach would be to examine the social position of healers within nursing, and to address the evident marginalisation of this group. However, this is not the goal of this research. Clearly, critical theory holds possibilities for potential study of healers, and I take note of the enjoiners of the critical theorists on the significance of praxis and reflexivity for the conduct of social science research (Ray 1992; Forester 1980). Although critical theory does not present itself as a harmoniously matched methodological vehicle for this particular project, I saw it as important to be informed by these insights.

The Postmodern Paradigm

The question of whether postmodernism was a suitable research paradigm for this research also needs to be broached. Certainly Jean Watson, whose theory of human
transformation in a caring / healing context frames this research, has in recent years written about postmodernism’s relevance to nursing. She wrote:

The postmodern turn in the history of nursing is hallmarked by the fact that the knowledge that has been systematically excluded from the human consciousness now has to be restored and reconnected in order to reconnect with the human condition


What I take from Watson’s above statement is that research such as this, which explores and espouses knowledge of healing and transformation generally outlawed by the modernist project, must take note of postmodernism. Postmodernist epistemology, in eschewing the ‘grand narratives’ of modernism, promotes a bringing to the forefront of our attention the unique aspects and circumstances of individuals (Glass & Davis 1998). As such, it may offer epistemologies suitable for bringing forth delicate human truths, such as healing journeys, formerly repudiated by the brutalising discourse of grand modernist narrative (Markides 1995).

Therefore, as with critical theory, I wish to acknowledge that postmodernism, as suggested above, needs to inform this research, and I shall remain sensitive to the messages of scholarship in this paradigm. Although it has the potential to harmonise with the research, I do not choose to fully embrace the postmodernist epistemological point of view in this research. This is partly because of the ‘B’ Theme’s attestation to the universal nature of healing in the human experience, which may be repudiated by the insistently local epistemology of postmodernism. Further, I see more of a tradition of nursing research into healing and healers within the interpretive paradigm, and am personally acquainted and comfortable with its theoretical ground.

This notwithstanding, I have already noted that the paradigm discourse within nursing and the other human / social sciences is very much a postmodern phenomenon (Dzurec 1989). Therefore, the discussion I have entered into in this chapter is informed and contoured by postmodernism. Further, some scholars identified hermeneutics as a postmodern research approach in itself (Wolin 2000; Annells 1996). This may be a somewhat controversial assertion, but both approaches, along with critical theory, may
be viewed as part of a resurgence of the continental tradition in the face of the collapse of the hegemony of positivist epistemology in the human / social sciences.

**The Interpretive Paradigm**

**The Interpretive Tradition in Nursing Research**

The interpretive paradigm is epistemologically closely related to the constructivist paradigm outlined by Guba & Lincoln (above, under ‘The Disaffiliation of the Human / Social Sciences from the Research Methods of the Natural Sciences’). The nursing tradition of interpretive research has drawn upon different philosophical grounds from constructivists such as Glaserfeld (1995), largely from within the continental tradition of phenomenology and hermeneutics. Thus, writers such as Dilthey, Husserl, Heidegger, Merleau-Ponty and Gadamer, along with commentators such as Richard Bernstein (1983), Hubert Dreyfus (1991) and Max van Manen (1990), have been the primary sources of inspiration for nurses engaging in interpretive research.

Essentially, the discussion (outlined above) in nursing, around the respective suitability of the various paradigms, is set against the background of the ‘interpretive turn’ in the social / human sciences that has gathered momentum over the past three decades. In this context, there was little mention of paradigms in nursing literature prior to the late 1970’s. Further, what contemporary scholarship might term ‘interpretive research’, was in the past rather more crudely labelled ‘qualitative research’.

As I have intimated above, usage of the term, ‘qualitative research’ can be quite deceptive, as it refers to method, and bears no necessary relationship to methodology, still less epistemology. Recent commentators on epistemology have noted that qualitative research has been conducted under positivist epistemological assumptions, as well as under those other epistemologies commonly associated with the ‘interpretive turn’ (Denzin & Lincoln 1994; Vidich & Lyman 1994).

Whilst taking account of the above, it is nonetheless evident from the writings of scholars such as Munhall (1982), Field & Morse (eds) 1985), Leininger (1985) and Morse (ed) (1994, 1991) that much of the qualitative research that has been conducted
in nursing could be validly characterised ‘interpretive’ research. Prior to the more recent identification of other paradigms such as critical, feminist and postmodern, qualitative nursing research was almost synonymous with what is now considered to be research framed in the interpretive paradigm.

In this chapter, I have referred to a recent discourse focused on the epistemological and methodological assumptions of research approaches, where method and methodology are more forcefully differentiated than was once the case. Commentators have noted that previous discussion tended to conflate method with methodology and epistemology, and the ‘qualitative vs. quantitative’ research debate was often argued without great clarification of the differing epistemological and ontological positions of the protagonists (Monti & Tinggen 1999). I observe that in recent years the discourse has tended to show more clarity about the distinctions between notions such as paradigms, epistemology, methodology and method (eg Glass 2001; Koch 1999; Mitchell & Pilkington 1999; Monti & Tinggen 1999; Baker et al 1998; Clark 1998; Rawnsley 1998; Taylor 1994a, 1994b).

Recent discussion of interpretive research in nursing has generally associated it with phenomenology and hermeneutics (Koch 1999; Monti & Tinggen 1999), although other qualitative approaches, such as grounded theory, are at times included under this methodological umbrella (Taylor 1994b). This research project is influenced epistemologically and methodologically by the strong voices of the phenomenological movement as they emerge in the nursing interpretive research tradition. I am influenced by the work of a number of scholars in nursing, among them Van der Zalm & Bergum (2000), Geanellos (1998), Walters (1995), Taylor (1994a, 1994b), Benner (1994, 1984), Ray (1994), Reeder (1988), Thompson (1990, 1985), Cohen & Omery (1994), Bergum (1991), and Watson (1985a, 1985b). As well, scholars in this tradition outside of nursing have influenced my thinking. Among these are van Manen (1990, 1984), Tappan (1997a, 1997b), Packer & Addison (1989), and Polkinghorne (1988). The approach to research of lived experience propounded by van Manen (1990, 1984) is employed in this research to guide the gathering and analysis of ‘data’ presented as the
‘essences’ or results of this research; as well, it has guided the literature review, and influenced the overall structure of this thesis.

**Phenomenological research methodology in nursing – A Thumbnail Sketch**

It has often been noted in the discourse that phenomenological research in nursing has been construed under two quite distinct epistemological traditions, loosely ascribable to Husserlian eidetic phenomenology, as against Heideggerian interpretive phenomenology. Some studies were influenced by the work of scholars in the Husserlian (‘eidetic’, ‘descriptive’, or ‘transcendental’) phenomenological tradition, generally framed by methodologies and methods developed by the sociologist Schultz, psychologists Giorgi (1985) and Colaizzi (1978) or the philosopher Spiegelberg (1994, 1975). Nurse theorists who have propounded this approach include Streubert & Carpenter (1995), Anderson (1991), Field & Morse (1985), Oiler (1982) and Davis (1978). Recent nursing research guided by methodology of the descriptive school of phenomenology included studies by Mullaney (2000), Bousfield (1997), Green & Holloway (1997), Rashotte, Fothergill-Bourbonnais & Chamberlain (1997) and Gunby (1996).

As I shall discuss in more detail below, some more recent scholarship in nursing has noted that the epistemology of Husserlian phenomenological approaches assumes a prereflective realm of pure consciousness exists where phenomena, (‘the things themselves’ as Husserl put it) can be encountered in an uninterpreted state by the correctly attuned mind. The methods used to capture these essential phenomena, which are untainted by the assumptions of everyday thinking, involve ‘bracketing’ of the researcher’s preconceptions and prior judgements. In this way, these scholars contend, the objects of research may be captured and described as they are, in their essential state (Caelli 2000; Koch 1999, 1996, 1995; Hallett 1995; Taylor 1994b, 1994a; Ray 1994; Cohen & Omery 1994).

Nurse scholars such as Cohen & Omery (1994), Ray (1994) and Taylor (1994b, 1993a, 1993b) questioned whether it is practicable for a researcher to completely bracket out her own preconceptions and personal experiences to the extent prescribed by such a
methodology. This was reflective of the critique of Husserlian phenomenology by Heidegger in his ‘Being and Time’ (1962) – Heidegger contended that it might be impossible to bracket out one’s preconceptions. Some nurse scholars even posited that the idealistic epistemological position inherent in eidetic phenomenological research approaches was close to that of positivism, in that there is a tendency to decontextualize the lived reality of those under study from the complexity and immediacy of their everyday experience. For instance, Taylor (1994b) wrote, discussing a Husserlian research approach proposed by Langveld:

The tension lies in the use of the term ‘ground structure’, which seems to suggest certain universal principles reminiscent of positivistic understandings, an apparent contradiction for a methodology that is seated in the moment of an experience, and that concerns itself with ongoing dialogue. If one doubts that the essence of things can be found by bracketing the world, the legitimacy of this method is doubtful in describing Being within ‘the things themselves’

- (p 55).

Nurse researchers employing phenomenology, who were uncomfortable about the validity bracketing their own experience, have adopted hermeneutic phenomenology as the philosophical foundation of their methodology. Approaches have been explored guided by the philosophy of Heidegger (Darbyshire, Diekelmann & Diekelmann 1999; Diekelmann 1998; Benner 1994, 1985), of Gadamer (Porritt 1999; Koch 1996; Pascoe 1996; Cohen & Omery 1994; Taylor 1994b), as well as the eclectic approach of van Manen (1990) (Van der Zalm & Bergum 2000; Ray 1994; Bergum 1991). As noted above, van Manen’s viewpoint, which draws on the insights of a number of phenomenologists, and incorporates semiotic sensitivity to language, provides the essential movement of understanding holding together this thesis as a broad research enterprise of writing on the topic of the deep inner journeys of nurse healers.

**Satisfying the Requirement for Conceptual Harmony**

In choosing the interpretive paradigm for this research, as I noted at the beginning of this chapter on methodology, I partake in something of a tradition in holistic nursing scholarship. Interpretive / phenomenological methodologies inform a number of nursing studies into healing, holism and spirituality (Struthers 2000; Geddes 1999;

It is important, however, not to embrace a tradition uncritically on the sole basis of its adoption by other researchers, however like-minded they may be. My personal experience of employing hermeneutic phenomenology as a methodology was instructive. I did perceive the approach to yield a satisfactory, even illuminating, account of the lived experiences of nurse healers (Hemsley 1998; Hemsley & Glass 1999a). The utility of interpretive research approaches to the study of humans, as has been suggested above, lies in their ability to yield contextured accounts that work to report the experience of those studied from a perspective inclusive of their interpretations.

Furthermore, although there have not been noted accounts of healing or esoteric spirituality from the famous phenomenologists of the continental philosophical tradition, the emphasis on attending to the contents of consciousness in phenomenology (rather than on rational constructs or material empirical observation) make this approach to the study of experience well suited to bringing forth the more subtle and delicate facets of human experience which manifest in healing. This means that phenomenology does satisfy my key requirement expressed in this chapter that the underlying assumptions inherent in the means to study the phenomena reported by the nurse healers participating in this study must sit well with what is under study (the deeper spiritual emotional and transformational journeys of nurse healers). A satisfactory degree of conceptual harmony exists in this case.

**Introducing Hermeneutics**

As I have explored above, the ‘Trans philosophical’ situation where one may contemplate different paradigms for epistemology governing research has come about around the relatively recent collapse of analytical philosophy’s project of a unified science. Recent as the positivism-destroying critiques of Kuhn and others may be, some of the epistemologies gaining popularity in the social / human science research fields
have ancient origins. Here I refer particularly to hermeneutics, whose most influential
recent expression is probably in the work of Hans-Georg Gadamer (1976, 1975). I will
return to Gadamer later.

The origin of hermeneutics goes back to Hermes, the Greek god (Mercury to the
Romans) whose role it was to interpret the wishes of the gods to humans. Therefore,
Hermes represents the coalescence from the numinous of earthly wisdom. This is
particularly interesting for our postmodern ‘new age’ time, as both the Tarot and
alchemy are commonly attributed to his Egyptian expression Hermes Trismegistus.
Hermes Trismegistus is also said to have influenced mystical movements of the early
Christian era such as Gnosticism and Neoplatonism.

Hermes is associated with the Eleusinian mysteries, a strand of Greek cultural
expression that stood in contrast to rationalism. The philosopher Umberto Eco (1990, p
22) gave a poetic depiction of the mysterious and ambiguous nature of Hermes when he
wrote:

Fascinated by infinity (aperion), Greek civilization constructs the idea
of continuous metamorphosis, symbolized by Hermes. Hermes is
volatile and ambiguous, he is father of all the arts but also God of
robbers – iuvenis et senex at the same time. In the myth of Hermes,
the causal chains wind back on themselves in spirals, the after
precedes the before, the god knows no spatial limits and may, in
different shapes, be in different places at the same time.

The Hermes of classical Greek mythology was a colourful and mischievous figure,
belying the more sober appropriation of his appellation in the early Christian era – to the
task of interpreting the Gospels and other religious texts. This was the practice of
hermeneutics, which over the centuries enjoyed an evolution of philosophical
sophistication, culminating in the work of accomplished scholars such as Schleirmacher
(1768-1834) and Dilthey (Bleicher 1980). The philosophical work of Dilthey is
discussed in the following section.
Section II: Philosophical Foundations of Interpretive Science

Not “Re-Inventing the Wheel”

The following section examines the philosophical bases of the methodology through which I aim to bring to light the phenomena of concern for this research – the deeper, transformative pathways of nurse healers. As reiterated throughout this thesis, a key concern in this work is its connection to, and participating in, a tradition of scholarship in nursing. This applies particularly in this chapter on methodology, where the grounds for knowledge generation are located in the discussions amongst nurse scholars regarding what kinds of knowledge are most useful for nurses in their practice, and best support the aspirations of the profession.

Of relevance to this section on the philosophical bases of interpretive phenomenology methodology, is the work of a number of nurse (and other human / social science) scholars who have brought forward the ideas of philosophers underpinning interpretive understanding. Thus, scholars such as Van der Zalm & Bergum (2000); Koch (1999, 1998, 1995), Porritt (1999); Geanellos (1998); Porter (1998); Annels (1996); Hall EOC (1996), Benner (1994, 1984), Walters (1995); Ray (1994), Cohen & Omery (1994), Taylor (1994a, 1994b, 1993a, 1993b), Thompson (1990), Reeder (1988), and Cohen (1987), have closely examined the philosophical writings of the phenomenologists Husserl, Heidegger and Gadamer, as well as the hermeneuticist Dilthey, and key commentators such as Spiegelberg (1994), Dreyfus (1991), van Manen (1990), Rainbow & Sullivan (1987), and Bernstein (1983).

The thoroughgoing and groundbreaking scholarship of these nurses and other human scientists, which has been published in meticulously refereed journals and books over two decades, has well established the basis of understanding necessary to an interpretive methodology for nursing founded on philosophical precepts. Therefore, at this point in the development of ideas in professional nursing, it is no longer necessary, as was once the case, in a Ph.D thesis to present a thoroughgoing philosophical treatise expounding the ideas of Husserl, Heidegger, Gadamer et al in support of a ‘controversial’ methodology.
Even in the context of a robust critique (eg Barkway 2001; Paley 2000, 1998, 1997; Darbyshire et al 1999; Crotty 1997, 1996; Holmes 1996), as I have noted above, the philosophical ideas have been thoroughly investigated and discussed in the literature, as they pertain to nursing research methodology. Therefore, I take the view that my participation in the tradition of interpretive nursing science scholarship does not demand that I recreate what has already been so well done before me.

The above notwithstanding, it is necessary for me to demonstrate an understanding of what these philosophical ideas are that underpin this interpretive methodology. Some of that is embedded in the discussion, earlier in this chapter, on the disaffiliation of the social sciences from the research methods of the natural sciences, notably in the hermeneutic of Thomas Kuhn, and in the ensuing examination of paradigms in nursing, and in the discussion of the epistemological and ontological constraints of the research project. However, considering the interpretive phenomenology of this research approach, it is of particular importance to present the ideas of the major phenomenologists, as well as the hermeneuticist Dilthey, and highlight the key differences in their approaches to knowledge. These differences have a strong bearing on phenomenological research, which can take disparate forms and make entirely different claims, depending on the particular underpinning philosophical precepts. Therefore, below are presented outlines of the philosophical arguments of Dilthey, Heidegger, Husserl and Gadamer, which have influenced this research.

**The Influence of the Philosophy of Wilhelm Dilthey**

Wilhelm Dilthey was devoted to the understanding of historical reason. Like others of his time, such as Edmund Husserl, he was deeply concerned by the way that empiricist science was making incursions into the life of his time, disrupting the social order and underwriting a vast and dehumanising industrialisation. He was especially troubled by the way that empiricism and positivism were imposing themselves upon the study of humans. He saw this as ignoring the historical dimensionality of persons, and wrote (1883, p 1):
Dilthey (1883) set about developing an epistemology, based upon the hermeneutics of Schleirnacher, which could establish an historical ground for the human sciences (Bernstein 1983). He strove to attain, through the interpretation of hermeneutic understanding, a method whereby the human sciences – which he termed Geisteswissenschaften (after a German translation of Mill’s ‘moral sciences’) – could be expressed objectively.

Later philosophers criticised Dilthey for having failed in his aim to provide a unique methodology for the human sciences, outside the unifying project of empiricist, rationalist science. Gadamer and others maintained that Dilthey was inconsistent, and failed to go beyond the Cartesian assumptions against which he was struggling (Wachterhauser 1986; Gadamer 1975). Thus, Dilthey seemed to ignore the role of historicity in his accounts of the historian’s own ability to comprehend the past. Dilthey argued that the historian could achieve ‘objective validity’ in her results through an act of ‘empathy’... whereby the historian pulled herself out of her own immersion in history and transposed herself into the lives of others. This seems to be a very dubious position... - (Wachterhauser 1986, p.18).

Recent commentators have almost universally asserted that Dilthey could not establish a unique epistemological status for a historically grounded Geisteswissenschaften. As such, he was unable to provide a convincing methodology for the human sciences, separate from the natural sciences.

This notwithstanding, Dilthey’s work has relevance and significance today as it fundamentally informs discussion on interpretation in social science. Researchers and theorists in nursing and the other human / social sciences acknowledge an indebtedness to Dilthey for the thoughtfulness and courage with which he opposed the sweeping tide of empiricism and positivism of his day, and for his introduction of insights on the
human situation, lived experience, and how it may be studied (Todres 1998; Tappan 1997b; Jung 1995; Mitchell & Cody 1999).

Philosophical Contributions of Heidegger and Husserl

Martin Heidegger

It is often claimed that Dilthey is remembered today largely because the much more influential philosopher Martin Heidegger took up Dilthey’s ideas in his book ‘Being and Time’ (1962/1927) (Gadamer 1975). Unlike Dilthey, Heidegger was not concerned with hermeneutics as a scientific method, but appropriated it to his project of exploring the ontology of humans in a more purely philosophical sense. This notwithstanding, a number of nurses and other social / human scientists have drawn heavily on his work in developing hermeneutic phenomenological research methodologies (eg Darbyshire et al 1999; Diekelmann 1998; Nelms 1996; Koch 1995; Benner 1994, 1984; Packer & Addison 1989). My focus is on the work of Heidegger as it has contributed to the work of scholars such as Gadamer, whose philosophy is directed more to knowledge generation of the human / social sciences. But firstly, the phenomenology of Husserl needs to be considered as it informed the thought of Heidegger.

Edmund Husserl’s Transcendental Phenomenology

Heidegger’s work is typically viewed in the context of that of Edmund Husserl, his mentor at the University of Freiburg. Husserl is considered to be the father of phenomenology. He proposed the phenomenological method he developed as a means to study reality free of the mediation of theory, giving the individual access to immediate experience of reality – ‘the things themselves’.

Husserl’s (1983) claims rested on the key philosophical tenet (attributed to Bretano) of the intentionality of consciousness. This means that a person is always conscious of something, (and by corollary, never conscious of nothing). He maintained that by studying the contents of consciousness one may come to the truest possible apprehension of reality. His philosophy was therefore focused upon the relationship of consciousness with reality. He wrote:
Husserl maintained that one may only come to a clear understanding and perception of
reality by transcending the ‘natural attitude’ whereby our conceptions of reality are
mediated by past experiences and theoretical constructions. He proposed that it is on a
purely subjective realm that the human consciousness is in most intimate contact with
that of which it is conscious (‘essences’ or ‘the things themselves’). Thus, to know
most truly, one needs to attune oneself to this region of pure subjectivity, using
intuition.

This knowing, Husserl maintained, could be achieved by setting aside or transcending
the ‘natural attitude’, leaving behind all preconceptions, and placing the receptive,
unencumbered mind in contact with the phenomena to be investigated. This approach
using intuition Husserl named ‘epoche’ or phenomenological reduction, and therefore
his philosophy is known as ‘eidetic phenomenology’ (after the Greek ‘eidos’, meaning
essence), or ‘transcendental phenomenology’.

Husserl’s phenomenological reduction involved two stages. ‘Eidetic reduction’, the
first stage, is the reduction from specific instances to general essences. It has been
assumed that by this Husserl meant that references to the individual and particular are
dropped. In the second stage, transcendental or ‘phenomenological reduction proper’,
elements extraneous to the phenomena are all excluded when the ‘natural attitude’ is
temporarily suspended. The term ‘bracketing’ (borrowed from mathematics) was used
by Husserl for this suspension of belief (Spiegelberg, 1994).

It can be seen from the above that for Husserl phenomenology was about description,
and has therefore also been called ‘descriptive phenomenology’. The focus was
epistemological, and Husserl wished passionately for his method to be used in practical research, as well as serving as the supreme philosophical tool. His pivotal phenomenological practice of bracketing out the natural attitude has been identified as the key point of departure between his transcendental phenomenology and the hermeneutic phenomenology of Heidegger and Gadamer. This difference has immense ramifications on the meaning of knowledge generated under these different philosophical assumptions (see below).

**Heidegger’s Critique of Husserlian Phenomenology**

It was Husserl’s student and friend Heidegger (1962 (1927)) who provided the most telling critique of Husserl’s eidetic phenomenology (Bernstein 1983). In his seminal early work ‘Being and Time’ (first published in 1927), Heidegger employed the phenomenological method to bring forth human beingness as it is revealed in everyday circumstances (‘being-in-the-world’). However, although his phenomenological examination of the everyday human world as it reveals itself is one of the most celebrated examples of the use of the phenomenological method, Heidegger indicated that he did not believe that it is entirely possible to transcend the natural attitude.

Further, Heidegger maintained that the relationship of the person to the world is far more complex and problematic than Husserl’s discussion of the ego maintained. He cast doubt on Husserl’s position that the observer may make reliable accounts of the essences of objects in the world by means of an infallible intuitive faculty employed in the epoche (Frede 1993).

As noted above, Heidegger’s philosophical preoccupation was with ontology – the study of being, or existence, and specifically human being (an instance of human being was termed by him ‘Dasein’). He approached this question in two main ways – by the abovementioned phenomenological investigation of Dasein’s interactions with the everyday, and through a hermeneutic analysis of Western civilization from the time of the Greeks through the early Christian era (Caputo 1993). Heidegger concluded that from the time of the Greeks Western thinkers had erred in focusing on epistemology, in particular querying the assumption that it is possible for a person to stand outside
herself or himself, as it were, and see a world objectively. For Heidegger, this made no sense, as he perceived us as embedded in an 'hermeneutic circle', where, as depicted by Guignon (1993):

> though our general sense of things depends on what we encounter in the world, we can first discover something as significant only because we have soaked up a "preontological understanding" of how things can count through being initiated into the practices and language of our culture


The "preontological understanding" referred to by Guignon relates to Dasein's Being-in-the-world and is not separable from Dasein itself, Heidegger claimed. Heidegger, particularly in sections 31 and 32 of ‘Being and Time’ refuted the possibility of knowledge free of presupposition – it is not possible, he maintained, to conceptually stand outside the world and get in touch with ‘reality as it actually is’. Understanding is intrinsic to Dasein’s Being-in-the-world. Dasein itself is always disclosed temporally, and is not meaningful except in terms of its inseparability from the everyday world (which includes the historically grounded culture) in which it finds itself (Guignon, 1993). This contrasts with Husserl's rejection of 'historicity' (Spiegelberg, 1994).

The above is the philosophical foundation of interpretive science, where knowing is always historical, and completely tied in with the being of the knower; understanding is a feature of being, and therefore epistemology is entirely subservient to ontology.

**Gadamer’s Philosophical Hermeneutics**

Heidegger, unlike Husserl, was not at all concerned with research. Therefore, nurses and other social scientists have often turned to Heidegger’s student Hans-Georg Gadamer (1975) for more direct and pragmatic philosophical support for their interpretive approaches to inquiry (eg Porritt 1999; Koch 1998, 1996; Geanellos 1998; Annells 1996; Pascoe 1996; Cohen & Omery 1994; Ray 1994; Taylor 1994a, 1994b, 1993a, 1993b; Rainbow & Sullivan 1987).

Regarding the methodology for this research, the philosophical contribution of Gadamer which has most influence is his thinking around the hermeneutics of textual
interpretation (Porritt 1999). In his most famous work, ‘Truth and Method’ (1975), Gadamer extended Heidegger’s understanding of the historical, ontological nature of understanding into human inquiry, by examining its linguistic basis through one’s engagement with texts. In what he termed ‘effective-historical consciousness’, one who interprets a text inevitably brings her or his prejudices and preunderstandings, and these become modified to more true prejudices in the intimate engagement of interpretation (Taylor 1993b).

In this ontological conception of understanding, it is not possible to have an objective and unprejudiced perspective – everyone is embedded in historical experience and cannot reach past that. Everyone is restricted to a horizon, or “range of vision that can be seen from a particular vantage point” (Taylor 1993b, p120). Gadamer (1975) wrote of a ‘fusion of horizons’ in effective-historical consciousness, where the horizon of the person interpreting a text is merged with that of the text. Gadamer maintained that in that fusion of horizons there is the possibility for expansion of understanding. Understanding can never be perfect, Gadamer maintained, but as it is increased in the fusion of horizons, and preunderstandings revealed and replaced by more accurate ones, then there is also a movement towards revealing the truth of the text.

Nurses have pointed to the value of Gadamer’s insights in acknowledging the common ground of shared meanings experienced by researchers with their participants, without trying to bracket out all preunderstandings (eg. Taylor 1993a). And nurses informed in their practice by these insights are encouraged to be consciously attuned with their patients and the meanings expressed in the everyday communications, potentially bringing greater depth and empathy to the understandings informing nursing care (Pascoe 1996).

Gadamer (1975) did not posit hermeneutics – the conscious practice of understanding – as a method as such. According to Porritt (1999, p109) for Gadamer, “understanding is initiated if something addresses us”. Koch & Harrington (1998) stated how Gadamer’s philosophy invited a reflexiveness in the researcher, who is prompted to constantly inquire about what is happening in the process of investigation. And furthermore,
which is of vital importance to the holistically-oriented practitioner or researcher, Gadamer likened effective-historical consciousness to the I-thou relationship (Taylor 1993a), highlighting an innate sense of respect and awe inherent in situations where understanding is being sought and extended.

**Summary of Philosophical Foundations, and Methodological Implications**

To summarise, the hermeneutic phenomenology employed as methodology for this research, located in the interpretive paradigm, is founded on the hermeneutic philosophy of Wilhelm Dilthey, and the hermeneutic phenomenology of Martin Heidegger and Hans-Georg Gadamer, strongly influenced by the transcendental phenomenology of Edmund Husserl. Heidegger employed the phenomenological method of Husserl as well as the historical perspective of interpretation of Dilthey in his examination of human being. Indicating that understanding is historically embedded in being itself, Heidegger ultimately eschewed the epistemological focus of Husserl’s phenomenology, claiming that it is not feasible, as Husserl maintained, to bracket out the natural attitude and gain an intuitive grasp of the essences of phenomena on a purely subjective plane of existence. Gadamer extended Heidegger’s ideas on interpretation to examine what is occurring where understanding is sought of the tradition of another (text). He concluded that there is in the honest and thoughtful quest for understanding the possibility for greater (not absolute) understanding, and grasp of truth, where the fusion of two horizons expands them both.

Phenomenological research based upon Husserlian philosophy involves the researcher bracketing out the preconceptions about a phenomena under investigation, which contrasts starkly with hermeneutic phenomenological research, which attends to the historically embedded world in which the participant and researcher are together engaged. As Taylor (1993b) put it, this approach:

> [acknowledges] the importance of people's lived experiences by exploring the participants’ worlds and the intersubjective meanings they found within them

- (p 121).
It should be noted that there are radical differences between the knowledge claims of research produced under eidetic or hermeneutic phenomenological bases. Husserlian eidetic approaches, claiming to discover the essence of a phenomenon, may assume that what is uncovered in such research may have wide applicability as truth or knowledge beyond the context of such research. Hermeneutic phenomenology makes no claims of universal knowledge from results gained, but rather invites the reader of such research to engage themselves hermeneutically, that the reader’s horizons are in turn expanded in fusion with that of the text – research results – before her / him.

In the following chapter, I present van Manen’s (1990, 1984) approach to undertaking hermeneutic phenomenology. His methodology incorporates elements of eidetic phenomenology of Husserl, as well as the hermeneutic focus of Heidegger and Gadamer. Thus, van Manen speaks of uncovering the essence of a phenomenon, as would Husserl, whilst acknowledging, as did Gadamer, the ultimate impossibility of capturing experience as it is. Also like Gadamer, van Manen emphasises the role of language as the ground of understanding, and recognizes as paramount the reflexive engagement of the inquirer in the quest for knowledge.

**Conclusion**

In this chapter on methodology for this research, I have set out to embed this work in the tradition of holistic nursing human science inquiry scholarship, to which this aspires to contribute. There are two broad sections to this chapter. Section I, ‘Choosing a Methodology’, comprises the bulk of this chapter, and incorporates my abovementioned efforts at participating in nursing theorizing. It is a wide-ranging discussion of issues leading to the choice, amongst competing paradigms, of methodology for this study – that is, hermeneutic phenomenology, in the interpretive paradigm.

There are two parts to this first section. The first, ‘Contexts to a Nursing Science Methodology’, looks at three major areas of nursing and related study which inform methodology. The first area I noted is a historical context, and examines the professionalization of nursing conceived as a natural science, then tracing a more recent
reconceptualizing of nursing as a human science in line with a general trend in the other social/human sciences. This is particularly with regards to the perceived need to better align the research culture with the holistic nature and goals of nursing as depicted by prominent theorists. The second context is that of the discussion on paradigms and the metaparadigm in nursing, teasing out the different meanings paradigms hold for nurse and other scholars, and how that must shape a methodology situated in these diverse but interconnected understandings. The third context is the ‘ways of knowing in nursing’ set forth by Carper (1978), which explicates the importance to nursing of personal, aesthetic and ethical knowing (central features of hermeneutic phenomenological research), which have tended to be neglected in the face of the dominance of empirical knowing.

The second part to ‘Choosing a Methodology’ examines the conceptual requirements of the research topic – the deeper, transformative life paths of nurse healers – regarding methodology, and provides a rationale for the choice of interpretive paradigm. Here is discussed the epistemological and ontological understandings under which this specific topic may be explored, considering the requirement for a rational frame which honours the lived experience of both researcher and participants, and which specifically harmonizes with the more esoteric aspects of human experience under study in this research. This includes a brief discussion of phenomenological research in nursing, and an introduction to hermeneutics.

The second section of this chapter, concerns the philosophy underpinning interpretive science, and provides the founding rationale for bringing forth nursing knowledge through hermeneutic phenomenology. Specifically, the work of each of the philosophers Dilthey, Heidegger, Husserl and Gadamer is discussed where they bear on the methodology for this research. I have chosen to limit this discussion to the key notions of these philosophers, as they inform this methodology. In view of my conscious effort in this thesis to embed my work in the traditions of nursing scholarship, this decision honours the sizeable body of nursing and other theoretical work which has now thoroughly established this philosophical basis for interpretive research.
THURISAZ - Gateway

This Rune indicates that there is work to be done both inside and outside of yourself. The gateway is the frontier between Heaven and the mundane. Arriving here is a recognition of your readiness to contact the numinous, the Divine, to illuminate your experience so that its meaning shines clearly through its form.

- Viking Rune (Blum 1982, p98)

Chapter Five
**Introduction**

In the following pages I present the approach and steps I took to undertake this research – the method – including the process for approval for this research, selection of participants, protection of the confidentiality and emotional safety of the participants, gathering of data, and the treatment and analysis of the material gathered. Central to this discussion is the phenomenological approach to lived experience research expounded by Professor Max van Manen (1990, 1984), which I have utilised to guide my conduct of this research.

As mentioned previously in this thesis, I interviewed eleven nurse healers who agreed to participate in this research, and transcribed and analysed the taped conversations, utilizing van Manen’s (1990, 1984) approach. The results of the analysis are presented in the following chapter (‘Transmutation’).

Following is a discussion of van Manen’s approach to phenomenological research, as set out in his 1990 book, “Researching Lived Experience”. This book is largely an elaboration of his 1984 journal article, which is also referred to in this chapter. Van Manen’s research passion is the teaching of children, to which he has tailored his approach to undertaking and thinking about investigation of the lived experience. However, a number of nurses and professionals from other disciplines have worked closely with van Manen, or adopted his approach – notably the nurse scholar Vangie Bergum (1991, 1989). Numerous nursing research projects have drawn heavily upon van Manen’s phenomenological thinking regarding human research of the lived experience (eg Hilton 2002; Le Vasseur 2002; Locsin 2002; Nelms 2002; Mullaney 2000; Struthers 2000; Tongprateep 2000; Doona, Chase & Haggerty 1999; Hemsley & Glass 1999a, 1999b; Schaefer, Crago Ladd, Lammers & Echenberg 1999; Biering 1998; Robertson-Malt 1998; Munhall 1994). Van Manen himself has acknowledged the work of phenomenological nurse researchers, and as well has written phenomenologically on nursing research issues (van Manen 1999).
van Manen’s Approach to Doing Phenomenology

It needs to be emphasized from the outset that van Manen’s approach to doing phenomenological research is not a method as such. There is not in van Manen’s writings a prescribed, lineal set of steps for conducting lived experience research, and in fact, like Gadamer (1975), he wrote strongly of the inappropriateness of phenomenology being practiced in such a formularized way. His approach may be more accurately described as a dynamic interplay among six procedural activities, or methodological themes, bulleted below:

- turning to a phenomenon which seriously interests us and commits us to the world;
- investigating experience as we experience it rather than as we conceptualise it;
- reflecting on the essential themes which characterise the phenomenon;
- describing the phenomenon through the art of writing and rewriting (from van Manen 1990, p 30-31).

These procedural activities are not conducted in any particular order, van Manen asserted, but are undertaken concurrently. Within these themes, van Manen identified a number of steps, most of which I have taken on for this research, and which are incorporated into the schema in the table below.

The following discussion on method employed in this research is structured around this methodological schema of van Manen’s (1990, 1984), as summarised in the table below. Again I must emphasise that this is not a lineal approach, or prescription for conducting research. I have numbered the steps as subheadings in the following discussion, not to indicate an order of progression or of priority, but to facilitate the orientation of the reader as I follow van Manen’s (1990, 1984) own schema in structuring this chapter.
METHODOLOGICAL OUTLINE FOR DOING
PHENOMENOLOGY

- Turning to the Nature of the Lived Experience
  1. Orienting to the phenomenon
  2. Formulating the phenomenological question.
  3. Explicating assumptions and pre-understandings

- Existential Investigation
  4. Exploring the phenomenon: generating “data”
     (i) Using personal experience as a starting-point
     (ii) Tracing etymological sources
     (iii) Obtaining experiential descriptions from subjects
  5. Consulting phenomenological literature

- Phenomenological Reflection
  6. Conducting thematic analysis
     (i) Uncovering thematic aspects in lifeworld descriptions
     (ii) Isolating thematic statements
     (iii) Composing linguistic transformations
  7. Determining essential themes (essences)

- Hermeneutic Phenomenological Writing
  8. Attending to the speaking of language
  9. Varying the examples
 10. Writing
 11. Rewriting

Table 11. Methodological Schema for Phenomenological Research (From Hemsley (1998, p35), adapted from van Manen (1984, p.42)).
Turning to the Nature of Lived Experience

For van Manen, “lived experience is the starting point and end point of phenomenological research” (1990 p36). In the previous chapter on Methodology (‘Crucible’), I have introduced the nature of lived experience as conceived by van Manen. This notion he brought forth largely from the scholarly traditions of Dutch and German pedagogy which were influenced particularly by the work of Dilthey (van Manen 1990). Invoking the crucial yet elusive relationships associating consciousness, experience and reportage, which drive this methodology, van Manen maintained that Dilthey suggested that in its most basic form lived experienced involves our immediate, pre-reflective consciousness of life: a reflexive or self-given awareness which is, as awareness, unaware of itself

- (1990, p35).

Drawing on the work of the phenomenologist Merleau-Ponty, who called the lived experience as immediate awareness “the sensible”, van Manen also propounded a more ontological take on approaching it. He quoted Merleau-Ponty:

“The sensible is precisely that medium in which there can be being without it having to be posited; the sensible appearance of the sensible, the silent persuasion of the sensible is Being's unique way of manifesting itself without becoming positivity, without ceasing to be ambiguous and transcendent.... The sensible is that: this possibility to be evident in silence, to be understood implicitly”

- (1990 p 36).

Given my philosophical preoccupation in this thesis regarding the need for epistemological and ontological coherence of methodology with research topic, this above reflection by Merleau-Ponty is gratifying. In practicality, Being-as-the-Mysterious cannot be conceptualised, not only because it is ineffable, as Merleau-Ponty suggested; I would suggest that this is also because it is infinitely more vast than the intellect. We can but nod to it in those moments of grace when it chooses to reveal itself.
Step 1. Orienting to the phenomenon

The implication of the above statement is that what is written as a description of a lived experience cannot claim to represent a phenomenon so embedded in consciousness, unless it somehow germinates its own life in consciousness. As van Manen (1984, p 43) himself stated, this endeavour is ‘a creative attempt to somehow capture a certain phenomenon of life in a linguistic description that is both holistic and analytical, evocative and precise, unique and universal, powerful and eloquent’.

For van Manen, phenomenological research is a *poetizing activity*. He claimed,

> [s]o phenomenology like poetry is a poetizing project: it tries an incantative, evocative speaking, a primal telling, wherein we aim to involve the voice into an original singing of the world. But poetizing is not merely a type of poetry, a making of verses. Poetizing is a thinking on original experience and is thus speaking in a more primal sense. Language that authentically speaks the world rather than abstractly speaking of it is a language that reverberates the world, as Merleau-Ponty says, a language that sings the world. We must engage language in a primal incantation or poetizing which hearkens back to the silence from which the words emanate. What we must do is discover what lies at the ontological core of our being. So that in the words, or maybe better in spite of the words, we find “memories” which paradoxically we never thought or felt before


This daunting task of the phenomenological researcher involves an intense and passionate focus of the researcher upon the topic, which van Manen frequently compared to the artist’s devoted attention to the subject of her or his creative interest. The phenomenological researcher needs to feel called upon to investigate the topic under inquiry, engaging not only the rational faculties, but inviting participation of the heart and the intuitive understanding of the researcher. Thus, the ontological, as well as the ontic or concrete nature of a phenomenon are brought forth in phenomenological research.

Van Manen (1990) asserted that the orientation to a phenomenon involves a particular standpoint in life, in respect of that phenomenon being investigated. As I have expressed throughout this thesis, my interest in this topic stems from my living the phenomena myself. In that sense, the orientation for me was strong and automatic.

*Chapter Five – Gateway*
Furthermore, it flowed from my earlier phenomenological research study in my honours year, which brought me some academic recognition as well as interest and encouragement from my superiors and colleagues in my nursing faculty, in particular my supervisor. That also contributed to my engagement with this topic, as well as sustaining me.

My interviews with the 11 nurse healers participating in this research with me revealed many aspects of the lived experience of nurse healers on their deeper life paths which I have not encountered personally, but there are many experiences, or kinds of experiences, which I have shared in common with them. In the introductory chapter (‘Opening’) I have outlined my motivation and passion in undertaking this research, and there is not much to add at this point. I do want to mention how the engagement with the participants has lived and germinated within me, and contributed to my own healing journey. This has had a resonant and energetic aspect, transmitted directly from one person to another, as well as coming from self-reflection. This I speak in some detail about later in this chapter, under ‘Phenomenological Reflection’

The period of writing the thesis has been a personally tumultuous time, where I have been drawn into my own inner darkness. And although it is impossible to point with utter certainty, it makes complete sense to me that the focusing on matters close to the truth of the heart, revealing of the depth of being, as with the deeper experiential journeys of healers, must cause someone to confront what is not true or unmet within. And this might be said to be a sign of the kind of engagement van Manen wrote about in the researcher orienting to the phenomenon.

**Step 2. Formulating the phenomenological question**

Van Manen (1990, p 42) wrote: “To do phenomenological research is to question something phenomenologically and, also, to be addressed by the question of what something is “really” like. What is the nature of this lived experience?” Being addressed by the question involves a living of the question by the researcher, who is challenged to constantly keep it in mind throughout the research, allowing it to live within her.
With regards to this research, the deeper and transformative lived experience of nurse-healers has dwelt within me as my preoccupation throughout the process. This was so even as the research process involved the concurrent attention to the various research activities, such as reading quite extensively and deeply immersing myself in the traditions of nursing scholarship, and phenomenology in its own right. There was a constant (probably a bit obsessive) striving to bring conceptual harmony to the thesis so that the central reality of the healer could not be contradicted by the epistemological or other theoretical schema of thought binding the thesis. And furthermore, for me personally there was a continual absorption in the topic, questioning of myself around issues central to my self-concept and lived experience as they emerged throughout the time I’ve worked on this project. This has undoubtedly continued to shape the project over the time I have worked on it.

Enjoining the phenomenological researcher to avoid the pitfall of theorizing and formularising the phenomenological question, van Manen wrote of the imperative to maintain a personal and vital relationship with the topic:

> From a phenomenological point of view we keep reminding ourselves that the question of knowledge always refers ourselves back to our lives, to who we are, and what makes us write, read and talk together as [nurses with a passion for healing]: it is what stands iconically behind the words, the speaking and the language

- (1990, p 46).

**Step 3. Explicating assumptions and pre-understandings**

Van Manen (1990, 1984) maintained that often it is not a shortage so much as a surfeit of knowledge that is impeding phenomenological inquiry. This, he said, was due to our tendency to feel we know a lot about the topic already, from existing scientific knowledge and other knowledge contributing to a logjam of preconceptions which can impede our openness to take in knowledge of the phenomenon, and see it afresh. Through the practice of *epoche*, Husserl advocated bracketing one's preconceptions of a phenomenon in order to enable its unfettered observation and description as it presents to consciousness. Noting the extreme practical difficulty of totally excluding one's assumptions and pre-understandings, van Manen (1990, 1984) suggested that the
researcher make them explicit so that their influence on the study is transparent. In this way such preconceptions may be 'turned against themselves', so to speak. These pre-understandings of course include ideas presented in any literature reviewed prior to or in the course of the research, necessitating the conduct of the literature review being an ongoing process throughout the research.

In the opening chapter I have ‘outed’ my interest in undertaking this research, including my self-interpretations regarding my own experience as one who has undergone some of the extraordinary, disruptive and transformative experiences encountered by nurse healers (or, for that matter, healers from traditions throughout the cultures of the world). In that chapter I have also presented some of my views on healing and healers, not all of which completely concur with the views of all the participants. In that light, I entered the research openly with such pre-assumptions, and have never had a dispassionate, let alone sceptical perspective on the topic. As I discuss later in this chapter, the participants did not find me to be someone with a detached ‘scientific’ outlook, but met me as someone with a passionate engagement to healing and deeper experience similar to their own. My preconceptions led me to seek out participants with an obvious passionate commitment to practice as healers. And when I sat with them in conversation, they prompted me to ask the questions I did ask.

As a phenomenological researcher I noted the importance of being aware of these preconceptions in the conduct of the study. The challenge I perceived here was to not treat the preconceptions as 'hypotheses' to be tested by the research. Rather, I worked to be conscious of their influence, whilst focusing on faithfully attending to the lived experience of the participants as revealed in the interviews and transcripts.

Existential Investigation
Step 4. Exploring the phenomenon: Generating "data"
According to van Manen (1990, 1984), generating data is not a fully discrete phase in the phenomenological research process, and goes further than the collation of written protocols or interviewing participants.
He emphasized the elusive nature of the lifeworld – that the attempt to create phenomenological experiences of lived experience must always fall short of capturing what it truly is. Thus, van Manen (1990) maintained, what is produced in lived experience research is always a transformation of something which, ontologically, in its reality, cannot be transposed to words. The goal of phenomenological research is, through its written transformations, to come as close as possible to evoking that reality.

4(i). Using Personal Experience as a Starting Point
Van Manen (1990, 1984) asserted that the experiences of the researcher are the ego-logical starting-point for a phenomenological investigation. Like the experiences of the participant, they need to be presented descriptively, without explanation or interpretation.

Reflectively sourcing her /his own experiences, van Manen wrote, contributes to the author’s orientation to the phenomenon, engaging her / him with the whole process in its various stages. Van Manen (1990) wrote of the reflexive nature of the author’s own written experience, how that unfolds ontologically in the communicative expression at the heart of his phenomenology:

In actual phenomenological descriptions one often notices that the author “I” form or the “we” form. This is done not only to enhance the evocative value of a truth experience expressed in this way, but also to show that the author recognises that one’s own experiences are the possible experiences of others and that the experiences of others are the possible experiences of oneself.

- (p 57-58)

Bearing van Manen’s enjoinments in mind, I have included at points in this thesis accounts of some of my experiences as someone who self identified as a nurse healer on a journey of self-exploration through that lifeworld. I have included description and reflections on my own experiences also as a strategy to engage the reader at points where the knowledge being presented might seem disembodied and distant from everyday experience, and to share my own excitement in the journey.
4(ii). Tracing Etymological Sources

We are enjoined by van Manen to seek not only the original meaning of a word, but to relearn the living that the word once clearly evoked. He wrote:

[R]etrieving the essence of ... [a word] ... is not a matter of simple etymological analysis or explication of the usage of the word. Rather, it is the reconstruction of a way of life: A willingness to live the language of our lives more deeply, to become more truly who we are when we refer to ourselves, for example, as [nurses or healers]


An instance of this comes from my earlier study (Hemsley 1998), where I wrote on the etymology of the word ‘heal’, which central to this thesis (see Chapter 3 ‘Grounding’, p 119).

4(iii). Obtaining Experiential Descriptions from Subjects

Written statements, observation of participants or recorded interviews are some of the commonly used ways to obtain data from others (participants) in phenomenological research. For this research I decided to gather data by recording and transcribing interviews with selected participants.

As a phenomenological researcher I am enjoined by van Manen to keep in mind that I am asking the question “‘what is the nature of this phenomenon ... as an essentially human experience?’” (van Manen 1984, p 57). Therefore, the participants were asked to focus on their experiences, what it was like for them to be nurse healers on the transformational path of deep experiencing as a healer, rather than relating their interpretations or explanations of what they experienced.

Reflexivity in the Research

Pointing, as always, to the centrality of the lifeworld of the researcher in phenomenological research, van Manen wrote, concerning the gathering of others’ experiences:

We gather other people's experiences because it allows us, in a vicarious sort of way, to become more experienced ourselves. We are interested in the particular experiences of this [nurse healer] since it allows us to become "in-formed", shaped or enriched by this
In the section below on ‘Interviewing and Transcribing’, I disclose some of my own experiences of being enriched by the stories of the participants to this research, and as well in the introductory chapter (‘Opening’) I discussed what I brought of my own personal experiences to the interviews. This reflexive process, revealing the position and processes of the researcher in the research effort, is recognised as central to the authenticity of interpretive research. On this issue of the importance of reflexivity in qualitative research, Finlay (2002) wrote:

As part of laying claim to the integrity trustworthiness of qualitative research, it is vital for researchers to find ways to analyse how subjective and intersubjective elements influence their research. Reflexivity offers one such tool. Here, the researcher engages in an explicit, self-aware meta-analysis of the research process. Through the use of reflexivity, subjectivity in research can be transformed from a problem to an opportunity

- (p 531).

**Selection of participants**

As noted in the introductory chapter (‘Opening’) I identified and approached eleven individuals and invited them to participate in this research. (One further individual was also approached, but I decided after a brief interview that it was not possible to use this individual’s experiences due to the impossibility of ensuring anonymity). The overriding criteria were that the potential participants self-identified as nurses and as healers, and had actively practised healing in their nursing work for a significant period of time. I did not set a specific length of time for practising, but sought individuals who stood out by dint of their commitment to healing as nurse healers. I wanted to speak to people who had a significant exposure to healing in their lives. Their names (pseudonyms) were Angelique, Chris, Emma, Gabrielle, Heloise, James, Michael, Moira, Rachel, Ruby and Ruth.

I was guided by my earlier experience (Hemsley 1998) and did not seek out individuals by specified modality, as that research study revealed clearly how the practice of a particular modality need not determine participant choice. I did seek out nurses who
practiced what might loosely be termed “energy healing”. It was important in the context of this study to be more specific about the nature of healing than some usages which in a very broad sense call all doctors or all nurses “healers”; there needed to be something deeper and more mysterious involved, other than the curative or comfort / care-inducing nature of conventionally practiced and conceptualised medicine or nursing. And in practice, the self-identification as a healer was enough to indicate that these deeper processes were present for an individual, especially given the reluctance of modern practitioners of more conventional “science-based” practice to take on the label of healer.

In the introductory chapter I also have already outlined how I found and contacted the participants.

**Interviewing and Transcribing**

Aside from one conversation which was recorded by the telephone company hosting the interview, I personally tape-recorded each of the interviews with the participants as they were conducted. I also made a very small number of handwritten notes during some of the interviews. I transcribed all the taped conversations myself, using a voice recognition computer program to assist in that process, as I am a slow typist. I chose not to pay for a professional typist, partly due to the high cost, but mainly to give me the opportunity to immerse myself in the words of the participants as I played and re-played them, and wrote them down. This was helpful in the unfolding analysis.

Writers such as Wimpenny (2000), Sorrell and Redmond (1995), Ray (1994), van Manen (1990, 1984) and Mishler (1986) guided my approach to interviewing. They drew my attention to the importance of the interviewer following the contours of the lived experience of the participants as it unfolds in their stories. In accordance with the hermeneutic nature of the inquiry's methodology, as the researcher I saw myself as being a co-participant in the interview process (Sorrell & Redmond 1995; van Manen 1990, 1984). My past experiences and beliefs, and particularly my own orientation as a healer who has been taken out of ordinary living by the healer experience, not bracketed
out, formed part of the context of the interview (although I worked hard not to impose them on the participants).

Following is part of the text of a talk I gave in 2001 at the postgraduate research seminar at Southern Cross University School of Nursing and Health Care Practices, concerning my experiences in interviewing and transcribing. It gives my own personal account, encouraged by the enjoinments of van Manen (1990, 1984), concerning the researcher’s orientation to the phenomenon. Importantly, the following passage highlights how, in interviewing, the hermeneutic phenomenologic approach brings together in a full embracing the shared realities of the interviewer and participant. The great value of this is the possibility of deep rapport, unrestricted by a need for the interviewer to be bracketing her own preconceptions. In the case of this research, the sense of camaraderie and connection helped create enough safety for the participants to explore their experiences on a deep level.

As noted above, under ‘Reflexivity in the Research’, an important aspect of the following text is the ‘outing’ of myself in the research process (Finlay 2002), making who I am within that, and what I bring to it, as transparent as possible. This is even as I am personally challenged and changed in the unfolding of the research.

**Personal Account of Researcher's Experiences in Interviewing and Transcribing**

*(Presented at the Postgraduate Research Seminar, School of Nursing and Health Care Practices, Southern Cross University, 2001)*

Currently I am transcribing and analysing interviews or conversations with nurse healers, and this puts me in a particular space of being. It seems that the academic enterprise of the PhD, by its nature, is something that works itself out, or expresses itself, in a number of dimensions. The interplay amongst factors such as -- the research question; the methodology; the world view, life experiences, passion, interests, orientation to the project, of the researcher; the relationship of student to supervisor.... All these things form, it seems to me, an essential gestalt, or perhaps amalgam in the “crucible” I, we are thrown into. Whilst they may not always be strongly represented in the rational product, nor even be what we are tending to talk about to others, they do play a large role. I see it is very much a transformative process, and it seems
significant to me that I am focusing on transformation in my research.

I want to talk today about the personal journey involved in this process of doing a PhD, and specifically about my personal journey with this as it shows itself to me in the data gathering process of my interpretive study of the esoteric journeys of nurse healers.

So what I am wanting to engage in now with you is part of what is for me a reflexive process - reflecting to you how I was reflexively influenced by the conversations with the nurse healers I interviewed about their transformative, esoteric journeys as healers.

This had layers.

# Firstly, I was relieved to be putting aside that ubiquitous methodology, and excited to be moving into the next, and most important phase of the research. And I was thrilled to be given such great data. All of the participants had fabulous things to tell me, that I could almost see going into the thesis as they were speaking.

# There was the layer of the enjoyable, resonant contact with people of like orientation. And it was very satisfying for me, as they said often that it was for them. Often it was obvious we were on a similar wave-length, so to speak, and some of the participants could talk of things with me that they rarely had opportunities to discuss at other times. Some gave me gifts, such as a talisman, a peacock’s feather, some vertebrae of a snake. It was a time where I felt I was among kindred spirits, part of a spiritual family. That was nourishing a part of me that could feel quite isolated - you may remember how I tend to feel “different”.

# One layer was the emotional impact upon me of being told about painful experiences undergone by those I interviewed. It seems that the journey of becoming a nurse healer, in most of the cases I encountered, was strongly characterised by coming to terms with deeply painful life events, such as being unloved as a child, being abused, raped, having loved ones die, going through addictions, etcetera. The list is long, and awful. And although the stories I heard were often of the healing of such experiences, I was strongly moved by them.

# Another layer was how the things told to me spoke directly to what I had, and was still in some ways experiencing. The particular challenges of striving to make sense of information which may be coming from different dimensions of reality. Some participants spoke very powerfully of very challenging situations they had to deal with. How I was affected, was interesting for me. … In the jargon, to me, these experiences were very energetic, that is I felt them on the level of my energy fields, somewhat different to or more personal than emotionally.

I had a sense of beginning to move through some issues that I had been blocked by or unaware of. An e-mail that I sent to a close friend during this process may serve to illustrate some of the things I have been speaking about:

Yesterday, … I was forced
to lie down, as I couldn't see - everything became blurred. I realised that

Chapter Five – Gateway

222
this was to enable a kind of energetic process to play itself out. A kind of healing. This didn't surprise me, as the conversations / connections with the nurse healers have been so intense - and working on me in such a deeply personal, energetic way. I was put down to rest for a while, and not for the first time recently.

I was just lying there, and looking at my 'spiritual' egotism - arrogance, pride, jealousy, ambitiousness, preciousness, secretiveness. All these things I've told myself all these years I don't have, but really I've only recently got to a point where I was willing to admit them into my own self image, self awareness. What a trip!

I feel kind of thankful that I've had an opportunity to look more honestly at myself, and also I feel a bit afraid that I might close up again around this.

As I hinted above, the conversations / interviews with nurse healers have been amazing, and have affected me deeply. It is partly because of the way most of these people have been so horribly wounded in their lives, how that has affected me as I talk with these people. But it's more about the transformative power of connection with them, and their stories; partly also about how they've done their healing with themselves. ...

in many ways this speaks to my own issues, my own story around healing and transformation. Gaps in the story I am creating around this whole thing - spirituality and healing. It's bringing integration to me, and some healing to places where I have been wounded myself. But in places, and in ways I don't think I could specify.

I spoke with a woman the other day, whose mother had killed her when she was an infant. Which she remembered perfectly, both in and out of her body. And had been revived by her father. And since that time had a constant experience of the presence and active company of spiritual masters - Jesus, Maitrea and others. Other horrible traumas in her childhood.

I asked her how others responded to her experiences, of her seeing these masters. She replied that nobody knew. When I asked how it was keeping that a secret from other people, she replied, perfectly serenely, that there was nobody in her life, as a child, for which anything about her, or happening to her held the slightest bit of interest.

Lots of amazing stories.

Another way that the process brought healing to me was through a very beautiful and powerful healing session that one of the participants gave me, which had a huge impact on me at the time, and which continues to exert a positive influence on me. And that was a mutual exchange we undertook with each other over time.

There are other reflections to be made about this process. One is how the interpretive
methodology I am using enables what is happening for me personally, as well as allowing the stories of the healers to unfold. The interpretive approach encouraged me to acknowledge my passion for and stake in this subject, and my fellowship with the participants, and I believe this did facilitate the freedom with which the participants shared with me about their experiences. And this in turn was crucial for the personal resonance with the participants and their accounts which has led to positive changes I see myself undergoing.

Approval, Consent and Other Ethical Considerations

Approval
The research was approved by the Southern Cross University Higher Degrees (research) Committee on 13 November 1998, following a submission from me, supported by my supervisor, Associate Professor Nel Glass, proposing the research. Approval from the Southern Cross University Human Research Ethics Committee was granted on 8 November 1999, following my submission, which was supported by my supervisor and the Director of Postgraduate Studies and Research at the SNHCP SCU, Professor Bev Taylor (approval number: ECN – 99 – 60).

I was fortunate enough to receive a Australian Postgraduate Award scholarship, granted by Southern Cross University, which supported me in the first three years of this research and thesis writing.

Consent
Informed consent was obtained from the participants prior to the interviews, involving signing a specifically constructed consent form, which was accompanied by an information sheet. It was intended that prospective participants be made well aware of the nature and aims of the research prior to any formal consent to take part is entered into, which is what eventuated. The project was explained to the prospective participants, and any questions that arose were answered. I will gave my phone number so that further queries could be answered. Participants were provided with copies of transcripts of their interviews so they could make comments and corrections.

Confidentiality was assured by the use of pseudonyms to ensure that information that could personally identify any of the participants did not appear in the transcripts or in
the thesis itself. The participants were assured that they could withdraw from the study at any time, and may have the tapes and transcripts of their interviews destroyed.

**Other Ethical Considerations**

**Sensitivity of the Research**

Renzetti & Lee (1993) defined a sensitive research topic as one that:

- potentially poses for those involved a substantial threat, the emergence of which renders problematic for the researcher and/or the researched the collection, holding, and/or dissemination of research data

This research is investigating features of the lived experience of nurse healers, and as such it was anticipated that it would likely be raising topics of a personal and tender nature. I considered it quite likely that the nurse healers participating in the study may be asked to recount some difficult experiences, and may as a consequence have experienced some emotional distress during the interviews. However, I expected that the participants' accounts would be of challenges that the participants had consciously and successfully met. My belief was that these experiences, painful though they may have been, would relate to well-trodden paths in the lives of the participants. Therefore, I believed their disclosure were not likely pose a significant threat to the participants' wellbeing, as against other situations where participants might be disclosing material they have not already dealt with. Therefore my belief was that this aspect of the research should not be classed as sensitive according to Renzetti & Lee's definition.

Further, as I stated in my earlier study (Hemsley 1998), I took heed of the prominent American leader in holistic nursing, Barbara Dossey, concerning the characteristics of the nurse healer, who, she said:

- Is familiar with the terrain of self-development
- Recognises weaknesses and strengths
- Is open to self-discovery
• Continues to develop clarity about life's purpose to keep from acting mechanical and feeling bored

[and]

• Is aware of present and future steps in personal growth

(Cited in Keegan 1994, p 8).

The above statement by Dossey suggested that nurse healers are, as a group, self-aware and, if not necessarily less vulnerable than the general population, likely to be more comfortable with their vulnerability. Naturally, in the conduct of this research, I, as the researcher, was prepared to offer appropriate emotional support in the event of a participant experiencing distress during the interviews. Furthermore, the participants were made aware that should they have experienced, as a result of participation in the research, deeper distress, referral for appropriate professional counselling would have been provided. There were, however, no indications to suggest that the intensity of distress felt then would be such as to constitute a substantial threat to the participant involved.

A number of the participants did disclose to me matters which had distressed them deeply, including sexual abuse, family death and disruption, marital disharmony and ill-treatment. This turned out to be more than I had anticipated – only two of the participants did not report sexual abuse done to them, for example. Nonetheless, what Dossey (above) reported about nurse healers seemed to hold true, and it appeared that the participants had largely addressed the deep wounds they had received in their lives (at least those they disclosed to me). Although tears were shed on more than one occasion, I did not see that any of the participants were so distressed as to be in need of professional counselling. Mostly, the tears were brought on by discussing what moved them deeply as healers, and were not the expression of traumatic hurt.

Confidentiality and Anonymity

I considered the possibility that the participants could discuss issues like conflict with or criticism of others, such as a current superior, employer or co-workers. In such a case, there would be a pressing need to ensure the confidentiality of the material gathered,
with the anonymity of the participant of paramount concern. Thus in order to ensure anonymity, the participants were assured that, as noted above, transcripts of the interviews would have all identifying information, such as names, places, dates etc either changed or removed, so that they cannot be identified by them. I also assured the participants that the transcripts and tapes should be kept in a locked cabinet for 5 years, with myself holding the keys. These measures have been instigated by me.

To summarise, although the possibly eliciting emotional distress by exploring painful events in the lives of the participants was anticipated, and did to a degree eventuate, the research was not expected to be particularly sensitive in terms of the threat to the participants' wellbeing in this regard. This was due to the very familiar (to the participants) nature of the experiences under study, and the inner resources of the participants. Confidentiality and anonymity are considerations, although not to a degree that would make the study sensitive, and can be assured with careful treatment of the tapes and transcripts of the interviews.

**Step 5. Consulting phenomenological literature**

Van Manen (1984) asserted the necessity to search the phenomenological literature in order to locate any writing by phenomenologists on the subject under study. As with all the other steps in the phenomenological method propounded here by van Manen, this stage is not discrete, but is ongoing throughout the period during which the research is conducted.

In the earlier chapter on literature informing this research (Chapter 3 ‘Grounding’), I reviewed the phenomenological research studies concerning healing and the transformational journeys of healers. I did not locate any reflections on the topic of this research in the writings of the famous phenomenologists.

**Phenomenological Reflection**

For van Manen, phenomenological reflection enables the researcher to grasp the essential meaning of the phenomenon under study. For this, deep understanding and insight are required, involving:
A process of reflectively appropriating, of clarifying, and of making explicit the structure of meaning of the lived experience

- (1990, p 77).

**Step 6. Conducting thematic analysis**

Emphasizing the creative, exploratory nature of phenomenological analysis, van Manen (1990) wrote:

Making something of a text or of a lived experience by interpreting its meaning is more accurately a process of insightful invention, discovery or disclosure – grasping and formulating a thematic understanding is not a rule-bound process but a free act of “seeing” meaning.

- (p79).

Even the notion of theme should not be held too tightly in this process, van Manen (1990) asserted:

Ultimately the concept of theme is rather irrelevant and may be considered simply as a means to get at the notion we are addressing. Theme gives control and order to our research and writing

- (p79).

**6(i). Uncovering Thematic Aspects in Lifeworld Descriptions**

Notwithstanding the above, van Manen attested to the central importance identifying themes has in phenomenological research. Again asserting the phenomenologist’s ontological association of experience, understanding and language, van Manen wrote that themes, rather than 'conceptual formulations or categorical statements',

are more like knots in the webs of our experiences, around which certain lived experiences are spun and thus experienced as lived wholes. Themes are the stars that make up the universes of meaning we live through. It is by the light of these themes that we can navigate and explore such universes

- (1984, p 59).

Again, van Manen (1990) maintained that there is a relationship between theme, which is exemplary and temporary, and the essence of a phenomenon which it points to, which
is ineffable any may have an infinite number of forms. This is not an absolute relationship, but a theme fixes our attention on the phenomenon.

6(ii). Isolating Thematic Statements
Van Manen (1984) pointed out that by no means are all sources of data for phenomenological research written. However, specifically in written sources of data, this step involves going through the text in a highlighting approach, and / or a line-by-line approach. This allows for a systematic reading of and contemplating on the text and leads to important or revealing statements being identified and isolated.

6(iii). Composing Linguistic Transformations
This involves, as themes are identified, transforming them into a more phenomenologically sensitive composition. Thematic phrases are expanded upon by the process of writing notes and paragraphs (van Manen 1984, p 61).

Step 7. Determining essential themes (Essences)
This step towards a more rounded phenomenological description involves identifying the essential themes that will be the template for the more complete description. Following initial analysis of the interview content, the researcher goes back to the participants for them to clarify whether the identified themes represent a close description of their lived experience, and whether something else could be said which would bring the description closer to their lived experience.

The following chapter (Chapter 6 – ‘Transmutation’) details the results of the thematic analysis I made on the transcripts of the conversations I had with the eleven participants to this study, employing this approach detailed by van Manen (1990, 1984).

Hermeneutic Phenomenological Writing
Step 8. Attending to the speaking of language
It is by attending to the speaking of language, by developing the art of attuned listening, that one learns to express oneself in words in a way that allows 'the things themselves to speak' (van Manen, 1984, p 64). This attuned orientation to language is central to
phenomenological research, which is an explication of the shared meanings in our lifeworlds, possible only through shared language. Thus, as Gadamer expounded, through language we may explore the fused horizons of ourselves with others – in the case of this research, myself with nurse healers, and beyond to the readers of the results of this research.

Furthermore, van Manen (1990) maintained that hermeneutic phenomenological research is in itself a form of writing – the writing is not simply a stage of the research process. As discussed in the concluding chapter, this has implications for the application of the results, how they can be generalised and how they can be applied to theory building (Van der Zalm & Bergum 2000).

Step 9. Varying the examples

At pains to draw the distinction between thematic descriptions and that which is described, van Manen claimed:

> every phenomenological description is in a sense only an example, an icon that points at the ‘thing’ which we attempt to describe. A phenomenological description describes the original of which the description is only an example. To say it differently, a phenomenological description is an example composed of examples... Varying the examples is the way in which we address the phenomenological themes of a phenomenon so that the "invariant" aspect(s) of the phenomenon itself come into view

- (1990, p 122).

Following this enjoinder of van Manen’s, in varying the examples, in exercising my sensitivity to how language evokes powerful images, I aimed to eventually achieve glimpses into the primal lived experience of the nurse healers who participated in this study. One way in which this is achieved is through using the language of the participants themselves, through quotation showing the meaning. As each uses her or his own language, a ‘stereo image’ emerges as the phenomenon is depicted from the varying linguistic styles and choices made by the participants.
Step 10. Writing
Although maintaining that the phenomenological researcher is under no obligation to adopt any particular structure for phenomenological writing, van Manen (1990, 1984) gave examples of ways to structure the writing, which may be used in combination with each other:

Thematically, where the writing is organised around the themes elicited from the data;
Analytically, for example utilising one or more of the procedural activities mentioned above;
Exemplificatively, where, once the essence of the phenomenon is elucidated, examples, varied methodically, are employed to expand the work;
Existentially, where the writing is wound about the existential notions of temporality, corporeality, communality and so forth;
Exetically, where the writing is arranged in a dialectical relationship with another phenomenological writer (van Manen, 1984).

As may be seen in the following chapter ('Essential Themes') I have chosen to write thematically and exemplificatively about the lived experiences of the participants in this study.

Step 11. Rewriting
Emphasizing the crucial role of language in phenomenological research, van Manen said:

Language is a central concern in phenomenological research because responsive - reflective writing is the very activity of doing phenomenology. Writing and rewriting is the thing


The experience of writing and rewriting in this study has been for me both rewarding and challenging. I have not found all the accounts of participants given me in this research to lend themselves to analysis. Some accounts are curiously and persistently whole, in themselves. This is particularly so in the case of the participant Chris, who herself spoke of “knitting up” people’s wounds with stories. Chris has apparently given
me, as her personal account, a woven garment so fashioned as to resist unravelling, and this is apt. Otherwise, there have seemed to be clear themes of experience of the participants, which have apparently been consistent in the lives of most of the participants.

Fashioning this into an account that speaks deeply of the participants’ experience itself – ‘the thing itself’ – is quite a task, and yet I have some confidence that I have achieved that, with the guidance and inspiration of the beautifully crafted words of van Manen.

**Conclusion**

This chapter discusses the method used to carry out the whole research project from generation of the research question, to completion of the writing. Van Manen’s approach to research, which is not a recipe or formularised set of steps to conducting phenomenological research, is presented as outlined by him, and this outline forms the structure of the chapter. In this approach to research, emphasis is placed upon the ontological aspects of hermeneutic phenomenological knowing and inquiry, and this, van Manen emphasized, entails a deep engagement of the researcher throughout the whole process. Another striking feature of this approach is how van Manen identified doing phenomenology with writing – the writing is the phenomenological research.

In the following chapter, ‘Transmutation’ my ‘focusing on’, ‘investigating’, and ‘reflecting’ upon the phenomena of the lived experiences of nurse healers, coalesces in the phenomenological writing.
DAGAZ — Breakthrough

“Drawing dagaz marks a major shift or breakthrough in the process of self-change, a complete transformation in attitude — a 180 degree turn. For some, the transition is so radical that they no longer live the ordinary life in the ordinary way. Because the timing is right, the outcome is assured, although not, from the present vantage point, predictable.”

- Viking Rune (Blum 1982, p100).

Chapter Six
In understanding another person and culture you must simultaneously understand yourself. The process is ongoing, an endeavor aimed not at a final and transparent understanding of the Other or of the self, but at continued communication, at an ever-widening understanding of both

(Sarris 1993, p 6).

In the following section the stories of the participants, that is, the transcribed accounts of my conversations with the participants to this research, are each analysed in terms of the essential themes I have found in them. According to van Manen (1990, Ch. 4), themes are the means by which we may make sense of the phenomenon under investigation, and enable an orientation whereby we may open to a “deepened and more reflective” grasp of the phenomenon (p 86). Thus, van Manen held that ‘theme’ is “the process of insightful invention, discovery, disclosure” (p 88). Hence I now move into an interpretive analysis of the transcripts of the stories of the participants to this research, to tease out the themes – the vines of meaning that entwine the trunks and canopies of their stories.

After reading and re-reading the transcripts a number of times, three or four broad themes have emerged in terms of each participant’s story; and a number of sub-themes or exemplars associated with the major themes suggested themselves in most cases. For me, one of the interesting aspects, phenomenologically, of this research is the high degree of reflective analysis that the participants had already themselves applied to their stories. As I have noted previously, the process of growing into the role of the healer necessitates a high degree of self-understanding, and it is not therefore surprising to find that a number of the participants had undergone psychotherapy, intensive counselling, and various therapies involving intense self-reflection.

The upshot of this is that the participants tended to have a deep understanding of their own lives corresponding to my concerns for the research. The notion of the phenomenological researcher gleaning the essence of the phenomenon from the unreflected consciousness of the participant does not really apply so much here. Conversely, the acute attentiveness to consciousness required of the healer, who must
distinguish honestly between the ordinary contents of ‘everyday’ or ‘normal’ consciousness and what is presented in expanded states, made the participants native phenomenologists. Therefore, whilst not ignoring the role of the researcher (myself) whose questions guided the direction of the stories, much analysis was already present in the words of the participants from their pre-existing orientation to the phenomena under investigation; and in a number of cases these were presented with a high degree of phenomenological sensitivity in the discussions I had with them. Thus, I found that I could allow the words of the participants to express the underlying meaning of the themes to a larger degree than might otherwise have been appropriate.

Another reason for utilising the words of the participants so much in the following section is to uphold a courteous knowing that it is the personal lives of these people that are being studied. The participants may be anonymous in this, but I risk disrespectfulness in assuming I know best about another’s experience. And although unavoidable, it is always to a degree presumptuous to interpret the words of another. Errors are inevitable. Interpretation is always fallible to some degree, and can never make any claim to ‘ultimate’ truth. Therefore, I have turned to the words of the participants as much as possible within the guiding aim of presenting a strong and coherent analysis of their stories. Further, I have endeavoured to be sensitive always to the intended meaning of the words, and the context in which they were uttered.

Another aspect of this interpretive discussion, which I have earlier explored in a slightly different context, is the ontological status of these stories. I am led to wonder to what extent these stories, which have already undergone interpretation from the participants as well as from the researcher, must be treated as entities in themselves. It may well be valid to ask whether at another time, under different circumstances, or even with another interviewer, a significantly differing account of the experiences of any of the participants might be presented for consideration. Such an account, theoretically, might well have an equally compelling claim for the reader’s attention as those stories presented here in these pages. This points to a sense in which there is an ontological sovereignty to these stories – they are entities in their own right, almost (but not really) separate from the life of those who gave birth to them. In the research context,
they are obliged to stand alone – there is an unavoidable finality and fixedness to them; there was a cut-off point, where no further changes and corrections could be made. Consequently, practically, in analysing these stories, when I discuss the experience of the participants, I have tended to minimise my claims on access to the (perhaps unknowable) actual experience of the participants, referring to the story, or to our conversation (as the raw material of the story) as the source of data for analysis.

This need not detract from the evocative power of the phenomenological writing to bring forth the experience behind the stories, whence the imaginative, resonant consciousness of a reader naturally leads her or him to recognize that experience inside himself or herself. That is, after all, the fundamental ontologized epistemological impulse towards hermeneutic phenomenological understanding aimed for in lived experience research in this paradigm.

Furthermore, I must remember and acknowledge where these stories came from, and their significance to myself and to the participants. These stories came from important connections, where I (and some of the participants have disclosed to me similar responses) have been deeply affected and even changed. And the participants have in a number of cases (maybe in all cases) reflected upon their disclosures, and have been affected and changed in their self-knowledge and self-awareness by that. And in reading what they said, I’m sure that some of the participants might have wished secretly that they could have said things differently; or on reflection speak from an understanding altered by the original disclosures. So the stories both have an ontological autonomy as data for analysis, in the inevitably makeshift process of putting the quicksilver of human experience into boxes; as well as being part of the lives of those who participated in their generation.

Further regarding the issue of interpretation, there is the matter of who I am as the researcher in this explorative milieu. As I have noted elsewhere in this thesis, it is important that I make myself visible as someone who has self-identified as a nurse healer himself, and who has also undergone some of the kinds of experiences reported by the participants in this research. What sense I garner from the participants’ stories,
what interpretations and meanings I make of their words, are very much influenced by this horizon of self-identification and experience, within which my ability to rationally apply analysis to a text is to a large degree situated. And indeed the “raw data” I had to work with, the particular kind of disclosures made by the participants in the interviews, was also entrusted to me as much because of my understanding what they were saying (through my own personal experience), as by any skill at interviewing. It is natural for us to speak to the level of understanding and acceptance we perceive in those who listen to us.

Much of what was said by the participants is of an esoteric nature, and is almost absent from the literature of the academy. Not only are some of the terms used specialist enough to be absent from most dictionaries in the sense they appear here, they are part of a body of knowledge that is utterly repudiated by the dominant viewpoints in our modern (or even postmodern) society. It is therefore an important task for me as the researcher to present the participants’ words in such a way as can be seen by the ‘uninitiated’ reader to be part of a valid and coherent body of knowledge; and thus I refer the reader to Chapter 2 (‘Initiation’), where an explanation of some of these matters is given from perspectives on esoteric spirituality.

There is a sense in which in these interpretations, in this analysis, I am constantly saying: “you may not necessarily experience these things, yet I trust what this person is saying, and they are part of a reality that is important to nursing’s – humanity’s – evolvement”. As such, I do eschew detachment from this work, and do embrace what is said, although my personal perspective does not always perfectly match those expressed by the participants. I am completely certain that what is said by the participants is not the ‘ravings of deluded lunatics’, but the sharing of some of the deepest and most profound experiences and insights with which we may be gifted as humans. And for me, the appropriate response is awe, and respect and gratitude for the gifts of these beautiful and tender revelations, reverberating from the deepest wells of being of these adventurers in spirit.
Although English is obviously not her native tongue, Angelique’s words conveyed eloquently the power and scope of her inner journey of exploration. From a deep immersion in Angelique’s words, I found three essential themes, which I called: “1. Deep Exploration – the Journey of Self-Knowledge”, “2. Connection with Others” and “3. Finding Balance – Interpenetration of the Spiritual with the Mundane”.

*Overall Theme: Explorer of Many Realities*

The overarching theme I identified from my analysis of the conversation I had with Angelique was ‘Explorer of Many Realities’, which tells of the spiritual adventure of her life revealed in her words. As with all of the participants to this study, Angelique experienced much pain and difficulty in her life, yet the sense of grace and excitement in the depths, and the blessings of sensitivity suffuse this account.

*I. Deep Exploration – the Journey of Self Knowledge*

*I must know who I am. The “I”, or the “id-entity” that I am, deep inside myself.*

As her above words powerfully expressed, Angelique’s, story is of someone deeply engrossed in a voyage of inner self-exploration. This was her self-concept and her life-long practice, even how she projected herself in much of her worldly life. Although many people would call this inner exploration a “spiritual” one, Angelique does not use this word to describe her journey, as for her it was simply one of exploring many different realities.

*growing through her years*

Angelique recounted experiences that indicated she had undergone a spiritual development over the various stages of her life. Perhaps more significant is her sense that she came into this life as a healer, or someone who had a different spiritual orientation and experience to those around her. In her birth story she told how, as a child, she remembered her birth, and would remind herself of it, to keep that recollection throughout her life. Angelique saw her lovely gentle birth experience as
significant in establishing her orientation to this life. She reflected: “I think that that has placed me in a different position in this life”.

In her childhood, Angelique identified some significant events and themes. She described a near death experience as a child, which has funded her lifelong spiritual journey. She reported how in this experience she made:

> new arrangements, or new alignments, for this life, in which this kind of sensitivity has been more supported from the inner worlds.

Sent to a boarding school remote from the family home, Angelique experienced a long period where she was very lonely. Below, she spoke of surviving this loneliness by mothering herself:

> The way people are doing now – the other way around, you know – that you’ve grown up, and you’re letting your inner child talk to you. I have done that the other way around.

**tools, gifts, modalities**

An important aspect of Angelique’s journey of inner exploration was the part played by the tools and skills she acquired as an active traveller on the inner realms. She described early healing and other spiritual experiences with Sufism, which she was investigating concomitantly with her nursing training:

> The Sufi approach was one of very deep exploring, and more than healing. Also going into different aspects of my own being...

The practice of Sufi healing had a profound effect on Angelique’s dream life. In the following passage she spoke of how this spiritual exploration in dreaming is something she experienced throughout her life, to a degree guiding her inner development:

> they have been very clearly instructive dreams, as to astral travelling, and eventually to lightbody travelling – not only by myself, but also with groups. Step-by-step.

A special tool for self-knowledge, that Angelique found very helpful, was “trance postures”, and she spoke of how using them would help her gain much self-knowledge.
The practice of meditation was another tool for inner exploration that Angelique described as being very helpful to her.

More recent in her experience, Angelique identified working in focused groups as very powerful for her. She spoke of the power of this kind of group to bring about not just personal exploration and transformation, but to bring light on a planetary level, and how important that was to her personally.

**the fruits of exploration**

Whilst I might consider a theme of “awakening”, there is with Angelique’s story the impression that she was never really asleep. Perhaps Angelique would not choose to depict herself in quite this way, but I have a very strong sense from her story that this was someone who had attained a degree of spiritual adeptness. Angelique still identified difficult issues and challenges in her life, and yet there was much in her story that speaks of someone who traverses with considerable adroitness the extraordinary terrain of inner being. Following are some of the ways that Angelique’s story spoke to me of the lived experience of the spiritual adept.

For those experiencing other realities, there is a fine line between what is real, and what is fantasy, delusion, or simply imagination, and this takes a degree of discernment to establish. Angelique spoke of exercising discernment around spiritual experiences as “a lifelong path and practice”.

Deep exploration requires a fearlessness, described in the following passage by Angelique in terms of her own experience:

> I’ve been really pioneering, on my own, without fear. I am not a fearful person, so if I see entities coming to me, good or bad, I’m not the kind of person that would run away, or that would go into psychosis ... So, while I’m vulnerable, I’m very, very strong, also – and very single-minded.
There is in Angelique’s story a recognition of how the woundings of her life have enabled her to grow, and indeed be of greater use to others, recognised as a great fruit of self-exploration.

I also saw in Angelique’s story a depiction of mature practice, where the deep sense of the sacred, found by many in meditation, becomes the everyday experience. She said: “it's almost like life itself has become meditation”.

In what to me is another sign of spiritual adeptness, Angelique’s story indicates she has achieved mastery in negotiating personal boundaries to a significant degree. This is discussed at depth below (under “III. Finding Balance...”)

One of the biggest hurdles in successful self-exploration is the necessity to break ingrained patterns of belief and behaviour. Angelique spoke to me of learning life’s lessons and moving on.

Repeated experiences of higher states of consciousness are often associated with the spiritual adept. Whilst not experiencing the very deepest states of being (cosmic consciousness), Angelique evidently was very familiar with the terrain of expanded states of mind. She said:

> I don’t know, but it’s not been my path to expect cosmic consciousness – but I certainly had glimpses of it and experiences of the content of these experiences.

Angelique spoke of the necessity for her to be vigilant:

> I have to be alert all the time, and I think that that is something that I have grown to accept. It is like a kind of vigilance, that is necessary as I move through my journey – you have to become impeccable. I have to become impeccable. I’ve been growing, step-by-step, to accept that I must be impeccable, to the degree that I can. And if I make a mistake, then I must be very compassionate with myself, because I’m also... I’m human. Exactly that.

I found in Angelique’s narrative examples of extraordinary insight, which might be expected in the case of someone who has come to a certain knowing of their deep inner being. For example, she recounted an anecdote about a flower – a poppy. This simple
story, how she told it, struck me as holding a deep insight into the meaning of essence, and greatness.

I was walking along a canal – along the water somewhere, and there was a poppy, in a green field. And I stopped, and I looked at it – and it was so exquisitely beautiful! ... That is an example of... to be what you are – I think a flower represents that, to me, in a way. If you lose the sense of who you are, have a look at a flower – a flower that is beautiful, and cannot be other than what it is; and it has its own fragrance, its own qualities... And so I admire, and it’s like the whole universe is in this poppy. I walk away, and I see another girl coming behind me, and she sees, “oh, poppy!” and snatch! She takes it along, and then she puts it in her hair. And goes like, “ouch!” But it’s appreciating the small thing, that is so large! And this is simply an example, but it is also in the relationship, in a gesture, or in a look, or in the way you listen, or in the way you communicate.

And as she disclosed in the following passage, there was in Angelique’s story a tangible thirsting for self-knowledge, and willingness to assimilate what she found, which fired her journey of exploration:

But this is a part of exploring who you are – who I am, and what I am – because I am much more than the body, and the life that I’m having in this moment in time. And that has to do also with my identity – I must know who I am. The “I”, or the “id-entity” that I am, deep inside myself.

the shadow – spiritual darkness

The above features of Angelique’s story illustrate and exemplify how her journey of self-exploration in some ways bore fruit, and manifested some of the extraordinary aspects of the journey of the nurse healer. Perhaps it is apt to follow this with an account of Angelique’s experience of one of the challenging sections of the path of deep exploration – the “shadow”. Angelique did not use this term “shadow” herself, but had some accounts of occurrences in her experience of the “unseen realms” that were intensely challenging, as her following words show:

And some of the challenges that I have faced – and it’s a long, ongoing process – are of discovering that not all that you see and that you encounter is of a benevolent nature. And especially with diseases – and physical and mental diseases – it resonates with areas that are in the astral fields. And in the astral fields there are many different energies that can behave in ways that may be very challenging – to your own health, to your own focus, to your own wish to be aligned with something that I would call “Source”, or “Christ”, or anything in that direction. So the challenges are right there.
other realities, other entities

Throughout her story, Angelique made a number of references to unseen entities, and other dimensions of reality. These phenomena she saw as natural parts of reality, although perhaps less frequented than others. She spoke of:

all these different levels that are interpenetrating our reality. And sometimes we pick up on it, and sometimes we don’t.

Angelique talked about encounters with the spirits of dead people, sprites, and spiritual beings on other dimensions. All these she discussed in a quite matter-of-fact manner, giving the impression not that they were insignificant, nor spiritually paramount, but they are all part of possible human experience as it expands into deeper levels of self-knowledge.

II. Connection with Others

The second major theme I found in Angelique’s story was one of connection with others. As well as the commonly identified humanly issues of connection, such as loneliness, Angelique spoke of some of the deeper energetic aspects of connection. The understanding of these seems to spring from her powerful personal experience of how humans are literally connected in spirit, and speaks to the boundary of where a person takes individuation from the numinous One.

loneliness and being different

The sense of being different, and accompanying loneliness, was present with Angelique from very early in her life. She said: “I was very acutely aware that my temperament was different. And I would play a lot by myself”. Another element of this theme, as discussed above (under “growing through her years”) was the acute loneliness Angelique experienced when she was sent to a boarding school remote from the family home.

Not just part of her childhood, Angelique spoke of loneliness as a theme of her adult life, extending into her most intimate relationships. She did, however, speak of feeling support from the inner realms – although her human experience of this life was
consistently lonely, she found comfort in her spiritual connections, and a lessening of her loneliness.

Angelique spoke of moving in her recent experience from loner to teacher a significant change whereby she had been able to share more deeply with other people who were kindred spirits in a teaching situation.

**sensitivity and connection to other people**

As is explored at some depth below, under “Finding Balance”, Angelique saw her sensitivity as a touchstone to her being. And she spoke of how that sensitivity seemed to throw up particular challenges in relation to intimate connection with others.

Also discussed below, Angelique spoke of showing her humanness – how she felt the need to show her vulnerability to others, when others tended to only see the strength and spiritual expansion she displayed as a spiritual role model in her community.

She also expressed how the limits of how much she was able to share to her partner could be distressing for her:

I think I know how far I can go with people that I meet. Sometimes, in my personal relationship, it's different. I seem to lose, sometimes, the ability to know what to talk about, because it's just different. You know, you open yourself completely to someone you love, and you’re open to that person, and also you give that openness back – you return that. I do make a few mistakes, there – that’s part of my learning in the last couple of years. And that does make me lonely, and sometimes very unhappy.

**energetics of connection with others**

One of the key aspects of our conversation was how Angelique spoke about the deeper aspects of people connecting with each other; and that was really exciting for me, because such matters are so rarely spoken of with such clarity and insight. She said:

And it is not only sexually; it is also the environment that you're in. Simply, what you experience when you spend time with very defined groups of people... let’s say, you spend time with... you have a dinner party with a group of lawyers – that your mind and your energy works at a different way as when you have a dinner party with, let’s say, people who are designing clothes, or dress designers. That your energy, your inner vision, your dreams – move in a different way.
She went on to say how her experience has shown her that the boundaries between people are not as clear-cut as is generally assumed – that we live in a shared field of experience:

*I think that that is one of the most important things to discover for yourself – to what degree are you influenced by someone else’s mind, or by a group energy.*

As well, Angelique spoke of group energetics – how a consciously applied energetic of connection in a group can be directed for good deeds (“lightwork”), as is mentioned above, in the section on “Group Work & Teaching”.

**III. Finding Balance: Interpenetration of the Spiritual with the Mundane**

*I travel many different dimensions.  
I achieve balance by using my intelligence to seek out what I know that I need.*

The above words from Angelique’s story seem to encapsulate the third theme that emerged from her story – that of finding balance. In the meeting of the “unseen” and the material worlds, there were challenges that Angelique faced, which she met in her unique way. One word, “intelligence”, is particularly noteworthy – Angelique’s usage invokes not just the rational intellect, but the honest intelligence of heart and mind held in their proper places – as prerequisite to deep inner exploration.

**nursing and healing**

Angelique learned healing entirely separate from nursing, and she told how it was clear to her that the culture governing nursing was not open to spiritual healing and the spiritual perspectives she was exploring with Sufism at that time.

In her more recent work as a nurse, caring for people in their homes, Angelique recounted, she inevitably brought her healer’s sensitivity and awareness and presence; and that meant that the energetic happenings of her work environment were part of what she had to deal with. These presented to her personally, in terms of what she herself was exposed to and needed to respond to regarding her own person; and also
interpersonally, where her dealings with her patients were influenced by “unseen” circumstances. Thus, as is discussed at some depth below, she would consider issues of establishing an environment suitable for one of her sensitivity, including protection, as well as make decisions as to how she would choose to respond to the energetics affecting those for whom she was caring.

**challenges around being a sensitive person**

In the following passage Angelique discussed how she saw her life path as being very challenging:

*I did go through difficult times. It seems like, being sensitive, there's always a challenge. It's not an easy path. ... Actually, it's a very difficult path, I feel. And sometimes very confusing. My sensitivity is very tactile, and also visual – I'm very visual. I think basically – the basic rule is, "when something does not feel good – be aware!"*

Very much central to the concerns of this research are the challenges the sensitive healer faces. Following is a discussion of some of her challenges around sensitivity that Angelique spoke of in her conversation with me.

Already mentioned (above) was how it was for Angelique being a very sensitive person in relationships with others. Under “connection with others”, I have quoted Angelique discussing how being so sensitive has meant that there are particular challenges in her relationships, calling for clarity and honesty.

Angelique also spoke of challenging energetics around death. Working with those who are dying, for Angelique, exemplified and brought to the fore a number of the challenges facing a nurse healer, who is working on both physical and energetic levels, dealing with health issues both seen and unseen. The following quote from her story brings forth issues such as dealing with uncomfortable feelings; being challenged to act authentically, with personal integrity; the need for protection; mental, emotional and psychic strain; and working in an environment that denies reality of nurse’s perceptions and insights:

*That takes a lot from a nurse – to be so close to a person who is dying, because there are a lot of energies from the unseen realms the person is processing. And*
working in an environment that does not appreciate the knowledge, or even the sensitivity to this, is very difficult.

I'm talking about the unseen entities relating to me in an adverse way, or that the person would demand certain ways of doing things, and as a nurse you are already very flexible, but not to the degree that you have to completely let go of your own insights. So it's not only the patient you're dealing with... You have to protect yourself, sometimes – very often, actually – in order to be able to go on living your own life in your own authentic way, and not to be of service in such a way that you would lose yourself in your job. It takes tremendous strength of your own being.

Angelique spoke strongly about knowing her limitations and boundaries. Angelique expressed great clarity about where she stood, and what was the right way to act in a situation involving very challenging energetics, when she said:

It's not about learning the limitations of my powers. Well, yes and no. Yes, because the limitation is within myself – but this was a very clear situation that I did not want to go deeper into. And it also, in the situation, I knew exactly my limits – that I'm functioning as a nurse, and that's why I'm there. I do my job, but nothing more than that. And then [in other situations] there are other people... who are open to receive a massage, or a foot massage, or even healing strokes.

finding balance

Angelique spoke of the need to find balance in her ordinary life, around being someone who needs the time, energy and resources to live a mundane human existence, whilst also being committed to travelling and working in different realms in consciousness.

Another way that Angelique was challenged in finding balance was in dealing with others’ reactions to her spiritual presence. Like others who experience awakening and expanding (eg. see in Hemsley 1998, pp 57-62), Angelique found that others could be threatened by her strong presence. An example of this in her story was when she wished to share her own experience in a spiritual circle:

I've had to be extra alert, and extra sensitive – without selling myself short. I have to allow for myself to be there also, because I cannot cipher myself completely away, and if my experience is a bit powerful for other people... what can I do?

Finding balance for Angelique also meant bringing home her need to show her vulnerability to others, as a woman particularly, along with her strength and power:
it’s a theme over the last couple of years, especially in the relationship I have now – and in my work, also – that people see my strength, and perhaps people see my power; but I know, and I show, sometimes, my vulnerability. And other people don’t always want to experience that. Or they’re shocked, because, “oh, Angelique, she’s so strong”, you know. And I deliberately want to show the other side, also, because it’s not good for me to only be spoken to or addressed to the power and support that I can give to other people.

**boundaries**

Angelique spoke of how inner exploration brought her in touch with the boundaries between the different realms of being in consciousness, and how this demands that individuals become familiar with who they are.

She gave an explanation of what that means, and it is significant that for her, the “self” – who she felt herself to be – does not equate to the body. The boundary of who she knew herself to be went beyond that. Furthermore, in the following passage from her story Angelique highlighted a key challenge of such a subjective worldview, the requirement for discernment:

> Indeed, it’s not easy, because again, here, many fields overlap, or intermingle. The difficulty I might have been experiencing is sometimes connected to not knowing one’s boundaries, again. That your spirit, or my inner vision does not stop with my body, and that I close my eyes and I’m looking energetically at my environment – and my environment is moving through me. And I am in there. I need to be anchored to that that I know that I am. And, at the same time, feeling and knowing that the doors are open, and sometimes the information I receive is clouded, and sometimes it is very clear. And to discern – that is a lifelong path and practice.

Angelique spoke of her working with boundaries in her nursing work. The following quote illustrates how she had become adept at negotiating boundaries, and how this informed her nursing practice:

> I have been able to have this boundary, very clear boundary in my work. In my profession as nurse, I go “this far” – and in my inner being, I can be as limited or unlimited to the degree that I put boundaries on myself. And most of the time I’ve been able to know exactly what has been required of me, as nurse. But then, at the same time, I have a whole other level of information – about my patients, and about my relationship with a patient in the moment, and what I need to learn in that situation.
There are undoubtedly significant difficulties for the psychically sensitive nurse. Following, Angelique shared how she came to accommodation, as a sensitive person, with working in energetically challenging nursing environments:

four days in a row I’m in someone else's house, I sleep in someone else's bed, someone else's room, someone else's completely psychic field. And every time, over and over again, I need to create my own "space bubble" – I need to energetically clear the energy from the bed, from the room. I need to clear the space for myself. And it takes a lot of energy. I must do that – if I don't do that, I "lose it"...

In this situation I go into my inner light field, and sometimes in my inner magnetic field – and I let that energy come out of my hands, and I sweep the bed. And it is like I'm dusting the bed with my energy. Because in the bed is a residue of other people's dreams – of other people's energy, that have been sleeping in that bed. It has to do with my sensitivity – my particular kind of sensitivity.

Angelique saw this as an issue of protecting her psychic boundaries. She said:

And if I don't do that, I know that I pick up feelings – bodily feelings, from a nurse that has slept before that, in the bed. Or maybe family members who have slept in that bed. Sleeping is a very private thing – and dreaming, especially.

She shared what can happen to her if her attention to protection of her boundaries is not effective:

if I don't do that, I "lose it". And sometimes I'm very tired, and like the first night that I sleep in another environment, I'm not sleeping well, and I'm picking up all these things, you know. Like, next week I have to go to someone who is dying, and I know that if I don't take care of a few basic things the moment I walk into the space, and into the room where I'm going to sleep, that I will lose my energy.

When I lose my energy, then I get very tired. And I do my work on the outside, but I cannot balance it with my inside, and I simply get very, very tired. Then I become very aloof. And that's not good for my patients. That's like a defence mechanism.
Themes from Emma’s Story

I found in Emma’s story four themes, which I have called “1. Belonging”, “2. Growing into the spirit place”, “3. Connection with nature” and “4. Living at the interface of spirit (living as a healer)”. Following is my thematic analysis of Emma’s story.

I. Belonging

In our conversation Emma disclosed that a lack of a sense of belonging was a significant experience for much of her life, and played an important part in her search for self-knowledge, and evolution as a healer.

loneliness & feeling different

Emma described a childhood where she was not so connected to the world of playmates and peers, but more to nature: “I remember being more in the world of animals, plants”.

In adulthood, also, loneliness, as well as loss, was a significant experience for Emma. She talked about having a strong sense of being different and not belonging, that she carried for much of her life:

I certainly felt different. I certainly felt as though there wasn’t a place for me, in the world as it was.

Emma found a sense of belonging in psychiatric nursing when she took up that profession, and she spoke of how in that milieu it was OK to be different. She told of how that sense of differentness enabled her to better understand those she cared for as a psychiatric nurse:

[feeling different] has impinged on their lives and their way of being in the world much more so – to getting a “mental illness”, or having a mental illness. So it was a place where this was a strength [for me].

Comforting as it once was, the sense of belonging with her peers in mental health nursing had not endured. Although difficult at first, that was a situation Emma had grown to be comfortable with. This is discussed further below (under ‘finding balance, functioning in the mundane’).
I’m content now
Emma spoke of reaching a point where the sense of differentness and not belonging was no longer an issue for her, signifying a significant healing in her life:

I think I do have a strong sense of belonging within my healing community. Within the human place I have a very strong sense of belonging, and also in the esoteric – in the spirit place I have a strong sense of belonging. So all of these things have come together.

II. Growing into the ‘Spirit Place’
Regarding my coming to know the spirit place, I think that my experience was very much more of a coming into it – a growing into it.

At the heart of the journey of the nurse healer is the deep exploration of what Emma called “the spirit place”. As her above words put it, Emma saw her evolution as a gradual and gentle process.

“coming home” experiences of wounding
Early in her story Emma expressed the sense that where, as a child, she was hurt and wounded, was often when she entered into the experience of other realms. She reflected:

some of the experiences of being wounded, eventually are the "coming home" experiences... So when the strongest presence of angels was there, was around the most painful times.

And this association of suffering or wounding with deepening of spiritual experience is found throughout Emma’s story.

guidance & connection with spirit
Emma spoke of the role and development of guidance and connection in her life – of its centrality to her life. As noted above, she underwent a gradual evolution in connection with spirit, a central aspect of which were her experiences with being ‘guided’. She recalled how early on in her career as a nurse, there was a sense of intuition, which was
referred to as “radar” or “antennas”. And she reflected how that intuitive “antenna” sense was a relatively undeveloped form of guidance.

Speaking of the gradual deepening of her experience of connection with and guidance by spirit, Emma identified key periods where this awareness intensified. She saw the death of her father as a catalyst, and she also spoke of being impressed by a spiritualist healer, and attended services of the Spiritualist Church for a time, where her awareness increased.

Emblematic of this period of deepening connection was Emma’s beginning to “tune in” to her deceased father, for her daughter. Her reflections suggested an interesting nexus of guidance, thinking and knowing, which is tracked in the following paragraphs. She described the experience of “tuning in” and gaining information from spirit:

> it wasn’t like I was making it up! I could really get a sense of what he was... or how, spiritually, what his experience was – translated into three-year-old, or four-year-old, or five-year-old terms. It was like it felt natural to get that information. I didn’t feel like I was speaking, or I was communicating individually with my dad, or with anybody... It was more like I would put a question out there, and the information would be given to me.

On the subject of connecting to the “spirit place”, Emma was clear that what she experienced was not imagination or the mind inventing the experiences. She spoke of how such a discernment is made, where the rational mind is bypassed:

> to me, what differentiated it between where I would say, “I wonder what is going to happen to me next week” – and that’s what I would do, is I would think about it, and imagine it. This was quite different without that “wonder” coming into it. [In that case] like my daughter would ask me a question, and the words would come out of my mouth. So I wouldn’t think.

> Then, I’m feeling very peaceful, relaxed, and at ease. And that’s another thing, too, is that if I was in that thinking space, my body changes. My body, you know, gets a little bit tighter, because I need a tight body for my mind to work. There is a difference in the way I feel physically.

And, as she related in the following passage, Emma did not experience a lot of doubt about the veracity of her spiritual experiences, which she attributed to the gradual nature of her spiritual evolution:

> there isn’t a scepticism, there isn’t a lack of belief. And I think it’s because I’ve been very kindly treated by the spirit world, in that it’s been a gradual process.
As stated above, Emma described a gradual evolution of her connection to spirit, for which she was grateful. The following paragraphs trace this gradual process, as she recounted it in her story.

Emma spoke of how, earlier in her life, she occasionally experienced what might be termed a precursory form of guidance – an expression of guidance in action, where she would be impelled to act in a particular way, which was contrary to her ingrained personality; and these actions led inexorably to the deeper exploration of her spiritual being.

Whilst for Emma the changes were gradual, she did identify distinct stages. For example, with guidance, she found that there was an evolution from very generalised impressions to the more particular and detailed. She reflected:

whereas in the early times... it was more like a sense of being supported – a sense of being supported and cared about, and helped through. Now, it can be much more individual – like a particular person, or a particular being in spirit. And certainly at times I felt supported by angels' wings, or somebody's hand on my shoulder.

There was also an evolution from practical to esoteric focus. In that overall steady development of awareness and connectedness, Emma spoke of seminal periods, such as the time following her father’s death, mentioned above. Then there was the period following her learning of healing techniques, where her mastery of practical techniques led steadily on to a deeper communication with the spirit place.

Emma spoke of her encountering an aspect of her spiritual connection, which she felt to be her “Higher Self”. For her, this revealing had a particular joyous quality to it:

And there was this absolute joy, and laughter. So [since I met my higher self] the tone of some of the inner guidance has changed – it's more humorous.
That encounter with her higher self led, for Emma, to a greater attentiveness to the everyday, attuning to the subtle expression of the numinous emerging through the ordinary thinking processes.

**working in shadow places**

Most of the participants spoke of encounters with what might be termed “the Shadow”, where spiritual darkness, rather than spiritual light, presents itself to be dealt with. The following paragraphs outline how Emma spoke of encountering this in various forms, as well as on a range of experiential levels.

She spoke of maintaining a general orientation where confronting what presents to be dealt with, rather than active delving in darkness, is appropriate:

> "The shadow” – I think that there are some aspects of that, that can help us to clarify our journeys. I think when it comes up, it's important for me to explore it. I'm not going to go digging for it, just like I'm not going to go digging in past lives. If something comes up, then great – then it's time for me to learn that lesson. And that's been my experience around shadow.

For Emma, confronting the personal shadow meant being real and honest with herself:

> it's been a very important part of the process, to be able to integrate the parts of myself that could be called "the shadow”. Maybe some anger. To integrate those sorts of things, and to have them as a part of the whole, instead of pushing them back and saying, “Oh, no, I don't want to be like that – I've got to be all goodness and light.”

Working through issues around the shadow, Emma found that it was paramount to be accepting and tender with herself, which led to a greater authenticity in her being and dealing with others.

Describing how the personal shadow manifested for her, Emma gave some glimpses of the rather different world of the healer, and what must be faced when exploring deeper realities. A significant example from her story was where she encountered the phenomenon of thought forms:

> There had been some abuse from this person, and I was feeling firstly hurt about it, but then I started to become quite angry. And I thought, "Well, ta, ta, ta..."
Another significant aspect of the shadow is the influence on people, particular sick people, of discarnate beings, or entities. Emma spoke of her experience of this:

“I’ve certainly had some experiences like where I became aware of a shadow, or an entity, or whatever one would want to call it, with a person. And just told [by my guidance] that that’s an awareness, and to leave it alone.”

Another aspect of the shadow, framed in the language of shamanism, is “soul loss”, of which Emma also spoke, from her own intuitive observation of a woman with postnatal depression.

**III. Connection with Nature**

Related to her connection with the “spirit place”, was Emma’s connection with nature, where from an early time she would cross the border of the world of simple things to the more numinous realms of nature.

*with nature along her lifespan*

As mentioned above, Emma felt more connected to nature than to other people. Her childhood connection with nature served to give her a sense of connection to the world.

Whilst her experience of nature was ordinarily conventional enough, Emma’s experience, at traumatic times, seemed to deepen. She described her experiences with fairies, which to Emma were part of the spirit of nature:
Emma’s account of her journey as a healer is one where her being in nature was crucial. There were her childhood experiences, and later there was a re-connecting with nature in the years leading to the time we spoke.

And in reflecting about this connection with nature over her lifetime, Emma found a sense of integrity and wholeness:

*I wrote about my experiences as a child, and my connection with the animals. I wrote this after my shamanic session, and I thought that gave it more perspective. Again, gave that experience as a child more perspective. Like it was the transformational journey, or the journey that you’re going to have in this lifetime begins, but it’s important for us to be able to see where it fits. And for me, that’s where it fits, in that very strong connection with nature, and with the spirit of nature, as well as nature as the physical.*

*nature and spirit: shamanic visions*

Emma spoke of a deeper aspect connection with nature, which mediated some of her most significant spiritual insights. An example she gave was how her mystical connection with the wolf was healing for her fractured sense of belonging in the world:

*And my power animal [revealed in a shamanic healing session] is the wolf, which is the teacher. So a part of me was a little bit, “oh, God!”, but the other part of course is that probably the wolf would be the creature I looked to the most as being able to be in the pack as well as being able to be alone. And I think that’s another important aspect for me, as coming from that place of feeling very separate and different, to now I can be separate and different but I also can be part of the group. I am part of the group, and the family.*

She spoke of how, through her connection with the spirit of nature, she received insights and spiritual expansion. And she shared how profound healing of very deep emotional pain also came to her, mediated by the spirit of nature in the form of an eagle.
There is no doubt that the spiritual is not passively experienced in the mind and the heart, but it reaches into the seeker’s life and works transformation, which can be painful. Where the spiritual life meets the mundane existence is perhaps the heart of this study, and in addressing this theme Emma offered some powerful and personal observations and reflections. The experiences were often challenging, but it was important for Emma to talk about the blessings as well.

**finding the balance: functioning on the mundane**

What Emma saw as one of her biggest challenges, as she moved into a deeper spiritual experience, was in finding the balance in her mundane human existence. She described struggling with a notion that a deep spiritual connection will automatically mean that everyday material things don’t require active attention:

> The challenging aspects are for me on that physical – money, provisions for one’s being. It’s like the thing of, you know, "before enlightenment – carry water, chop wood; and after enlightenment – carry water, chop wood". The life doesn’t change... I had an illusion that being in a spiritual realm – or being in this place, in the place I am – seems to negate having to look after the other section. Like it’s all taken care of. And I know on one level it is all taken care of. But on another level I am required to actively participate in this human life.

Emma reflected that in pursuing the spiritual she did struggle with successful material living, and she disclosed an ongoing dialogue within herself around the issue of material success, material comfort.

Another way Emma was challenged in her mundane existence was how she had ceased to feel a sense of belonging with her peers in the psychiatric nursing community, since experiencing as a healer had led her to radically different experience and perspectives of life. That was however offset by her fellowship with the community of her modality of healing practice.
**blessings**

Along with the challenges there are the many blessings of the journey of the nurse healer. For Emma these were about how she had grown as a person; and talking of them brought tears to her eyes on more than one occasion.

**gifts for the mundane**

Emma identified some gifts for her mundane life, which flowed to her as part of her spiritual journey as a healer.

Having undergone her journey, Emma found that she was more able to look at the bigger picture, which was very helpful and enriching in her ordinary life.

And also, Emma identified a mellowing of her outlook as being of benefit in her professional life:

> I don't feel that same angst, and that same drive, and that same anger and intolerance that I felt in the past. Which is good for me, and is good for the people that I'm working with as well.

**spiritual blessings**

As well as benefiting her ordinary existence, Emma’s deep exploration brought blessings of a less tangible nature (although apparently still more significant to her).

Emma spoke of how she felt blessed by how she had the support of spirit in the work she did, and of connection with others on that profound level:

> I think it's having that awareness of being blessed enough to have that awareness of the spirit world. To have that knowing support of spirit in the work, in the things that I'm doing. To be able to connect with people on that etheric level.

As well, she talked about how being able to assist by healing meant that she was less likely to feel helpless around the suffering of others.
Emma spoke of how the sense of perspective her spiritual experience gave her was empowering and comforting, particularly concerning suffering. She said: “I can see spirit thinks in thousands of years – not our lifetimes”.

Making connection with others in the context of her spiritual and healing journey was very satisfying for Emma. She reflected:

> To be able to meet with all the people that I associated with that have that same very strong sense of spirit, and understanding and willingness to listen, is a great blessing.

As well, Emma spoke of the grace of being in that spirit place, and also of facilitating others’ spiritual growth:

> I don’t always live it, but the other blessing is that grace – that grace of being in that place. And also the other great blessing for me is being able to facilitate other people’s journeys, in the teaching of my modality. I mean, that’s a wonderful, wonderful blessing. And that’s what it is, because they’re doing it.

And Emma concluded by reflecting on how she felt blessed by the part she played in the healing exchange:

> And the same thing with being in that healer role – I mean, the person who is there is healing. So I’ve been empowered, to help other people to be empowered – if that’s where they wish to be. And that, to me, is what nursing is truly about. So that’s where, for me, the nurse and the healer is the same being – it’s not different.

**groundedness**

For Emma, groundedness in her spiritual work was very important, as her following words make clear:

> I think that when one does have that experience of spirit – well, when I have it – the more experiences I have, the more important it is I remain grounded. Because what I wish to offer the people that come to me for healing, or students, or people in my life, is grounded.

And yet whilst she felt she was very grounded in her work, there was an area of Emma’s life where she felt she was perhaps not so grounded – the matter of material possessions.
**protection**

Emma did reflect upon the need for protection in her healing work, which she saw as essentially to do with being grounded and centred. She said:

*About connection and protection – I think they are significant... I had, and I probably do still have that belief, that being grounded and centred was the protection. I did believe for a very long time that being centred and focused was all that protection that one really required.*

She did refer to a form of protection required of her as a more evolved healer, where she began to be more aware of aspects of the shadow, such as thought forms and entities (see above). Protection as an active practice seemed to extend to how these were to be dealt with. Above, I have recorded how Emma mentioned that she had begun to look more closely at thought forms, and how her personal practice would take that into cognizance:

And also she described consulting her inner guidance regarding how to approach the issue of an entity she felt was associated with a patient. So in these cases, protection for Emma seemed to involve a flexible and mature recourse to inner guidance and healing technique.

**reflections on the journey**

It must be inevitable for a reflective healer to ponder how life’s journey had brought her to such places as she has traversed, unthinkable to so many in our society. Some of Emma’s reflections on this, from her conversation with me, conclude this analysis of her story.

Emma reflected upon choice & inevitability in going the way she did as an evolving nurse healer.

*I can’t imagine not going the way I’ve gone. People keep saying we have these choices; to me, I can’t imagine not making the choices that I’ve made. Even though I do say it’s the universe giving me a little boot up the backside, I just cannot imagine how my life would have been.*
And yet, in contrast, Emma later said:

But that doesn’t mean that I wouldn’t have had a choice not to do this. Even though I can’t imagine not doing it, that doesn’t mean I wouldn’t have had a choice – because I’m sure in previous times, this soul has said, “Oh, I’m not going down that road – I’m going down this road.”

Emma also reflected that it was not a tough road that she trod, what to many might seem to be a difficult life path:

I don’t think this journey as a healer is a tough road. I think it’s one of great joy, and many, many blessings. I think I make it tough, sometimes.
Themes from Gabrielle’s Story


1. Connecting

The essential spiritual expression in Gabrielle’s life, as she spoke it to me, seems to manifest itself as connection, that experiencing of the vaster and numinous reality that tells the fearful and isolated human that the full story is greater and more fulfilling than can be encompassed by the ordinary.

connecting with God

Gabrielle spoke strongly of her connection with God as being central to her sense of who she is on a spiritual level, and this was reflected in who she is as a healer. And for her, the actual connecting with an ever-present God is crucial:

*I think that I've always had that sense of being with God.*

For Gabrielle, this sense of the presence of God manifested at critical moments in her life. She spoke of how this sense of connection had a powerful comforting and healing effect when, as a teenager, she was faced with the loss of her mother. And the other side of connection for her was the sense of desolation she felt when she could not feel the connection:

*I got sick and was in hospital, and I was in pain. And I called to God, and he didn't answer. I felt, He wasn't there. I just remember that.*

connecting with special people

One way that Gabrielle saw God’s expression in her life was in the significant connection she made with certain people who have assisted, healed, and inspired her. The following excerpt from her story illustrates this theme of the crucial role played by particular people in Gabrielle’s journey:
And I came to her in pieces, and she put me back together again. Just by listening to me. So for me it’s been a learning out of everyday things – people whom I meet who do things like that for me.

There were a number of other instances in her story of the significance of others in her journey, such as the man who inspired her teaching, the one who by simply listening gave her healing around her holding the pain of her father, and the healer who told her to “stop putting herself in the ditch”.

**love & presence**

Gabrielle spoke of how, in her own practice, she was shown, by nuns she worked with, the power and significance of a loving presence in the nursing of the sick – how that creates a healing connection.

**being called**

For Gabrielle, an important part of her spiritual connection in her life was a strong sense of vocation, and of ministry with her undertaking nursing. And this led her to conscious healing. She described her frustration at nursing’s rejection of her ministry:

*I loved and hated it. And wanted to transform it. And wanted to minister to it. But it wouldn’t let me, and still doesn’t.*

On a deep level, there was a sense, for Gabrielle, that this healing journey happened almost despite her conscious wishes – that she was hounded to take the necessary steps in her journey. She reflected:

*Regarding my evolution as a healer, I have to say that a lot of it was very ordinary. But always it was like – do you know that poem "the Hound of Heaven?" by Francis Thompson? It's about being followed. Trying to run away, and always... He says "up the years, and down the years..." or something like that. And you hear the feet behind you.*

She gave a wonderful account of an immensely powerful experience of being called to awaken to her Self, and her terrified response at the time:

*I think, for me, the whole thing is about being sought out and invited to be who I am... I had an experience which was the most terrifying of my life. I don’t know how to describe it, except I had a sense of being called by the divine. The sense was a female sense, and the word that comes to mind is "siren", of the soul, and*
Like the other participants, Gabrielle addressed the issue of being guided in her actions as a healer. For her, the “new age” approach of guidance coming from “intermediaries” like angels and other spiritual entities did not make sense. Guidance was an outflowing of her connection with God, as she understood God from her experience as an Anglican. She stated:

“You ask me if that was my inner guidance. Yeah, but I’m very aware of that bloody word “guidance”, and guides, for some reason. I was told! By God, I suppose. I’m Anglican, you see. I come from this place, where I don’t need an intermediary. That’s been an issue for me. That it’s me and God. If an angel comes along, or something else or whatever, it’s because we are both in the service of God. I think a lot of people put the angels and the guides in the middle, and forget about who they are about. We all serve, we all express…

**gifts**

Gabrielle spoke of gifts on a number of occasions in her story. Here, in her story, it is not difficult to see how the gift is the symbol of a knowing of shared connection, and a means of the numinous making itself known and bringing comfort and healing in painful circumstances. Thus there is the gift she, as a child, gave her father of carrying some of his pain; there is the gift of nursing her father through his last days; and there is the gift of the spiritual vision of her father’s parting given by the nurse caring for him, which enabled the family to see he was peacefully departed.

**integrity**

Her final words give a sense of the integrity inherent in the process of transformation Gabrielle underwent, where being faithful leads to being able to see the process and the purpose, the blessings and the teachings:

*My spiritual companion has said to me – she looked at me one day, and she said (it was very nice to be acknowledged) – she said, “Gabrielle, you have been so faithful to your journey!” And I thought “Yeah”. I think that’s what it’s about – it’s about being faithful to your journey. And learning to listen, learning to play, learning to dance. Learning not to be too serious. Learning to have fun. Learning not to take myself too seriously… Living with uncertainty and doubt. Getting cross with God. Trusting. Trusting. Trusting. Trusting. Trusting. Trusting. Trusting. Trusting. That’s about it.*

the call was piercingly sweet, and utterly frightening. And all I could say at the time was “f*** off, God!”
II. Dealing with the Demons
Another key theme is about finding balance of self-concept through facing fear and shadow, and the doubts and darkness confronting Gabrielle the healer as she moves into the light. And it is also how she has dealt with her wounds, what transformation has come through that.

fear & doubt
She spoke of how she was at the time we spoke confronted by issues of self-worth and balance of self-concept, underpinned by fear:

> It has taken me into my own fear. Into my own doubt. Into seeing how I devalue and disintegrate myself. How I... "I", "I" put up blocks to the flow of grace, and to the flow of "Self", and to the flow of healing, for myself and for others.

For Gabrielle, dealing with personal issues was critical to her moving ahead as a healer, trusting in her self-worth in the face of internal scripts which would have her devaluing herself. To me, her approach to processing at this time is inspiring – how she shows such courage to acknowledge her ‘stuff’; how she is watching herself closely and honestly, tracking her own responses:

> It's learning to trust. But not be stupid, it's not about sitting there waiting for it to happen – it's about learning the flow, about learning when to be still, and when to act. It's about learning. I think what I feel is the whole process is being taught, you know. A lot of ego – a lot of responding out of my own fear and doubt, and closing people off for that.

> I'm seeing it. Watching myself do it. And two ways of responding – there's someone doing something very good – one part of me sees it and says "I'm no good, because I could never do that", the other part says "bullshit! You've got your own thing to do, and what they're doing is great. It's glorious, enjoy it." And I shift between the two. But at least I know now, that's what I'm doing.

wounding and its meanings
In her story, wounding and her responses to it, particularly from the profession of nursing, were very significant for Gabrielle as an evolving nurse healer. An early (in her career) instance Gabrielle discussed was of being very ill as a junior nurse. Then, she felt abandoned by God, and disregarded and mistreated by nurses. This interrupted
her transition into young adulthood. And there was wounding by the profession, where Gabrielle was treated without compassion during her rehabilitation back to work.

Gabrielle spoke of the significant wounding that came about through nursing’s unwillingness to embrace her, nor to appreciate what she had to offer:

> So I think there are some significant stages on my journey, and some of them are very wounding. Wounding from my own profession. I think, if I was going to say to you what the spiritual thing was, the spiritual thing was my own profession’s wounding me dreadfully.

Whilst Gabrielle did not talk of a lot of wounding from childhood, she spoke movingly and with great insight about taking on her father’s pain, and later in life, letting go of that.

**III. Belonging**

> I was really having a sense, which I suppose in some ways has been part of a theme, if I want to talk about it, of never quite fitting in.

Having distinct resonances with the earlier theme of “connection” (perhaps representing a more emotional and mundane, or acculturated expression of connection), I saw in Gabrielle’s story a theme about belonging. Here, as the above quote signals, she spoke of her struggles within the nursing and healing fraternities, and in her childhood, to find an emotional home.

**not fitting in**

For Gabrielle, the sense of not belonging was painful. She spoke of “the loneliness of never quite fitting in.” She also said how this combined with her desire for situations to change, leading her to stand out awkwardly.

Coming to see herself as a healer led Gabrielle down paths that seemed very different, where she would have not imagined herself to go, and to change in ways that really challenged her view of herself as a conventional person. There was a sense, she
reflected, that she was different from the start, but which she only really fully became aware of in more recent times.

**self-accommodation**

In the following passage there is the sense that Gabrielle came to an accommodation with her need to belong – that, for her, belonging has become more about sense of self-knowing that does not depend on her being part of a particular society. She reflected:

> But I'm still finding out who I am as a healer. And one of the parts of my journey is to try different modalities, but to know that I don't belong to any of them. And when I try to belong, it doesn't work, and I get a big lesson.

**IV. Awakening**

There is the part of Gabrielle’s story that speaks more about arrival, although not actually coming to a final destination. Yet there is a strong sense of fruition, where the spiral of transformation seems to tighten, and reveals to the healer some of the gifts that are beyond normal experience. Still, the challenges are manifest, and manifold.

Perhaps where the previous theme, “belonging”, might be said to represent a more mundane expression of connection, the theme of “awakening” might be viewed as a deepening of that, to a more transcendent experiencing for Gabrielle.

**challenging spiritual beliefs**

Part of transformation is transforming one’s beliefs, which is a huge challenge, which Gabrielle had met with courage. She reflected:

> I have found part of this journey has been a profound challenging of my spiritual beliefs, and a realigning with them.

**inheritance (accessing deep aspects)**

Gabrielle spoke of making a connection with her inheritance as part of an ancient lineage of healers, which added a deep dimension of meaning to her being as a nurse healer:

> ...that was my deep inheritance. That somehow – and of course, now I can feel the tears coming because I always know the energies around it – that somehow,
what I am to do now, and have been doing, is accessing something that’s deep within me and beyond me. And part of what I have inherited.

**empowering**
And Gabrielle’s words reveal how she recognised the significance of empowerment in her deep transformative journey:

> I went off and did an accelerated learning course, and we had to do an affirmation, and my affirmation was "I feel good about myself". Well, I realised that it was "I feel good about myself", and a bracket around one of the 'o's – “I feel God about myself”. It was very powerful for me.

The issue of power came right to the fore for her through a shamanic journey, meeting her power animal. One aspect of particular importance for Gabrielle in that account was how taking on her power challenged her upbringing’s expectations around being a ‘nice’ person.

**moving deeper**
The theme of awakening is about moving deeper into experience, and Gabrielle gave a strong picture of that in her story. For Gabrielle, moving deeper involved stepping willingly into the unknown, and saying “yes”.

Becoming awakened was, for Gabrielle, not a “blinding light” experience, nor a final arrival, but a point when she became more aware, and more established at that deeper level of knowing and being. She reflected on this:

> sometimes I'll be sitting, and I'll think "oh, yes!" I'll just have an awareness. I'm sure there is a lot of stuff there that is there all the time, but it's when you become aware of it. So, for me, it allowed me, now that this happens quite a lot when I do healings, to begin to integrate it into what I do.

**tools for transformation**
Aside from the significant people mentioned above (under “connecting”), Gabrielle spoke of the means that came her way by which her journey was facilitated. These challenged and frightened her at times, but in recognising their potency and rightness for her, Gabrielle found the courage take advantage of the opportunities they presented. These “tools” she spoke of included:
shamanic journeys, which showed her the line of healers she was a part of, and her power animal, which enabled her to own her own power;

labyrinth, which gave her insights and directions, and chastisement when it was needed;

workshops with various people in various modalities, which stretched her boundaries and opened up possibilities (a key example of this mentioned by Gabrielle was the workshop, mentioned above, on the use of sound, which gave her the experience of being called by God (“Siren”)); and

healing modalities, which she mentioned as giving her the means to help others and develop herself, as well as friends on the same path, and role models

encountering beings from other realms
Gabrielle’s story (and this was actively sought by me in our conversation) has a number of examples of encounters of other realms, beings in other realms, or what might be prosaically termed “paranormal experiences”. There is not a suggestion that in themselves they demonstrate a superior level of evolvement, but undoubtedly for Gabrielle these encounters were highly significant. They touched her deeply as a direct communication of the numinous at key times in her life.

Her profoundly spiritual experience of the death of her father is a seminal example. There were the angels rejoicing in his hospital room. There was an appearance and words of the angel of death, and Christ. There was an account from the nurse who cared for her father at his death, of the room filled with blue lights. There was a strong sense of his presence after parting, which left after a time.

Another example of encounters of beings from other realms, which also moved her deeply, was the appearance of her deceased cat:

*I had this sense... that my pussy cat that had been with me for 14 years (it wasn’t long after he’d died) and suddenly, he was there, in the middle of the*

Chapter Six – Transmutation

269
“Energy Healing” workshop. Just in front of me. Amazing, because he had a horrible death – a lot of pain. And it was just like he came back, and he said, "I'm okay". Then he went.

The essence of Gabrielle’s story, for me, is around connecting – how she spoke of her challenges and joys around connecting with other people and institutions in belonging, and how she connected with God, the numinous aspects of being in her deeper transformative journey; and how she was challenged there. And her wounding, and struggles with self worth, seem to have drawn her ultimately into that deepening spiral of transformation and awakening, the most profound levels of connection.
Themes from Heloise’s Story

As I immersed myself in Heloise’s story, three themes suggested themselves. These were “1. Connecting”, “2. Encountering the spiritual”, and “3 Energetics in the workplace: subverting the dominant paradigm”. Following is my thematic analysis of Heloise’s story.

I. Connecting & Healing

I realised that truly to help someone, I had to bring myself; ... unless I brought myself, my Self, as authentically as possible, relationship was not really happening.

The above quote from Heloise’s story seemed to me to be emblematic of her approach to nursing and healing, where connection encapsulated the essence of spirituality in human relationship. And for Heloise, this flowed naturally from her personality, and her key formative influences. In the following paragraphs this is explored as it emerged in her conversation with me.

centrality of relationship in healing and nursing

For Heloise, relationship was the heart of the healing, and the nursing experience. She reflected on the place of her personality in this, whilst being very clear about that centrality of relationship as a guiding precept:

And I don’t know if it’s because I’m a Libran, or I’ve got, you know, 7 air signs – most of them are in Libra – but relationship is a big thing for me. And I don’t think that you can impact, or help, or be there with anyone else to facilitate any kind of process, if there’s no relationship.

Heloise spoke about presence and holism – of the importance of bringing herself fully into a nursing / healing situation, so that relationship is enacted at a deep and holistic level.
being a healer
Her personal journey of evolving into and exploring being a healer seems to me to be a key theme of Heloise’s story, under the broader theme of “connection”.

employing energy healing approaches
Heloise learned Reiki so she could deepen and expand the help she could offer others. Reluctant to be singled out for ridicule and accusations of being delusional by doctors, and other nurses, she practiced Reiki unobtrusively, and spoke of it as “secret” healing. Heloise recounted how helpful it was to give some patients Reiki healing.

widening her healing repertoire
After learning Reiki, Heloise also explored use of crystals and bush flower essences, including the latter in her clinical work where appropriate.

Rebirthing was described by Heloise as a significant tool in her personal development, as well as in her evolution as a healer. Although she did not report initiating rebirthing sessions in her clinical nursing practice, she did recount a story where she was able to use her knowledge of rebirthing to help a client whose distress indicated to her that a process very much like rebirthing, triggered by intense meditation, was already underway.

At the time we spoke, Heloise had developed a strong repertoire of modalities, and in a given day in her practice as a mental health nurse she would employ a number of different holistic different tools she was able to draw on to help her clients.

can see

can see

can see

can see

can see

can see
sometimes I have a profound sense of "I'm the right person" for a particular person – that if I hadn't been there in that situation, something else would have happened to them. You know, they would have been medicated, or put in the system.

Heloise had a lovely way of describing how a healer can often be most accurately viewed as a co-participant in a healing exchange:

Sometimes it's like not so much that I make a difference to that person, but it's a combination of them and me. So I'm there, doing my job, and they come to see me because they are having some experience, or something is getting a bit too much for them; and then we come together. And it's not like I fix them, or I create something that makes it okay – it's almost like the sum of us being together, speaking together.

She spoke of her experience of the blessings of healing, in the healing encounter. Some of those mentioned in her story are offered below.

Heloise spoke in a lovely way of how she, as the healer, was equally blessed in the healing situation. She called that a “mini-darshan”:

And of course it seems ludicrous to say, with me, “being non judgmental and accepting and open to what they're talking about” – because I'm hungry for what they're talking about anyway. So when someone comes in and tells me all these experiences, I'm like, "great!!" And it's like my world isn't mundane any more – and theirs is normalised. So it's more like an exchange of energy, or something – or a sharing of something. It's kind of like a little mini darshan, if you like.

Heloise found that the flow-on effect of healing encounters with clients was profound, reaching out through the day. She said:

when I have that it's like everybody else who comes in after them, every crisis gets solved really quickly and really easily. Listening to themselves.

And Heloise recounted how she was blessed by an expanded awareness following that kind of exchange, how out on the tough inner city street, it would all be different. And she spoke of what she felt was encountering was an aspect of God there:

And sometimes I have this experience when I'm walking around there – because it used to be a very hard energy to work in – sometimes I would have this feeling – and I don't know if it's God, I don't know what it is, it's like energy – it's like I'm walking down the street, and right down the other end of the street, walking
Heloise reflected on another aspect of the healing encounter – how those wonderful transcendent exchanges in the “Mental Health Crisis Room” seemed to be a crucible for the emergence of deep truth for herself and the other. She reflected:

But I'm not the truth, and they're not the truth, but the combination of what we talk about allows the truth to emerge. And they go away laughing, when they come in crying, thinking they should get locked up. And when they go away I cry, because it's been like “wow, what an amazing thing to happen!”

Heloise spoke of a number of cases of people who would be presented to her in a state of spiritual emergency. In these cases, it was important to Heloise that she help those people on the spiritual healing level, thus avoiding what she felt was inappropriate treatment by the psychiatric system.

The final insight on the healing encounter that I identified in Heloise’s story concerned empowering others to change themselves. She believed that best kind of healing work empowers others to bring about self-change.

working for god?

Heloise reflected about the deeper spiritual meaning, the role of the divine in her work. She spoke of times when she sensed that there is a kind of higher orchestration going on:

I don't have a conscious belief of, you know, that I work for God, but I sometimes feel like God comes in, somehow. And sometimes I feel like whoever I'm with, or the combination of both of us, is bigger – that there's some other presence there. So it's not like I'm working for God, but... it's like He does the connections.

Whilst Heloise did not express certainty about what was occurring in her healing exchanges, her words suggested that she felt a positive sense of God’s involvement, “God’s happy with me”. She said:

And sometimes... I get this very expanded sense, and I feel like this... I don't know if it's God – I suppose “God” is a good word – I don't know, maybe
There is an inevitable arbitrariness in thematic analysis, and always a risk of breaking a beautiful wholeness into dry segments. In Heloise’s story, there is a sense that connection, healing, and the spiritual are so closely intertwined as to risk losing meaning in separating them into themes – they do form a whole. And yet, I hold that it may be worthwhile to look at the different aspects in this gestalt of Heloise’s experience of the numinous. The above section on connecting looks more specifically at Heloise’s encounters with others, focusing on the spiritual/healing aspects. The following looks more at the development of her spiritual connection, and at some of the more esoteric and challenging aspects.

**childhood inspiration: Uncle Charlie**

Heloise spoke at some length about her Uncle Charlie, a Minister of Religion, and the inspiration he gave her by the example of how he lived his spirituality, and his ministry. It is not difficult to envision the influence of this man on the healer that Heloise evolved into. She recalled:

> he gave me experience of religion being something that wasn't that obvious if you looked anywhere else except around him. And he was passionate about God. Passionate about God – you know, loved God. And he was in love with God. And I used to watch him, and who he was.

She reflected how her Uncle Charlie taught her the value of **serving, and self-sacrifice.** As well, Heloise learned from Charlie about the critical **stages of life,** and their spiritual significance. And Heloise also spoke of how Charlie showed her the joyousness and fun of spiritual service.

**extraordinary experiences**

Important to Heloise in her spiritual path, as she spoke of it to me, were extraordinary experiences, some of which might be termed visionary or “paranormal”. She spoke of seeing auras around plants; having a vision of an electric snake in the air in front of her; seeing spirits dancing at night; seeing the ghost of a deceased indigenous leader; and

*sometimes I do feel like God orchestrated it, or God’s happy with me. Sometimes I feel God’s happy with me.*
recalling past life experiences. The following is a powerful example of an extraordinary spiritual experience she recounted:

I've had some amazing experiences in rebirths. I had one, one time, when I was lying out on the veranda of this house we had, and a whole flock of white cockatoos flew over me, and left. But, between their wings is this really fine powder, the finest powder, and I just got all this little fine wing powder, all over my body. I could feel it coming down; I could rub it in my fingers. And as they flew over me, my body felt totally smudged – like the whole energy cleared. And then I had this experience of being so big – that I was bigger than the veranda, that my feet were over on the headland – I was monstrously huge! And I was so expanded, I had this feeling of knowing everything – not a knowing of knowing it, but a feeling.

**synchronicity & connection**

Heloise recalled that after she learned Reiki, she had synchronistic experiences with a particular client, who was diagnosed with schizophrenia. This alerted her to the deeper possibilities of connections in consciousness.

**guidance**

In her work as a nurse, where healing would occur, Heloise spoke of being impressed to do something that brought her into a situation where she could make a difference. Thus, she was in some way guided, perhaps intuitively, to be in a place at a time where her skills as a healer were needed. She recalled:

something told me to go. I don't know what it is. And it's not like a voice tells me to go – it's like a knowing goes, "Well, go over and see". And then I go and see, and every time I listen to that, I have a great experience. And the other person has a great experience, and both of us go away feeling kind of good.

**"I feel protected"**

Heloise described her sense of being protected (by “unseen forces”) in her work as a mental health nurse:

I feel protected. I do feel protected. And I've had a couple of experiences where I was nearly killed, a couple of times, at work. But I know I am protected – because one time this woman had a knife in my throat. She lunged across me – she lunged at me from across a lift, and put her hand out. She meant to get me, and the knife just stopped there, just short of my throat because that was as long as her reach could go. Now, I guess she could have kept coming, but she didn’t. I felt really protected, then – really protected! I felt like there was some thin veneer of something in front of me that stopped that going through my throat.
Most healers describe a need for protection, as they open themselves to the healing of others, and Heloise spoke of this kind of phenomenon in her work. She reflected upon her energetic approach to threatening situations:

*I think if you're working in kind of a violent, or aggressive or really confronting situation, I don't disconnect from my own intuition about it, but part of my own intuition might tell me to contract. Like my openness... sometimes I flatten my chakras – like I get some hint to psychically shut down myself, so that I'm not so open, so that I don’t take in all this stuff.*

Heloise spoke of encountering evil, describing her personal emotional and energetic responses to the presence of what to her felt like evil:

*it was just like some great big black thing started eating me up, and I felt really, really sick. ... in the end, I said I had to get a drink of water, and I would have to talk to somebody else. And I ran straight out to the toilet, and I felt amazingly sick – like totally toxic with this kind of evil energy. And I felt really emotionally affected by that for some time, almost to the point of crying, because it was just so horrible, to be in the presence of that.*

**III. Energetics in the Workplace: Subverting the Dominant Paradigm**

Much of Heloise’s story centred upon her workplace, which after her initial training was in mental health nursing. She spoke of her struggle to bring spirit to her work with her patients, where her intuition and wisdom would often lead her to different understandings and interventions than offered by conventional medicine or nursing.

**caring for the whole person**

As with other nurse healers, Heloise saw her practice as a healer stemming from a desire to care for people, and do that holistically. And throughout her career Heloise was hurt and offended by the failure of the system to help whole person. Disillusioned by the treatment she witnessed of patients in general hospitals, Heloise made an early career move to mental health nursing. However, she found that the failure of general medical health care to attend to the whole person was mirrored by shortcomings in the psychiatric system.
struggling for spirit in psychiatry

Heloise found she would be considered delusional herself to take seriously any spiritual experiences of psychiatric patients. She reflected:

You know, psychiatric people, they only know about mental – you can't talk about spiritual in psychiatry, because you're then considered to be delusional.

An example she gave was regarding the patient (mentioned above), who would exhibit an extraordinary synchronistic knowing about Heloise, and about other patients. Heloise was reluctant to give him an injection of depot neuroleptic medication:

And I'd talked to the psychiatrist about these synchronistic experiences I kept having with him, and his answer was that either I was delusional or it was just a one-off thing that happened, even though I said it had happened four or five times. And I said I didn't want to give the injection, because I had a huge conflict with that, in myself, because I just thought it was a higher level of awareness. And he thought I should take some stress leave for a few days, because I was losing my judgment.

Although her passion to offer holistic care could leave her feeling isolated in her workplace, Heloise did find that there were at times colleagues who shared her respect for the deeper spiritual experiences of clients of the psychiatric system. She mentioned one such doctor, with whom she developed a significant rapport, and they became “colleagues in subversion” in the system.

Within a medical system intolerant of alternate viewpoints, Heloise showed considerable courage to risk ridicule in showing respect for, and indeed learning from people in the system who were identified as ‘insane’. She gave some examples of this, one of which was the patient mentioned above with whom she had a synchronistic connection.
From my deep immersion in James’ astonishing story, four themes emerged as seeming to epitomise his experiences and reflections on the topic of this research. These I have called “1. Summoning”, “2. Awakening”, “3. Waltzing with the shadow” and “4. Walking Two Worlds”.

### 1. Summoning

*There was a phase in my life... when I felt like an iron bar being bent and being made to go in a different direction. And there were long episodes of physical, emotional, mental, spiritual crisis. And I would encapsulate the whole thing as a spiritual crisis – an ongoing one lasting several years in which almost everything – my values, my ideas, my knowledge – was turned on its head. And it was terrifying.*

As his above words vividly express, James underwent a lengthy period in his life where he was driven, against his conscious will, into a diametrically different direction in his life. He characterised this as being “possessed” by a part of himself (or perhaps by God) so that he was transformed personally and trod a different lifepath to that of the James he had been before. I liken this experience to the summoning to shamanize experienced by healers in indigenous traditions (eg. see Naka et al (1985), quoted in chapter 3, p. 102-103).

**conventional person**

Prior to the period that he described above, James considered himself to be a person with very conventional views on life. He depicted his life as one very much focused on material concerns, with worldly success having a top priority.

**soul birth**

Living on the edge, James described a lifestyle that, although superficially successful, was driven and highly self-destructive. Amidst the material and professional success he enjoyed, he described coming to a point where he was unable to continue that lifestyle. Thus, he recollected, while rationally committed to that way of life, something within him began to push him in a different direction.
And whilst considering how the notions of psychology might offer a possible explanation for what was happening to him, on reflection James felt that he was really undergoing a kind of soul birth:

\[
\text{my own perspective now is this was a kind of painful soul birth taking place – that the deepest core of my being was simply no longer prepared to go on being controlled in the world by who I thought I was– this persona I had invented, or had invented for me.}
\]

**threats to core needs**
Being so materially focused at that time in his life, James found threats to his health and financial wellbeing very destabilising, which is what began to happen in this process of change he described. He recollected how he would collapse whilst public speaking at conferences, and in other ways his ability to carry on his career in the manner that he was accustomed to was being taken away.

**emotional problems**
Around this time, James recounted, he was being prompted to look at how his own unresolved emotional issues were impacting his life. He spoke of having no conception of even having deeper emotions, and when he would feel depression he would displace that onto other people.

**first changes: two steps forwards, one step backwards**
James spoke of beginning to make changes in how he lived and worked. Significant in this part of James’ life was his undergoing therapy, which challenged some of his core beliefs about relating to others, and to his own inner being. As well as being very frightening, for James therapy was very challenging, in that the physical symptoms he’d been experiencing became worse.

A number of events and themes in this passage of his life were significant, James reflected in retrospect. A workshop in a healing modality (“Energy Healing”) stood out, as it was his introduction to another way of helping, and eventually became a focus of his practice as a nurse.
And following on from those kinds of events, James began to consciously strive to change his work and personal practices, to “make it more heartfelt.” Although he had begun to make these changes, he spoke of also feeling strong pressure against that change. He recalled:

But I still had the old stuff, because that’s the way I made a living. And another pressure to keep doing that, apart from that’s the way I made money, was that fed also the fame and the fortune stuff, all the ego nourishing things. And another pressure was people saying to you, “what’s wrong with you?” “There must be something the matter with you.” “You don’t seem to want to do this any more.” Or, “you’ve become boring, because you don’t get drunk any more”. That kind of thing. And a lot of friends went by the wayside about that stage.

And James spoke of deep ambivalence, within the changing he was undergoing. Thus, he would ridicule his friend Mary’s spiritual beliefs, even though he was strongly drawn to her and her way of being. And yet James was making changes, and was learning meditation and beginning to look deeper into other tools for transformation, such as the Tarot. James spoke of his values changing, and of a conflict in values where his materialist world view was in conflict with a newly emerging part of himself.

**confusing psychic experiences**

As the process he was undergoing – “summoning”, or “possession” – intensified, James began to see and hear things others could not perceive, and have information about people come into his mind, and to consequently question his own sanity. He spoke of how he responded to these experiences in manipulative ways:

I didn't like to say to somebody "are you currently being treated for liver cancer?” Or something like that. I would have a sense of, "why are you saying this to me because I'd know that you're telling me a lie, because actually you're really thinking that". And what I would do, is that I would engineer conversations so that I could check it out.

**“world falling apart”**

Around this time, James experienced disruption in many parts of his life. There was disruption in his relationships, he recalled, as well as intrapersonal disruption. There was a frightening sense, for James, of being out of control, of not having choice about what he could do with his life. He said:
being knocked back

James talked about trying to resume his old life patterns, and being thrown out of them: “It was a feeling of as if I was being knocked back”. He spoke evocatively of how, when he looked to resume his old life, he experienced a sense of nausea, where he would be overcome, and prevented from going on in that direction.

II. Awakening

Where the theme of “Summoning” is about James’s subjective experience of being thrown in a different life direction, this next theme of “Awakening” is more about where he was thrown to, or the purpose of the summoning. Here James spoke of the amazing spiritual realms he came to know. It was an evolving experiencing, without true destination, and with many challenges; but ultimately it appeared to be what James might consider to be his true life path.

shamanic journeys with mind-expanding drugs

There was, for James, a seminal experience, which came after he had made some changes, but was still quite ambivalent about moving right away from his former life path. A drug-induced shamanic process pushed him over the brink. He recalled:

> When I woke up the next day and I said "Jesus, my life is full of so much shit! It really is. Almost everything that I deem important is actually unimportant. What I thought of as real was no longer real”.

Under the influence of the mind-expanding drugs, in carefully monitored guided shamanic sessions, James had profound experiences, which he spoke about in our conversation. Visions of birds played a significant part. James’ affinity with hawk was a recurrent theme in his story. He spoke of a second, more profound drug-induced journey, which moved him still further onto his path of conscious orientation to spirit. He recalled:

> the important thing was that that phase, that lasted three or four months, was the watershed, really – despite my efforts to occasionally go back to the old way.
blessings – relationships transformed
Along with the challenges and difficulties, James spoke of the blessings of his journey, particularly about how his relationships were transformed:

It was awful, a lot of it – but also a lot of it was wonderful. Because I was awakening to wonderful things I had in my life, that were really important. Like the love I have for my partner, my children – it transformed my relationships. It was what love really was. It was a time of, people said, I was becoming more available to people. More present with them – they noticed changes going on – that I was less caught up in my stuff, which meant I was more available to be for them, which conversely over the years one of the pay-offs has been.

divine orchestration?
There was, in James’ story, a powerful sense of orchestration of his life and experiences. This was on a level beyond his conscious understanding, yet it seemed to reveal itself in numerous ways as his story unfolded. He spoke of synchronous events, which became commonplace in his experience as he moved into deeper experience of realities. He said: “I don't believe in chance any longer. Nothing is chance. Absolutely nothing”.

Embedded in James’ story are events seemingly held together in a web of synchronicity. This is notable around the theme of the hawk, and the message “go to the east”, which led to his seminal meeting with his spiritual teacher. And there was the key message given to James by his spiritual teacher in their first meeting, ”after all, it's not my will, but Thine”, which happened to be the same message inscribed on his mother’s tombstone.

Throughout his story, James described being pushed and guided by forces he was unable to rationally account for. He said:

There was still that sense of, something was putting me there. Something was putting me there. And then the question is, ”why? Why is this happening?” I didn't see. ... I feel that there is a pattern there that was deliberate, that was guided.

James spoke of a deeper purpose underlying his awakening:

Chapter Six – Transmutation

283
I believe those teachings must have a purpose, what I have experienced. They feel purposeful. That for some reason I have been woken up, or have woken myself up for some purpose.

**spiritual teachers**

James was eager to acknowledge the role in his awakening of specific people, spiritual teachers who facilitated his spiritual awakening. He spoke of first teachers, people who were there in the early part of this process. Those he mentioned were his friend Mary, and the person who facilitated his drug-induced “shamanic” process (mentioned above).

Of a different order were the spiritual masters who spoke so powerfully to his essence, sometimes by their mere presence. The most significant of these was the man referred to as “Teacher” in his story. Below is an excerpt from James’s account of his first encounter with this person. He spoke powerfully of his encounters with this man, and of how these encounters impacted on his ongoing transformation. He also spoke of how supported he felt by the ongoing connection he shared with ‘Teacher’. He said:

> I’ve seen him many times since. And always it’s like, with him, he either tells me off... but recently he is mellow, he’s soft, it’s just like a gentle sun bathing when I’m with him now. A tremendous sense of what might loosely be described as energy, passing, or being brought down by one being for the other – what in Hinduism is known as “shaktipat”.

James described an immensely powerful healing event he underwent in the presence of an Indian spiritual teacher named “Mother”, how that freed him to move forward in certain ways in his life. He recalled:

> Everything seemed utterly clear – absolutely clear as crystal! It was as if some great dead weight that I had been carrying around, dragging along with me, had left. It has just gone.

And James went on to give a marvellous account of how the above healing event brought a kind of restitution to his formerly burdensome aspects of his life – the casserole was cooked:

> It has just gone. Because it wasn’t just “I forgive you”, it was also “I forgive me”. I forgive me about feeling guilty because I’d talked about what my parents had done, to my therapist. You never talked about what happened in the home.
So that was a very powerful healing, a great releasing moment. And it was a classic example of "healing the wounded healer". And all this stuff is all part of the stew, the casserole, if you like. I felt I'd been casserole'd for months. And that somehow, all this stuff that had previously been me – all these compartments, all these bits, had all been put in a pot, and the ingredients had produced a different meal, in some way. The meal was not the ingredients.

reflections on spirituality
It is very clear that James’s awakening, as he recounted the experiences to me, involved him journeying into deep places of the spirit. And out of his knowing those deep places, he made some fundamental reflections on the spiritual nature of reality. He was very wary about using words like “spirit” or “journey” or “healer”, and therefore one essential insight he offered about spiritual reality as he experienced it was that words can’t express it. He maintained: “I do believe it is not possible to put what is essentially non conceptual into the conceptual”.

Another important reflection on spirituality that James made was that absolutely everything is connected, the fundamental understanding of spiritual reality. He reflected:

> absolutely everything [is] connected with everything else. Everything, everything is connected. There is no separation – of anything. And I don’t think one can truly grasp that unless you’ve trodden non ordinary reality.

dancing with uncertainty
A fascinating aspect of James’s discussion of his awakening was his relationship with certainty and uncertainty, where he described moving from a world which seemed to be full of certainties to an accommodation with unknowing. And he spoke of remaining in touch with that unknowing, and absorbing the ensuing teachings:

> I am now in a place in my life when I’m just dancing with this uncertainty, and not knowing. Watching everything as it arises. Watching it very carefully – whether to go with it, to stop, or to go. Almost every one of them is kind of a test, an experience, a chance for a new learning.

spiralling
James was reluctant to depict the process of awakening and transformation he underwent in linear terms. He spoke of that as more like a spiral than a lineal or cyclical process.
relationship with God
James spoke of a personal relationship with God, with whom there was a dialogue, and from whom guidance was sometimes forthcoming:

We chat like you and I chat now... This is deep and personal, and from time to time, when I feel in need of guidance, I go quiet and still within myself. And I learn to sit still and shut up. And listen. And sometimes it takes a form of a kind of inner dialogue. There’s no words – I’m using "dialogue" – there’s no words. There is just a symbolic interaction taking place, in which understanding comes through.

III. Waltzing with the Shadow
And it brings a dimension to you – my work in healing, has that understanding of the shadow, and how it works – both personally and transpersonally... I think the shadow, the consciousness, the shadow side of consciousness manifests itself in some very interesting ways.

As is indicated by the above quote, James’s relationship with personal and spiritual darkness, what he called “the shadow”, was a crucial part of his story.

wanting spiritual power
For James, orienting to how his personal shadow manifested in his life was critical. In talking about that in his story, shadow was often synonymous with egotism. Above, I have reported how James depicted his craving for power in the material world, when it was a driving force behind his workaholic approach to career. On a subtler level, James found that a desire for power was present in his more recent life where he was more focused on spiritual concerns. He spoke of how his practice encompassed an attentiveness to his desire for power and influence:

And part of that process had to be learning, seeing the other shadow side of power, which is just about also wanting spiritual power. Being able to be the great teacher, the great healer.

appreciating the teachings: opportunities to learn
James often referred to the difficult lessons of life experience as “teachings”. Thus, seeing the manifestation of shadow in his life as opportunities to learn, James spoke of the importance, for him, of being open to its lessons. He elaborated:
There was guidance from his spiritual teacher around the shadow side of spiritual awakening, which James appreciated. He recalled how “Teacher” saw the hunger in him for more experiences, and warned him to pull back on his esoteric practices.

James spoke of living with the shadow self, where he had a fairly constant dialogue with the egotistical shadow side of himself, and of the healing that comes with learning to forgive and let go:

*He's here now. He's never anywhere else. He's an interesting companion, and I really appreciate him. Because part of the forgiving process is, when looking back, upon terrible things that happened in one's life, and looking back on them now with appreciation – one loses the anger. Part of forgiveness is that you don't see them as terrible things through which you hold anger, or victimisation, or anything like that. You just let them go. Because it's the alchemical process – one turns lead into gold.*

**understanding the shadow is necessary to healing**

The passage from James’s story introducing this theme of ‘Waltzing with the Shadow’ (above) highlights how James saw an understanding of the shadow as central to the healing process. James went further, to insist that a lack of understanding of one’s shadow will definitely limit one’s ability to be effectively involved in another’s healing.

**“combating” the shadow**

Drawing on his own difficult experience of an encounter he had with the shadow, and attempting to combat that, James reflected on the need to approach the shadow with light, rather than entering into battle with it. He spoke of how his surrender to what is essentially good and light (rather than engaging in combat) ultimately saved him from that perilous encounter with shadow:

*Because that's just me going into the dark with the healer's shining sword to do battle. It's not the way it is. ... the time I was saved from that dark experience... was when I surrendered – to God, to Jesus, whoever it was – I saw this mountain with all these beings on it, and the moment I surrendered, then something happened. There was this tremendous vision of an Egyptian God Horus who in my shamanic work I am associated with.... Just “whoop”, the*
darkness just went! Mary saw it too, because she was in the room with me – "it's gone!"

necessity of coming to terms with one's shadow ("no short cuts")

James maintained, like most of the other participants, the necessity for those working in healing to come to terms with their own shadow, as he was doing himself. He also identified this necessity to deal when he discussed cultivating his connection with the divine.

James made many references to his personal shadow, which is in some way analogous to his egotistical nature or ‘base self’, or the emergence of unresolved pain or negativity which manifests in a variety of ways, such as physically, emotionally, behaviourally, psychically, or transpersonally. He spoke of how he maintained an intimate and vigilant relationship with his personal shadow, characterising this relationship as a key spiritual practice:

And so that, while one has terrible experiences – really, really very frightening experiences, dangerous experiences... And I've talked with many wise people about this, and they're all people I trust – they don't dismiss these as illusions, and things like that. They see meaning and purpose in them. They are offered to us as teachings. “Teacher” said that to me: "the more you unfold, the more you are challenged – where the light is strongest, there the darkness grows strongest too. That's your work, that's your spiritual practice, how you work with it."

the nature of the shadow

James discussed his beliefs and perceptions about the nature of the shadow, and its place in an overall spiritual cosmology:

[As well as] my personal shadow manifestation – I do believe actually, there is a greater shadow, I do believe there is. The personal and the transpersonal at work, in the universe. There is a struggle between the light and dark; and there is that which is beyond that. Absolutely beyond that. The void, the place of total safety, beyond that. But then meanwhile, these forces are at work in this reality. And we work with them.

And he discussed how he saw a relationship between sickness and shadow, where his experience with healing revealed the shadow to be intricately and inextricably tied up with sickness.
IV. Walking Two Worlds

Significant in his story was how James saw himself as one who lived in two (perhaps more) different realities. He reflected:

*my existence now at this point in my life, is one of being in two worlds simultaneously – ordinarily reality, and nonordinarily reality. I walk between both permanently – I've a foot in both camps. And sometimes I feel that I'm more in one than t'other, and sometimes more in t'other than the one. But most times, it's just moving backwards and forwards.*

He told how he was challenged by this experience of traversing two worlds, and emphasised the need for corroboration, and of having peers and teachers. How James approached the interpretation of experiences he had in nonordinary reality was crucial, and he was aware of the potential for causing considerable damage by incautious application of such knowledge. Furthermore, he emphasised how he saw the need to be very gentle with himself.

**guidance**

Inherent in the experience of nonordinary reality, for James, was the sense of being guided, particularly when working with others. He spoke forcefully of his perception that a trap to avoid was to be unduly certain, and he emphasised the need for weighing the guidance received in other states of consciousness. In the following passage he laid down some guidelines that he used in applying spiritual guidance:

*There are tests that I apply when I am involved in something – either be it personally, some process I am going through or some experience I am having; or when I am working with somebody else and I am checking out: "Is my ego in this? Is my desire to be clever and able to tell somebody 'like it is', involved in this ". ... Does this feel like it's coming from here the head, or the heart area. Does it feel loving? As a result of the experience, do I feel more, or do I feel less? Is there a sense of danger in it or not? Does it invite me to work with somebody in a loving and nurturing and supporting way? Or is it possibly threatening or frightening in some way?

And then you have to do all the weighing, and the checking, and the balancing. And in doing the weighing and the checking and the balancing, I am making reference to both worlds, in myself, yes. And depending on the client, where they are, yes and no.*

He also reflected on the possible source of guidance he received:
I do sometimes get a sense of being guided in this kind of interaction, but I would hesitate to say where that guidance comes from. It is absolutely benign.

**challenges in walking two worlds**

James saw that there were, for him, significant challenges in walking two worlds. He spoke specifically about uncertainty and fear, about unhooking one’s own agenda, and also about the need to set boundaries. For him, living in two realities meant there was extra to deal with, such as the challenge of confronting fear and uncertainty.

James spoke of the need to be unhooked from his own agenda in situations relating to his association with the “nonordinary world”, which invited him to surrender, and ask for help. He reflected:

> I am thankful for this ongoing work that enables me to be illuminated, to see those things when they hook you, and to be able to unhook oneself from them. So that you can then be available without your agenda. And for me at this point I regularly get into places where there is no option but to say "I’m surrendering here. And it is not my will but Thine. Help me. Help me here. I don’t know what I’m doing” ... So it’s kind of like a faith, and a surrender, and trusting, in God.

On a slightly more practical level, was James’s recognition of his need to set boundaries in his life and work. This was particularly as he became in demand as someone gifted at helping others.

**working through nonordinary reality**

James spoke to me about his conduct of working through nonordinary reality, which is the expression of spirituality for the benefit of others. For James, as well as other participants, this expression was not simply the application of techniques in a session of a particular modality, but had broader and more numinous and mysterious implications. Furthermore, for James, there was no sure way or explanation – uncertainty played a key part in authentic spiritual practice.
**not a healer**

At the start of our conversation James made it clear that he did not believe that the ability to heal another is a particular attribute, or even skill of any individual. He asserted:

> Well first of all, I don't think I'm a nurse healer. I don't think I'm a healer. I don't think anybody is a healer. I think I can participate in healing, and we have certain skills, intention, consciousness, that we bring to a healing context. And I don't doubt that some people feel that that they are healers – that they either channel healing energy, or that they feel that they're doing it to people. But my suspicion is that what's taking place is much more complex than that. And there are the limits, limiting ways of our rational mind to understand it. We put a label on it. We perceive ourselves to be channelling, or we perceive that I'm somehow doing healing. But in practice, in reality, I think something deeper might be taking place.

**in the “pool of consciousness” together**

James spoke of the phenomenology of co-experiencing in the healing exchange, where there is a knowing and experiencing shared by both healer and ‘healee’. Describing a healing session he participated in, he spoke of how he experienced a subjective knowing of the experience of the other, which also encompassed knowing beyond the other’s immediate experience. James thus conceived of a “pool of consciousness”, where there is not total individuation, but an experienced union (which is perhaps a reflection of the oneness of all creation). He reflected:

> So here is the consciousness thing... we're both in the "pool" together. That's what's happening. And I don't think it's telepathy, and I don't think it's projection...

**knowing and speaking and keeping silent in healing**

As discussed above, letting go of rational certainty was a significant part of James’ spiritual evolution (as a nurse healer). As a healer, he also described a certain facing-up with certainty, as a way of negotiating with what is “real” in altered states of reality. James was therefore led to consider seriously how even significant spiritual experience is filtered through the mind, and what that might mean for how such experience may be considered. He said:

> My hit on that is that I am witnessing something that has filtered through my mind, which struggles to put a rational explanation on things. Therefore, if I experience something, like a light around somebody, or the presence of an angel, I am cautious with it.
He spoke of how this dialogue around “real-ness” of his experiences influenced him in
the healing context, which was to keep silent in most circumstances:

And I know some people are gifted with a sense of certainty about something. I
understand that, and share it. It happens with me many times, and I just hold
that in the context of healing. But what I have learned to do, and I don’t know
whether I’m right or wrong, I really don’t know, but what feels right to do is to
keep my trap shut.
Themes from Michael's Story

As I read and re-read his story, four themes in Michael’s account seemed, to me, to encapsulate the essence of his experience as an evolving nurse healer. These themes are: “1. Foundations”, “2. Experiencing as a healer”, “3. Personal healing journey”, and “4. Interaction of the temporal with the spiritual”.

1. Foundations
Michael had reflected a lot upon his journey as a healer prior to our discussion, and for him an important aspect was how his healing journey was founded in the early experiences of his life, revealing itself even in infancy. Also founding his journey as a healer were his early experiences in nursing, his spiritual beliefs, and the esoteric and other knowledge he gathered which shaped his thinking and moulded his approach to intuition.

“special” child
From his story, I gather that Michael believed that he probably entered life as a healer – that there was something innately different about him, discernable from a very early age. He recounted the following words said to him by his father: “you were an unusual child, that people feel good around you. They wanted to come up to you,” he said’.

childhood grounding of knowledge about care & the body – social knowledge
Michael spoke of how his childhood experiences of being cared for in illness led him to an awareness of the central role of caring in recovery. And he told how his family heritage of social knowledge of medicine prepared him for nursing.

universal accident
Michael saw a certain cosmic inevitability, or “universal accident” in entering nursing and coming to deeply explore healing. His words seem to suggest the action of unconscious forces leading him in that direction: “I felt led to do what I was doing”.

Chapter Six – Transmutation

293
In terms of the development of his practice as a nurse healer, Michael was able to very clearly identify how a nurse educator in his training period laid the ground for healing practice as she taught caring and touch as important to nursing practice. A consequence of the above occurrence, along with other experiences, was that Michael came to see healing as caring, and this was born out in his own nursing practice over time.

For Michael there was an early focus on skill acquisition, whereby he worked to gain mastery of the physical aspects of nursing. He saw that as a grounding necessary to his deeper engagement in the health care of his patients.

Also foundational in Michael’s journey and evolution as a healer was his spiritual belief, and he identified an interaction of spirit and body as central to healing. He said:

*My spiritual belief is strong, and it always was. And I believe that one soul was talking to another. I believe that spirit is attached – in the quantum theory, in the space between atoms. ...I believe that the flesh is a willing participant in the connection between spirit which innervates, and body which reacts.*

For Michael, there was a building process – experiences and knowledge built up in a way that led to a steady deepening of his understanding of the processes of life, health and healing. He spoke of reading widely in Zen and Taoist philosophy, and Chinese medicine. And for Michael, this knowledge, and his confidence in his role as a clinician, led naturally to a more expanded nursing practice, as a healer.

Finally, foundational to his acting as a nurse healer was a developing intuitive knowing, particularly around unconscious patients. For instance, Michael spoke of knowing intuitively the primary medical issues of unconscious patients.
II. Experiencing as a Healer

There was in Michael’s story a theme about what it was like for him to be a healer. This encompassed various joys and mysteries, as well as challenges to his self-concept and how he was to conduct his life, professionally and personally.

**following intuition**

Michael spoke of his early experiences as a nurse healer. Here told how he followed his intuitive impulses, disregarding the usual limits and expectations placed on the recovery of unconscious patients. Also significant was his innate understanding of there being some kind of link in consciousness between him and his patients, which he was, at times, somehow able to influence.

**difficulties within the system**

As a healer in nursing (which he did not openly claim to be whilst he was employed as a nurse), Michael spoke of becoming more and more uncomfortable with the dissonance and incongruence, in the healthcare system, of his increasing interest in healing. He recalled:

> What I was doing wasn’t quite kosher, or wouldn’t be regarded as quite kosher by the system.

**the gathering work**

Much of Michael’s experience as a healer, he recounted in our conversation, came at a time when he was moving away from clinical nursing practice. He reflected upon a time when he worked with gatherings of men, and this work had a profound affect on him. He spoke of the extraordinary effect of those gatherings – on those he helped, as well as upon himself. He said: “I would feel a great deal of peace, and joy, and knowing, in that space”.

**connection with indigenous people as healer**

Crucial in Michael’s story of being a healer was his connection with tribal wisdom. He spoke of how the indigenous people of his homeland would recognize, utilise and honour him as a healer in their culture when he cared for them and their relatives in health care settings. Michael recollected an example of a specific instance of him acting
as a healer to an indigenous member of his homeland society. Michael’s authority and power as a spiritual healer in that culture was portrayed in that account, when he said:

And I spoke to him, and said to him, "go home and see the elders. And stop taking drugs, because all you are doing is running away from your own death." And he started to cry. And when I speak with that sort of authority, I feel something different at that point. And I know that I was giving him essential spiritual knowledge.

Michael spoke of how he saw that there is a base village, a kind of pool of tribal knowledge to which he had access in consciousness, and could apply to his healing work. And he also spoke of connection with another indigenous tradition, and an elder who imparted to him the lineage knowledge of his tribe.

**re-resonating and cleansing**

Michael spoke of the deeper healing he was gifted to offer to others, physically re-resonating them and helping those who have been abused to feel clean again.

**reading & telling**

Reflecting on what it is like for him to speak to others, as he did to the man in the above passage, Michael said:

[That] is more than counselling – it’s telling them their life. And it’s done with conviction, because it’s actually felt very much in my belly, and in my heart, and in my head. In a very centred feeling.

**spiritual presence**

Michael spoke of how he discerned a spiritual presence and guidance in his life, which also had something to do with his healing work. He said: “I have always been guided by a spiritual presence in my life”.

**bigger than the “ordinary old me”**

He did see the healing as emanating from himself, whilst affirming the essentially spiritual nature of healing. There was a sense in Michael’s account that he felt he was at those times personally expanded, and had access to knowledge unavailable in ordinary consciousness. He said:
An aspect of healing that may be noted, anthropologically, is the use of ceremony that often attends its practice. In speaking of using ceremony, Michael pointed to a deeper understanding of ceremony, where he asserted his boundaries on an energetic level of experience.

**cere

ity in the healing space**

An aspect of healing that may be noted, anthropologically, is the use of ceremony that often attends its practice. In speaking of using ceremony, Michael pointed to a deeper understanding of ceremony, where he asserted his boundaries on an energetic level of experience.

**identifying as a healer**

As with other nurse healers, Michael considered the question of whether to identify as a healer, although he did not elaborate. He simply stated: “I do identify myself as a healer now – I wouldn't have, once”.

**living as a healer**

Musing about what it is like for him to live as a healer, Michael identified a number of aspects of how his life had changed. These are outlined in the following paragraphs.

**“the metaphysical joke is alive”**

He reflected on the odd character of the comings and goings at his house:

> It's like a series of one act plays, in lots of ways. And that's not me being displaced from it; it's just what is attracted to my door. Sort of spontaneously.

**changed life pattern**

Living alone, and being more conscious about his connections with others, was a significant life change Michael spoke of in his living as a healer.

**learning to live without labels**

And Michael reflected about “throwing away the old paradigm” and learning to live without labels, which to him signalled coming to be more human, and available to others on their journeys.
“the natural is rising more in me”
Michael also told how for him living as a healer had come to mean that he must live a life of a degree of purity quite unusual in his society. This meant that he saw the need, for example, to be free of drugs, as well as to not tattoo or pierce his skin (popular practices in his sub-culture), and to seek out nature to meet his needs and desires.

new levels of love and care
And Michael concluded his reflections on “living as a healer” by outlining how being a healer had enhanced his ability to love and care well without taking responsibility for others’ lives. He stated:

*I think my ability to unconditionally love... has climbed to another level through the healing model. You know, through healing I can be much more unconditional. And not give of my bone marrow while I’m doing it...*

III. Personal Healing Journey: Transformation through pain
*I certainly had to undergo my own healing journey. Very subjective, very difficult. I didn’t have any mentors, any guide, any compass, or any comfort.*

Michael spoke at some depth about his own healing journey, which was a necessary part of his evolving more deeply as a healer. Here he was confronted with his unresolved issues from earlier parts of his life, which reared up before him as he moved more deeply into healing others.

opening, widening & questioning
In his reflecting upon this stage of his life, Michael identified an expanding of his personal horizons as the catalyst casting him into his healing journey. And he saw something about that which went beyond the normal developmental issues faced by men in their thirties. He said:

*But suddenly I felt as if I’d been moved a few seats up the grandstand – I wasn’t in the arena of my life, I was more looking at it. And I did appreciate that was part of growth, and maturity, but there was something else going on inside me as well.*
Michael spoke of a deep spiritual distress, at the start of this healing journey he underwent:

*I reached a stage where I thought colour was draining out of my world. I felt like I was living in black and white. Some could call that depression. I don't feel that it was depression. I felt it was more of a spiritual distress.*

**dealing with emotional storage**

As his following words illustrate, Michael was surprised at the extent of the inner work that came up for him to undergo. He spoke of realising he had self-ignored all his life, focusing instead on the issues and needs of others; this he could no longer do. The personal expansion he underwent as a healer led to Michael being faced with his repressed issues from earlier in his life. He spoke of recognising, in his fierce need to know himself, the significance of dealing with that “emotional storage”.

He spoke of some resources he accessed undertaking his healing process:

*I had a number of experiences. I did some rebirthing. I went to a counsellor – a men's health and well-being counsellor who I found really good. I went to men’s gatherings...*  

The work he undertook with the counsellor took Michael on a journey of emotional release, uncovering the inner pain he had kept from himself:

*The first time I did emotional release work with him, I saw a myriad of overlaid blueprints of scenes of destruction – people dying, you know, children dying in my arms, blood, guts.... Because I'd worked in emergency work for years. And whilst I had handled that at one level, I'd never discharged the emotion of that. And so great grief came out of me around that. I was surprised at the amount of individual memories that just dominoed in that cathartic process. So I discharged my grief.*

Michael spoke also of releasing pain of oppression he received as a male nurse, and of toxic family dynamics, and of repressed-memory childhood sexual abuse. And he related how he eventually finally ended his marriage, as part of this period of dealing with his unresolved hurts and issues.
Reflecting on the necessity to undertake the work, and the challenges involved, Michael
touched on the dynamics of how engaging deeply and powerfully as a healer
brought forth his own unresolved issues. He said:

*I felt as if I had no choice in engaging in that process. And the stronger that the
healing energy came up in me, the more sacrifice I had to make.*

**The Wounded Healer Transformed**

*bereft and broken*

Michael spoke of a crucial process of loss, which seemed to be important in the
transformation process he underwent:

*I felt a period of total loss, and detachment, really, from the physical things...
aspects of life. I had to know that really wasn’t enough. And that was huge,
and very traumatic.*

**obedience to the process**

In responding to the power and wisdom and necessity inherent in was occurring with
him, Michael realised that obedience and trust was called for. He recalled a profound
sense of calm within that process.

**de-construction... and re-assembly**

The following passage from his story shows how Michael likened the transformative
process he underwent to a kind of personal archaeology:

*It was actually blow-torching off the unnecessary, in a way. The essential me
was more me. The essential knowledge that I had was stronger. Not new,
really, it was like remembering. Rediscovering, not actually discovering. So I’d
have to say probably more de construction. You know, and in that de
construction, the scaffolding of life, social life and family life and material life
that I had built and was taken away, allowed me to expand rapidly.*

And with the loss of the old parts, particularly fear, came new ways of being. He said:

*And with shock, I realised I wasn’t dissembling – I was growing. I was
expanding, as a result of that. So when I lost fear, I think, I integrated. I don’t
think I had a struggle after that. I think I just kept evolving.*
the issue of boundaries

Michael spoke at some depth about his journey around his personal boundaries – his experiences and his insights. He spoke of how he had not realised that he had problems with boundaries:

I've been crashed all my life in emotional ways without knowing it. So I had no boundaries, and I didn’t know how to declare boundaries, until my mid-to-late thirties.

He discussed a key boundary issue for him – being invaded by the victim, and the clarity it brought when he began to come to a strong self-knowledge around that: “it took a while for it to feel okay, that I was not responsible for anybody else”.

He reflected on the significance to the act of healing of not having boundaries, how ‘boundary-less-ness’ is a state of being that enables the passage of healing energy, and how the healer often comes to learn to put boundaries around the experience of healing as time goes by – as the individual matures as a healer.

And Michael spoke of the adjustments that he brought about in his life by erecting boundaries in his relationships:

I really did learn to withdraw and give myself my own space. Which I found very healing. I didn’t have to comply with the wishes or needs of other people.

IV. Finding Balance: Interaction of the Temporal with the Spiritual

I have mentioned above how Michael spoke of how a period of expansion led him to look more deeply at himself – to undertake his own healing journey. The final theme I discerned in Michael’s story looks more closely at the energetics of this, how expansion in consciousness impacted on the mundane experience of the world, in his own experience. Not truly distinct from the theme of Michael’s experience as a healer, or of his personal healing journey, it focuses on those extraordinary events and processes at the heart of the healer’s journey of transformation, and on Michael’s challenges, and efforts to achieve balance within all that.
**coming back to ground**

After a period of greatly expanded consciousness, in healing, “heart space gatherings” Michael would have to readjust to mundane life. He spoke of how he felt when he came home, of the period of adjustment he went through:

> when I came home, I felt very tender, very vulnerable. Very... like a skin or two had been pulled off. So a little bit raw - you know, very open, and needing quietness and stillness, really, just to ground. Felt quite light on my feet, didn't really want to eat that much for a little while. I wasn't really feeling like I was in my body as much. Certainly had no feelings of sexuality, or, say, the usual base chakra appetites at all. I felt like a helium balloon slowly landing back in myself, but it would take a good 48 hours for that to occur.

And whilst he was coming to ground, Michael reflected, he would be confronted with the pressing demands of normal living.

**responses of others – the effect of the energy**

Michael spoke of having to come to terms with how people’s responses to his presence would be extraordinary, particularly after healing gatherings:

> when I sit on buses and trains and boats and planes, people would cathart next to me, quite regularly. I got upset about that for a long time, but realised it was just spiritual energy.

**fear that he might be being used**

Another way he was challenged, Michael recalled, was where others would be very profoundly affected by healing that came through him. Not able to account for such a big impact, nor its direction, led to his fearing that forces he had no knowledge of may be using him to ends he had not agreed to.

**fear of being “stoned in the marketplace”**

Michael told of how his ability to impact on others was accelerated by the initiatory words of an indigenous keeper of tribal wisdom; and how yet he struggled to integrate and fully understand that, and became afraid for a time. He felt that having such a big impact on others made him vulnerable to attack by people who might feel threatened by unusual and powerful changes in others.
walking two worlds

Michael gave an account of having a vital existence in two levels of being – ordinary reality, and a deeper, transcendent level, and how it was necessary for him to make accommodation to the reality of both. He reflected:

I started to walk two worlds as a nurse, and do healing. You know, there was this temporal, socially constructed, organised thing called "nursing", in the social context. And there is this other deeper spiritual stuff going on, and it was about aligning the two. The indigenous taught me that, to walk two worlds. I learned that from the indigenous people at home, when I was young.

And he hinted at how as an ordinary person he made accommodation to the vaster beingness that makes itself known in the healing encounter. For him, obedience and sacrifice was the key.

Michael recalled how he found that having a role model helped him to see that it was possible to live well in walking two worlds – “it didn't have to be destructive”. The following quote (about the Indigenous man mentioned above) gives a strong hint at how painful he had found it to be in two worlds without a map, and without support of someone who’d trod the path before him:

I saw him as being a beautiful being, surrounded by enormous metaphysical power. And I trusted him – his heart and soul. And I guess that was sort of a bit of a role model. I realised that you could actually live in spirit, if need be – it didn't have to be destructive. That this man was a good, good man, and I admired and respected [him].

Benefits of Doing The Personal Work
greater healing ability, clarity & knowledge

Michael told me how going through his own healing journey enabled him to help others more, as a healer:

And as a result of that my work increased enormously. My ability to put hands on to help people cathart. To read their emotional history.

And in the following excerpt from his story Michael is clearer still, about how his own suffering enabled his ability to see others clearly, and assist them in their journeys:

I wouldn't have been able to do that, I don't think, if I hadn't suffered and felt what I felt, myself. I would have had too much construction around me – too much filter to allow that process.
There is a sense in Michael’s account that through suffering, and dealing with his own “stuff”, that he was moved along spiritually, and the ability to heal and read others was part of that. And related to that was his self-knowledge as a person, and spiritual knowledge and clarity.

**the total mandala**

It seems apt to conclude the thematic analysis of my conversation with Michael with his account of personal fruition. He spoke of a personal integration he had come to, out of the painful transformative process he underwent:

> So, yes, I think, through loss, through pain, through personal suffering I actually got to blend. The rivers ran, you know, all the rivers ran. So... it all became one, rather than lots of different parts of me... So healing was part of that process too. You know, it's part of that expansion. Because all creation expands. And so I'm expanding with it, and I see that, very much. That's a good thing.
Themes from Moira’s Story

Researcher’s Reflection

What is striking in (not just) this account is that there is a wholeness which does transcend the obvious themes present. Thus, Moira is ever conscious that the theme of suffering in her life, rather than being a separate, debilitating and fragmenting element, is really necessary to its wholeness, its integrity, and to its potentiation in a spiritual, meaning-full sense. Isolating separate themes can potentially detract from the important wholeness and necessary-ness of the different aspects of her life as she views it. On a pragmatic level, conducting the thematic analysis I am conscious that there is considerable crossover of elements in the different themes. I am assuming that this is not a deficiency in identifying the correct themes, but more a sign of the overall integrity of a person’s story which resists being broken down into simpler forms.

Here, I am given a reminder of the wholeness which the work I am undertaking in this thesis does seek to affirm – the holism of human life which resists being understood as a sum of many smaller things.

I might also reiterate here the reflection that a person does also apply a strong degree of analysis upon her own life, and this is perhaps emphasised in someone who has undergone a significant healing journey, where self-analysis and self-reflection is important to such a process. In such a circumstance, which seems to apply to all the participants, it is easy to see that a degree of thematic analysis will have already been applied to aspects of their lives which are significant to them. Therefore, thematic analysis in this thesis might be often a case of putting the knife in the cake where it has already been sliced.

The themes I have identified in Moira’s story are: “1. Wounding and Personal Healing Journey”, “2. Spiritual / Visionary Exploration” and “3. Being a Healer”. As well, I see that there seems to be an overall theme to Moira’s story, which I have called “Flower of Healer from Soil of Pain”, which seems to simply summarise her journey as she relayed it to me in conversation.
**Overall Theme: Flower of Healer from Soil of Pain**

I see Moira’s story as a very clear illustration of growth on the path of suffering. She sees suffering as central to her life, but also necessary to her growth as a human, as a spiritual seeker, and as a healer. She draws firm links between her gaining self-understanding in learning to come to terms with her traumas and losses as a younger person, and her ability to help others as a healer. Being a healer, for her, has developed from and through her spiritual journey of healing and discovery necessitated by the profound emotional and spiritual wounding she received earlier in her life. Moira reflected:

> I couldn’t have got through what I got through in my life, if I didn’t recognise that pain was growth. And be able to rise above it, and become a better person for it. And become more compassionate, more empathetic.

Reality testing is a key element here, as Moira’s ability to at times visualise spiritual realities has really funded her healing journey. To me, the degree of courageous self-honesty she has brought to this – her thirst to understand herself and ultimate willingness to really own her own stuff emotionally and confront her grief does show that she is not someone caught up in escapist fantasies.

**I. Wounding & Personal Healing Journey**

**wounding and the challenges it brings**

Moira spoke of profound woundings in her life. She spoke of the death of her daughter, at a time where there were also the death of her father and brother. She recalled: “it was a really really hard time – it’s hard to know how you get through a time like that”.

Mora’s story is resonant with the impact of that loss on her life, and her journey to find herself in the face of such extreme pain. Another significant wounding Moira spoke of was sexual abuse inflicted upon her by a teacher. And she spoke of the guilt and shame she had to deal with around that.
She spoke of how the damage to her boundaries caused by being abused sexually as a child, resulted in her being challenged at times to recognise what were her own thoughts and feelings, and what were those of other people:

*I’d think, “why am I thinking like that” – and I’d get really uncomfortable. And it wasn’t till one day it just twigged that that’s me picking up what the other person’s thinking and feeling. And from that day it taught me that... it gave me more confidence, knowing that it wasn’t me.*

**healing journey**

Moira described a process of healing – counselling, “inner child” work, spiritual growth, visionary experiences, over a period of a number of years. For example she described a vision which gave her great comfort after the death of her child.

And regarding her heartbreak, Moira disclosed how she realised that it was necessary, eventually, to face up to how she was feeling inside. She reflected:

*I feel, for me, I had to face it. To become who I am now. And to be able to be strong, and be able to say, I can work this stuff, and say, “I really know. From my own experience.”*

For Moira, healing of the spirit, as well as the emotions, was crucial. She reflected upon this regarding her experience in being counselled, where it was crucial for her to find someone who would work with her on that level.

As the passage from her story which opens this thematic analysis shows, Moira saw very clearly how her journey around pain and suffering was directly related to her personal, spiritual evolution. I read in her account a strong sense of her very survival being tied to her personal spiritual growth.

The abovementioned excerpt from my conversation with her also reveals how having suffered, and faced that suffering, Moira saw, enabled her to be so much more available to others who themselves were suffering. And Moira spoke of this coming to an increased availability to others, in terms of the deeper sense – of her being cleared to be a vessel, or channel for healing.
Discussing her undertaking district nursing, and working with dying people, Moira spoke of “getting through” the loss of her child, and moving on from fear of death.

And to conclude this part of the thematic analysis of Moira’s conversation with me, below is her story of healing her heart in visualisation:

it was wonderful – it was the best moment in my life, in a sense of healing in my own heart, and healing in my own life. It was so shattered, my heart, that I didn’t ever think it could be mended, again. And it may not be completely, but it’s the best I’m going to ever get – which is pretty good, considering what I’ve been through. And, yeah, it was like my whole world just blossomed, and it was just like this beautiful colours, and purples and pinks and yellows, and the rainbow colours. Exploded within me.

This was when I actually healed my own heart – through going through guided imagery. This was after seven years, 6 years of healing and counselling. So it can happen, and I know it can happen for people. But you’ve got to stick in there, and you’ve got to be ready and wanting to be able to be well again, too.

II. Spiritual / Visionary Exploration

Moira spoke of a spiritual experiencing that was for her a lifelong theme. Many of the spiritual experiences she disclosed in her conversation with me were visionary, and this form of experiencing played a very significant role in her life story.

visionary experiences

As I have observed above, visionary experiences played a large part in Moira’s story. They served varying purposes in her life experience, such as bringing comfort (as in an account she gave of her deceased child at play with Moira’s grandmother), or bringing profound healing (as with her abovementioned account of healing her heart). Seeing the soul leaving the body of a dying patient was significant in reinforcing Moira’s belief in an ongoing life beyond physical existence. Still another key visionary experience Moira spoke of was when she met her spirit guide, an experience that gave her inspiration and comfort at a very low point in her life.

And Moira spoke of having premonitory visions, as well as other intuitive, non-visual premonitions, such as her premonition that one of her children was going to die.
other extraordinary experiences
Moira spoke of having other extraordinary experiences. Whilst not specifically visionary, they appear to be of a similar character, and played a similar role in her life.

In the context of discussing her experiences with shadow forces, Moira described how intuitive knowledge would register to her ordinary consciousness:

"This sort of energy is very dark. It feels – intuitive again, I can intuit it more than see it. I'm a person whose senses things -- I don't see a lot, I don't see spirits usually. I've seen flashes. I sense them, and I can even sometimes smell things. I've had times where basically the hairs on the back of your neck can fly up – you know, like you feel, and all your senses just come alive, and you know that there is danger around, or there is a situation that you shouldn't go into."

And there were a number of other occasions in her story where Moira spoke of the importance of intuitive knowing to the conduct and development of her life.

On a number of occasions, Moira described her experiences around thought forms, an esoteric understanding of the structure and force of the power of thought. For example, she described the influence of another’s thoughts upon her own mind, as was discussed above:

"So, there were times when other people's pictures of reality, maybe I would adopt that for myself because I didn't distinguish that it wasn't mine. And think "how can you be such a nasty person, thinking those things or feeling that?" And I would think, "but I don't -- it's not me", you know. I felt like it wasn't me. And now I know that what I was doing -- I was taking on other people's energies, and thoughts – thought forms can be so strong."

c connectedness
Moira’s story is essentially one of her undergoing a spiritual evolution, through dealing with the deep emotional and physical wounds inflicted on her in her life. She spoke in a number of ways about her experience of spiritual evolution, and coming to a greater wholeness. She spoke of a powerful sense of connectedness, being part of all life:

"I listen to my intuitiveness. I used to always listen to it as a woman – but now I listen to it as being with one with the Universe – not just being so separate."

And, in discussing her connection with her spirit guides, she told how that brought to her a vaster sense of connectedness with the whole of the universe.
For Moira, connection with her spirit guides was very important, both as gaining support from the spirit world, and as a guide to her healing actions and in the more mundane activities of her life.

For Moira there seems to be a strong association of the ‘Universe” with the Divine, and her spirit guides were not strongly differentiated from that. The following quote also illustrates that association of “Universe” with spirit guides, and also shows how this connection guides her healing work, and how she has increasingly trusted her guidance associated with that connection:

“I ask for guidance from the Universe, and I call on my own guides. And, yes, I tap into that. Over the years I’ve become confident in what I do. And it’s okay that whatever I’m told through the Universe is right.”

Trust, knowing & spiritual belief

“I trust my intuition I’d say now 99 percent – 100%; whereas, I never used to.”

Moira spoke of how she had moved in her faith and belief in God over time. Her words drew a strong correlation between her arriving at a sense of personal healing of her grief at the loss of her child, and her coming to a positive sense of relationship with God.

Trust and knowing were key elements of Moira’s spiritual journey. Regarding spiritual knowing, Moira acknowledged that spiritual matters can’t be proved empirically, but she asserted a knowing, which was vitally important to her, guiding her thoughts, feelings and actions at key times in her life.

Coming from a place of such desolation after her early losses, learning to trust was a key element in her journey. Trusting in God, trusting in the universe, in the presence and support of a positive spiritual dimension of existence, was a constant theme in Moira’s story.


**III. Being a Healer**

Coming to acknowledge herself as healer was perhaps the natural outcome of Moira’s healing journey, as she related it to me. She recognised that going deep into her wounds, and allowing them to heal in the light of spirit, positioned her to be able to support others in their own journeys. Like other such individuals, the exploration of the way of the healer is not really separable from her own journey of healing, as a sensitive person.

*progressive evolution as healer*

Moira did recognise a progression in her evolution as a healer, concurrent with her own healing journey. She said: “I think the healing work that I do becomes stronger, as I work through my own stuff”.

*learning to be a healer*

Although in Moira’s story there was a sense that being a healer was a natural outflow of her own healing journey, she did eventually undertake specific training as a healer. Thus, as well as developing her skills in the “healing profession” of nursing, she spoke of learning acupuncture and massage, as well as a healing modality called “Ki Force”. The latter modality seemed to have an initiatory impact on Moira’s ability to work with energy, as she recalled:

> *It felt like I was opened up to something else. It felt like, at one stage, like I was an electric light bulb… I felt opened up – like I had more potential.*

*nursing and healing*

Moira discussed her role as a healer in nursing, which she did not view as completely differentiated. For her, entering a situation in nursing inevitably involved bringing her sensitivity, and her ability and willingness to engage deeply with her patients. Moira described a seamless, almost, nexus of healing and nursing care she found in her practice. She discussed specific healing events with patients, emphasizing the empowerment that healing can bring to a vulnerable individuals in hospital.
“I'm the vessel”

For Moira, the power to heal was not something she personally exerted. Rather, she saw herself as a channel for healing. Expressing her conviction about this, she asserted:

Healing power is not from me. And people will say "oh, gee, you really fixed that". And I'll say, "no I didn't – I'm the vessel, Universe is doing everything else ". Or God, whoever like to you to say is helping. It's not me – we're just the vessel for it, and the means of application.

**guidance, permission and conveying messages**

Being a channel for healing implies some kind of higher power working through one, and also seems to imply a guidance, something both granting permission for and directing the process of healing. In this context, Moira reflected also on how she felt guided at times to give verbal messages from spirit to people she worked with as a healer.

Striking in her story was the importance for Moira of deeply trusting in the guidance, and following it even if it does not make immediate sense. There does seem to be a relationship between guidance and intuition, which Moira addressed specifically in the following passage from her story:

_I do relate intuition... to guidance. Definitely. I think it's just everything. I trust my intuition so much, that is my guidance. Yeah, that's what tells me what's right, and what's wrong. Where does it come from? I think it's translated through me, but I think it comes from the spirit world, and all my guides, and whatever else's out there. Yes. I know we have intuition, anyway, but I think it becomes heightened as we evolve._

**protection & vulnerability**

Moira said:

_how can we be healers if we don't know how to protect ourselves, and protect the person that you're healing as well?_

In her experience, not all in the non material realms is of a benevolent nature, and like other healers, Moira reported that she had frightening encounters at some times in her journey. She recalled encounters she had with “darker forces”.

*Chapter Six – Transmutation*

312
She discussed in some depth the issue of the need for protection for herself as a healer, when she would be open to non material influences. Even in “straightforward” nursing work, as a sensitive person, and a healer, Moira disclosed, she needed to be mindful of issues of protection.

So being a sensitive person, for Moira, did raise issues of the requirement for protection, where there is connection with others who might carry difficult energies. And as discussed above, Moira disclosed how, earlier in her life, being vulnerable as well as sensitive, she encountered significant difficulties around being protected from the thoughts and feelings of others. She recalled:

_What did that mean, being so open? Well, it meant that I was just being susceptible to everybody's different feelings, and probably pain, and probably everything. Anything that's not seen. Which is wrong._

For Moira, moving past the extreme vulnerability she described in the above passage involved coming to terms with the wounds of her earlier life, especially experiences of sexual violation as a child, and founding healthy boundaries (discussed above, under “wounding and the challenges it brings”).

Moira talked about establishing protection, whereby she took positive measures to ensure such violation as described in the above passage did not occur. She spoke of performing a ritual in thought form, using visualisation of white light, and of being aware and vigilant to the content of her own thoughts and feelings.

Sometimes Moira reflected, she would find that she had entered a situation unprotected, and have foreign and inharmonious issues to deal with. She described how she experienced the awkward energies of work situations, and how she would deal with that, by being aware, and cleansing.

**living as a sensitive person**
Inherent in Moira’s story is the theme of being a sensitive person, which seemed to colour all of her perceptions. It does seem that some people, healers in particular, are sensitive to the degree that their experience of themselves, and the world, is
significantly different to that of most people. And while extraordinary sensitivity does seem to gift someone with the experience of life to great depth and intensity, there are, as in Moira’s experience, significant challenges.

I have touched upon some of these challenges in the above discussion of other themes I discerned in her story, such as “being a healer”, and “protection & vulnerability”. Thus, Moira spoke of being sensitive to some unpleasant thoughts and feelings of others, and did face the almost absurd challenge of discriminating between what were her own thoughts and feelings, and what were those of other people. (And aside from that challenge in itself, as a sensitive person she would have had to contend with a lack of cultural information about such phenomena, even the aggressive ontological position of denial, held by the dominant paradigm, that such an experience could possibly be that of a sane individual).

Needing to be protected from unseen “influences” (for want of a more suitable word) is also a challenge, requiring Moira the healer to be guarded in a way that others would never consider. Also, actions such as ritual cleansing, cited above, do expose the sensitive individual to being possibly ridiculed and marginalised in other ways.

And Moira spoke of the significance of being sensitive to being a healer. (The following passage concludes this thematic analysis of Moira’s story):

*I think we’re very sensitive, because I don’t think we would be healers if we weren’t sensitive. And especially, if you can put your hands on somebody and feel where their body is not well, or to feel something that isn’t quite right within them – whether it’s in their aura, or in the shell of their body. I think we have to be sensitive to that, to recognise it.*
Themes from Rachel’s Story

In Rachel’s story I found four themes: “1. Self-Discovery: Clearing the Baggage”, “2. Opening to Spirit”, “3. Balance & Imbalance” and “4. Journey as a Healer”. Additionally, there seemed in her story to be an overall theme, which I have called “To Have your Bones Read”, which seems to me to encapsulate the essence of the whole.

Overall theme: Coming to Have your Bones Read

In speaking with Rachel, what seemed to me to be the key insight for her at that period of her life as a healer, was that people, particularly those vulnerable and in need of help, respond very deeply to the being of the one before them – *they read your bones*. To me, this speaks of a deep resonance, a meeting of being enabled by the healer’s own conscious embracing of being. Rachel asserted:

> sometimes as a healer what happens – it’s not the words that you say that impact people, but it’s actually what’s in your bones. And that most people when they are vulnerable don’t listen to your words, but they read your bones. And I still find that evident so much in what I do now, that people don’t care what you say, but they know who they can trust – it’s that knowing. And I guess that is what I call “reading your bones” – that people just know.

Rachel spoke of the process that the healer undergoes – herself particularly – to come to the point of “knowing your bones”:

> But I didn’t realise that being was enough. And that my baggage made my being so clouded that I thought it didn’t really matter.

And Rachel saw her journey as a healer in terms of “clearing the bones” – becoming clearer within herself about her own being – who she was and what was her purpose in life.

I. Self-Discovery: Clearing the Baggage

In our conversation it was evident that Rachel saw that the primary impediment to her being clear in her own being was the emotional and conditioned “baggage” she carried with her from her formative years. She spoke of first being really confronted by this
“baggage” when she began looking to help others in deeper ways, in emotional ways particularly.

**“something was missing”**

Rachel spoke of entering her nursing training wanting to help others, but finding nursing, as it was taught to her, limited. She felt “something is missing”, and wanted to do more; yet she found she lacked the skills to help others in deeper ways.

She described her early attempts at helping on the emotional level as “Pollyanna-ish”:

> in those days what I thought would be a great was a one-liner or a word or whatever, that would help people and would stop their struggle, and you know, life would be fine. You know, that kind of Pollyanna "take the pill and fix it".

**finding life’s purpose & clearing the past**

Rachel disclosed how her early career experiences in midwifery led naturally to a questioning of life and life’s purpose, prompting her to look more closely at herself, and what “baggage” she carried with her.

> midwifery, it’s about transitions and sitting with transitions, and moving through powerful stages; and I can only say that I think that that was where things kicked off for me – being involved in such transitions, and questioning life and life’s purpose.

She spoke of coming to realise that her emotional baggage was blocking her from helping others more. Recognising that it was imperative for her to learn more about herself in order to assist others with their deeper emotional issues, Rachel enrolled in a counselling course, and began personal processing in earnest. She talked of how she examined her family of origin to see what she wanted to keep and what to drop.

Along with this reflecting on her past came the realisation for Rachel that it was important for her to find her life philosophy, and get a sense of the bigger picture in life. She disclosed how a key part of this process was redefining who she was, expanding as an adult from the confines of her childhood conditioning.
Rachel described a long process of working on herself, doing the hard work:

So in order to clear the baggage and to get a sense of self, and to have a self-esteem that could then generate the journey onto other things – then that became a real focus. And that was years of things like psychotherapy, things like journalling, things like drama – things that expressed who I was.

She also discussed how she benefited from other modalities for self-examination, such as astrological readings, so she could gain a clearer picture of herself, past and present, and what influenced her.

Remarking generally, yet really speaking of her own process, Rachel asserted the necessity to the journey of the healer of this undergoing of the self-examination and personal work:

There comes a point in the journey as a healer where you have to do that work. And that work is hard work – it's emotionally and mentally consuming, as well as physically consuming. And takes a lot of energy to do it. And unfortunately, I don't think there's a way out of it.

**stripped back to the bones**

So as I was unloading baggage, my health was deteriorating; the spiritual experiences were coming; my emotional being was in crisis, because the relationship that I had had broken down. It was like a total stripping me back to my bones. And from that, then, I became more aware... And then I began to put on the layers, or strengthen the parts that I wanted to strengthen.

The above passage from her story illustrates how as the process of losing her baggage intensified; Rachel underwent a process where she lost much of what was familiar to her, in the course of discovering herself. Here she lost her marriage, her ability to work full-time, and her emotional stability. As well, her physical health deteriorated alarmingly. She recalled:

And then my own health began to break down, and I began having allergies that would have my throat swell up, hives all over me for no known reason – just spontaneously, walking along the street.

**vulnerability**

In the rapid process of dropping her baggage, Rachel remembered, she found that she became very vulnerable around other people:
for me it was like shedding my clothes, or the layers that I had, and thinking that everybody knew everything about me. Not only about other people feeling that they knew, but it was more that it felt a lot out of control. Because for me I thought the speed of my shedding happened very quickly.

She described how an intense sensitivity and exposure to the experiences (particularly illness) of others, intensified over time:

So, at the time I was still nursing, getting more vulnerable, being impacted more, or being aware more from an energetic point of view; realising that the chest pain I had might not be physical chest pain – that it might be an emotional pain from another person that I was registering in my heart...

Rachel recounted some powerful examples of this kind of experience.

II. Opening to Spirit

The second theme I saw in my conversation with Rachel was that of her opening to spirit, which was related to her dropping her baggage – she saw this awakening to spirit as being enabled by her engaging seriously in her quest for self-knowledge.

sudden opening to spiritual visitors

For Rachel, there was a very sudden transition to spiritual experiencing; she spoke in the following passage of how, in her awakening to spirit, she met straight away with an angel named Jim:

I didn’t know what this meditation was. All I knew was that if you sat on this stool... that something might happen. And I sat there, thinking, “I wonder what’ll happen”, and then, with my eyes closed, yet as if I was awake, straight in front of me was an angel. Dressed in the usual garb, you know, wings, opaque gown. ... I remember saying to this angel... something like: “so you’re my guardian angel?” He said, “No, no, I’m not your guardian angel.” I said to him, “who are you?” “I’m Jim.” “Jim? Oh, OK.” And I thought, “Well, Jim’s a reasonable name.” I said, “What are you here for if you’re not my guardian angel?” He said, “I’m here as a go-between for the moment.” I said, “Oh, so you think I’ll get a guardian angel?” “Yeah, I’m sure one’ll come along soon.” “Oh, OK. Well then, how will you help me?” And he said, “Whenever you feel alone, or frightened, I will be there. All you need to do is call my name.” “Oh, great! OK, thanks Jim. See ya.”

Rachel told me how the presence of the angels would serve different purposes. She related how Jim brought her comfort and companionship in the difficult period of her early spiritual opening and intense emotional processing; and how later connections to
other spiritual beings brought spiritual clarity and guidance. Rachel spoke of how, as
time went by, she found she could communicate with angels associated with other
people, and use that communication to bring understanding and healing.

In the following passage, Rachel described her communication with the angelic beings, and how that evolved over time:

Originally I talked to them literally in words – in dialogue. And then it’s
become more refined, to be accepting of feelings and ideas, and not needing so
many words. Kind of a knowing, but more like a fast movie. So originally I
would talk to Jim like I’m talking to another person; and now I still talk to my
guidance, my Higher Self, like I’m talking to another person – but I’m much
more open to having ideas come into my head that I had no idea where they
came from.

**meeting her higher self**

In the spiritual tradition Rachel followed, individuals were encouraged to encounter a
deep spiritual aspect of their inner Being, known as the Higher Self, with which a kind
of guiding dialogue could be established. Rachel described meeting her Higher Self:

it was like having part of me back. And I remember thinking, "wow! Now I’ve
found the bit that was missing." But I didn’t know what that meant...

**III. Balance & Imbalance (Sliding on the See-Saw)**

If you think of it like a see-saw, I was way down the spiritual end, and even
sliding off the spiritual end, because it was so lovely.

One of the remarkable and challenging themes of Rachel’s story was her sojourn around
living in a spiritual reality whilst also living a material existence. Here she was
challenged to find authenticity in the uncharted trail she traversed as an evolving nurse
healer.

**dysfunctional on the physical**

Discussing the time of rapid transformation she underwent, Rachel spoke of how she
experienced a time of low functioning in the worldly aspects of her life. She recalled:

Being so alone, and having such a spiritual slant on the world, I began
becoming dysfunctional in the physical world. Which meant that going to work
was hard; keeping on a routine was hard; my physical body was exhausted most
of the time... So things like keeping a full-time job were out of the question.
Rachel responded to this overwhelming experience of profound personal change by withdrawing from the world, into a more contemplative lifestyle. She recalled:

So I cut back my hours and worked part-time, and spent a long time just, I guess, doing nothing, really. You know, spending time outside journaling, or just sitting, contemplating. It seems like a real life of luxury, now, but it did take that time, and I'm sure that's because my bones were changing – I mean, the level of change was so deep; it's like, that's how it has to be.

With the intensifying of her spiritual experiences, Rachel reflected, she began to lose interest in the physical world, preferring to spend her time in the spiritual. This spiritual experiencing contrasted so intensely with the difficulties of her physical existence that it was like an alternative existence, and Rachel wanted to remain in the spiritual. In the following passage she talked of that urge to just experience spiritually, disclosing how she even considered ending her physical existence so she could remain permanently in the spiritual world:

There were days, I remember, thinking "if I could just kill myself, if I could just end it, I could be spirit and life would be fantastic, wouldn't it?" Because it was like they never seemed to have a problem – it was just this physical world that kept holding me.

And Rachel mentioned how other people felt (understandably) that she was “losing the plot”, because they could not understand what she was going through.

**being ungrounded**

Going to work was difficult for Rachel, because, as she put it, “I was in it, but I was out – absolutely!” She described the experience of being ungrounded, which was…

making me have ideas that were fantastic. Absolutely fantastic! But, almost like a mental illness – so grandiose... And I remember at that time I was also deciding that I couldn't hurt animals by eating them, so I was a vegetarian – so I really had no grounding at all. There was nothing to ground me. It was just the most amazing time, in terms of being high – it was like being high on drugs all the time. But I had lost that balance.

In the following passage, Rachel gave another description of the effects on her of being ungrounded, making a connection to her vulnerability of that time:

More spirits came, more information – but I was still unbalanced in the physical. And still impacted by energy, or energy things. For example, I was
Rachel spoke of how addictive this kind of experiencing of the spiritual realms was – not only for her, but for those who were responsible for her counselling training:

*I was still in my two-year counselling diploma. The people there were very concerned. Very concerned, because they detected the slide. Yet, everybody was very interested in the spiritual side – "oh, who did you talk to today?" or "what are they saying now?" It was very addictive – the spiritual stuff was very, very addictive. The energy work was gorgeous – I had sensations through my body that just were just... it was such a high, it was so lovely, it was so nice! And then, to come back to earth was such a bummer!*

**coming back to ground**

When she made contact with her Higher Self in meditation, Rachel received guidance to come back into a complete embrace of physical reality – to live fully her human life.

She recalled:

*one of the first things my Higher Self had said, was that to exist, and to do what was required of me, I would need to get in to have my grounding work done and corrected. What he meant was I needed to come back into the physical world.*

Coming back to ground was a difficult and painful process for Rachel. She spoke of protesting fiercely that process and yet coming to recognise fully its importance. And in the following excerpt from her story, she discussed the significance of groundedness to spiritual healing:

*And I still don’t like it! I don’t like having to be so focused on the physical. Yet the work, the spiritual healer’s work, gets done on the physical body, energetically. Like that’s the problem that we all have. No matter whether we bring in issues from past lives, from dual realities – it impacts us in the physical. So, as a healer, people need to, I guess, be able to understand the physical reality in order to get their life organised. And I guess that my journey as a nurse healer has been about that swing.*

Citing the example of money, Rachel reflected upon the significance of grounding:

*now I know that it is important to have money, as an energy, in order to achieve the other things that I want to do. So it's now kind of got a priority.*  

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*Chapter Six – Transmutation*
Although at the time we spoke she no longer dwelled so much in spiritual consciousness, Rachel was adamant that being grounded did not mean the loss of her connection to spirit. She asserted:

> in fact, the connection is much stronger. I have the ability now to actually ask [my Higher Self] about, "how do I demonstrate this in my physical reality? How do I carry your light, or your presence, or your energy in my physical environment? And how does that then make a difference?"

Further, there a strong sense in her story that Rachel’s employing of her spiritual gifts had become more of a service to others.

It was therefore a critical step for Rachel, agreeing to stay in the physical world, although she spoke of being constantly challenged, against deep-seated resistance, to live out her life in the human existence. A graphic example of this recounted by Rachel in her story was a life-threatening haemorrhage she suffered at the birth of her first child. At this time, she made a decision and a commitment to live in this material world.

**aligning spiritual misperceptions**

In a sense, this theme of “sliding off the see-saw” is about how Rachel came to terms with misperceptions of the living the spiritually authentic life (see, for example, Vaughan 1995). And Rachel spoke of specific aspects of her experience in such terms. One such was letting go of the need to be special. Underlying the unbalance around living in spirit as against living authentically, Rachel believed, is the need to be special. She explored in her story the significance for her of identification of that need, and moving past that to be content with being one of the crowd.

Drawing upon her own experience, Rachel gave an account of the personal dynamics involved in this exaggerated need for specialness, and its relation to the spiritual journey:

> one of the things that happens, I think, along the way in our journey, is somehow our specialness gets lost. And whether that gets lost because your family doesn’t honour it, or whatever – somehow, your specialness gets lost. So what you crave is that specialness. So the spiritual experiences give you the
specialness, and then they say, “Go back and be like everybody else.” And I can go like, “no! No! No! No!” I think [the key is] that ability to be special to yourself – but also special because you value what you do. And then your spirit friends agree.

Underpinning the exaggerated need to be special, Rachel saw issues of lack of ego, or low self-esteem, which are often the cause of confusion for those exploring their spirituality. She explored her coming to accommodation with the issue of ego in spiritual development:

I hate the word “ego”, because one of the connotations in the spiritual world, when you’re developing your spiritual existence is, “let go of the ego.” I never believed I did it. I believe they did it, and that was fantastic. So it was that I didn’t have an ego – I had a lack of ego. And I’m wondering, when I look at nurses who I think are healers, because of, I guess, what I see in their bones, or what I feel in their presence – all of them have a difficulty with their ego, in that they don’t have a good self esteem. They don’t value what they do.

Rachel also discussed her journey around accepting the limits of physical existence, as another misperception. Rachel identified in herself the belief that all physical difficulties can be addressed energetically. She reflected:

One of the things I used to assume, when I was on this spiritual high, was that I would not be challenged by the limits of my physical existence any more – like, you know, illness and stuff, would go out of the window. That was wrong – it’s absolutely there! And one of the journeys in coming this way is to accept that there will still be things that occur to you – not for you to heal, but for you to sit with, and live with; and be happy with that.

On this issue, Rachel gave the example of her life-threatening allergies, which she is unable to heal energetically, leaving her reliant upon medications.

alone, lonely and unsupported

Another theme in Rachel’s story concerns the painful necessity for her of undergoing her transformation process alone. In her discussing and reading about spiritual experience, Rachel discovered that few people seemed to experience what she was undergoing spiritually – seeing angels and the like. She spoke of how this led to her feeling isolated:

So all of a sudden, not only was I bare, but I was also an individual, and alone. Well, it was more of an isolating experience than aloneness, because I still had Jim [the angel].
In her isolation, Rachel felt like she was going mad, so strange and overwhelming were her experiences. She recalled:

*Part of my madness was I’d never seen anybody go through this before; so it was quite a daunting kind of time – and a scary time.*

Reflecting back on her journey, Rachel spoke of how the aloneness, which was very difficult for her at the time, was a necessary part of that process. The following passage from our conversation brings forth Rachel’s strong insights on this issue:

*I know it was so necessary. Because I couldn’t shed the illusions of who I was, with everybody – it had to be a personal, intense journey. And that I guess was one of the things that I had wanted to change, and still struggle with having to do; but yet knowing that that was so important – that aloneness.*

Associated with aloneness and loneliness, Rachel spoke of feeling very unsupported in what she went through. This was particularly as she did not find others who’d gone that way, and could point the way for her; or even just reassure her that she was OK, she wasn’t going crazy. (And this speaks directly to my purpose in undertaking this research – to show that others have gone this way before, and these are some of the things you might encounter on your way as a nurse healer). She reflected on how she had more recently come across authors, such as Caroline Myss who wrote of a similar journey, and how affirming that was for her.

**IV. Journey as a Healer**

In the conversation I had with Rachel, she spoke quite a lot about what it was like for her be a healer. The earlier themes look at aspects of her journey to become a healer – how she was blessed, how she was challenged; the following pages examine what it was like for Rachel to be a healer, and to live as a healer.

**working with energy**

Rachel spoke of first becoming attracted to energy healing in the process of her own healing journey. She mentioned that she found Reiki very helpful, both physically and emotionally, and went on to discuss how she undertook courses in healing and energy work. Reiki, Rachel recalled, was not enough for her needs, and eventually she came to
the modality “energy work”, which gave her an understanding of what she was undergoing, and a way forward to moving through her challenges.

**working with spirit**

Rachel spoke of how she worked with angels in her healing work, identifying herself as working in service of their wishes. She described working with her Higher Self more recently as a guide to her healing work.

**grounded healing (working through your bones)**

In her evolution as a healer, Rachel now described herself as coming to a point where her grounded presence – the knowing bringing of her being to a situation – brought immensely powerful healing:

> "Before, I could talk about, "yes, you’ve got an energy block in your heart" or "around your liver" – whatever. Now being – sitting next to that person – can help balance all that out. I don’t have to do anything. It's more than presence – ... it's actively being there... this is an active thing. It's an actual valuing of what my bones can show you, communicate with you. There is an exchange of something. That exchange then brings me to ask things of a spiritual nature, or of a more holistic nature, as a nurse healer."

**Living and Evolving as a Healer**

**authentic and grounded**

The process that Rachel described has led, she believed, to her living more authentically. She reflected:

> "I really like who I am now. I think that I’m a more authentic person. I feel more grounded – less airy-fairy; much more of a healer. And I'm very comfortable with who I am now."

Rachel also gave a picture of the energetics of authentic and grounded being-as-a-healer, and how that contrasted with her earlier experience as a healer:

> "So, when I come across a family that’s extremely emotional, where normally I would leave with chest pain, and, you know, having taken on all that stuff – I now register that, "yep, that is happening – but it’s a mirror for what they’re going through." And even if I said something to them, to the effect of, "hearing your story makes my heart hurt" (which is it what I know to be my heart chakra absolutely overloaded or full or blocked) – just in acknowledging that does two things: clears out me, but also says to that person, "is that happening for you?""
people always read your bones

Rachel reiterated the significance of ‘simply, knowingly, being’, as a force for healing:

*I think people always read your bones ... Especially when you're in a vulnerable position as a patient, then it's like a primitive way of knowing who can you trust in the system, and who can't you trust in the system.*

acceptance, self-esteem & balance

As her sense of self worth solidified, Rachel reflected, there was a concomitant increase in her ability to discern that there are times to be active, and times to simply accept. And that is associated with a balance that governs the appropriate use of her spiritual connection:

So as a nurse healer, part of the journey, I think, is being active – and then realising that sometimes it's about being passive and accepting what is supposed to happen, despite all the skills you have. Maybe it's just acceptance. And I think that then goes into acceptance of the self – and your self esteem.

And as your self esteem becomes more solid, then no longer do you have the accentuated spiritual, energetic experiences – but no longer do you need them. You know you can have them – I know that I could have an amazing spiritual experience, or energetic experience, if I truly needed it... It's enough to just know that you have the keys to it, knowing that you're the keeper of the ability to do that.

integrated healer

Rachel reflected, in concluding, that the stage she had come to as a healer, at the time we spoke, was that of an integrated healer who had attained a degree of mastery in this field, whilst acknowledging that one never really finishes this journey:

Now I'm part of the world that I chose to be born into – doing an integrated version of a healer. And I guess I wonder if this is what a matured healer looks like. Or is this a point that a healer gets to, after all the acute stuff goes. Is this the level of, I guess, maturity – maturity as a healer? Or something about that – something about that process. And knowing, that while I say, “Yes, this is a mature healer” – [It's] “Get serious! I've got years of work to do!"
Themes from Rose’s Story

From my immersion in Rose’s story – my conversation with Rose – four themes suggested themselves. These were “1. Wounding and Personal Healing Journey”, “2. Isolation, Aloneness & Differentness”, “3. Connections – Deeper Experiences”, and “4. Being a Healer”. The overall theme that I see in her story is “Blossoming from Hardship”, and this is (unintentionally) reflected in the pseudonym I have chosen for her – the rose is a beautiful flower that blooms in quite arid conditions, thriving after being cut back, as if appreciating the deeper meaning of hardship.

1. Wounding and Personal Healing Journey

Rose’s story is very much that of a psychically and emotionally sensitive person who suffered deep woundings in her life, and who had come through those hardships to find herself, and expand into her power as a healer. I originally conceived “wounding” and “personal healing journey” as two separate topics for analysis, yet in Rose’s story (as with that of other participants) her ideation around wounding was always in terms of what she had gained from that – wounding and healing are in her story too intertwined, I believe, to separate out into completely separate themes.

Wounding

Some of the woundings that Rose related to me were the death of her mother (which her father forbade her to grieve effectively), having an alcoholic and abusive father, two abusive marriages (one of which was extremely violent), addiction (which is a response to wounding, as well as bringing multiple woundings itself), crippling physical illness, rape, and abortion without anaesthetic. Understandably, her personal healing journey around a life containing such trauma was immensely significant to Rose.

wounding & living

As is explored below, what struck me about Rose was that at the time we spoke she gave no sense of being a victim, but saw her wounds as intrinsic to her personal growth and world view. She reflected: “All of these experiences, I suppose – well, I don't suppose, I know – have made me much more compassionate”.

Chapter Six – Transmutation
For Rose, problems in living – addiction, low self-esteem and unhealthy relationships – dogged her life until relatively recent to the time we spoke. She recalled:

And all of the experiences that I’ve had – you know, all the ghastly things, losing mother, being raped, bashed, being addicted – that’s been my whole life. And so really only, I’m 54, and it wasn’t until I was 52 or something when all of those things started to slide away – not slide away, but be dealt with.

wounding around being psychically sensitive

Speaking of her early experiences, Rose recalled having had a psychic openness and power from an early age (discussed below under “Being a Healer”). One of the significant effects for her of the trauma and self-abuse she experienced in her early adulthood was that these caused her to suppress a lot of the psychic sensitivity and intuitive knowing with alcohol and other drugs. She reflected:

my level of psychic ability fell away. It was being suppressed by the drugs, but it was being suppressed by my life situation as well.

Rose spoke of being accused of being mad by her first husband (who was a doctor) when she told him of her experiences with patients of intuitive or psychic knowing.

when I talked about my experiences with patients, he would just tell me I was mad. You know, I was just crazy.

Whilst Rose reported that she never believed that her experiences of intuitive or psychic awareness of a deeper or prescient nature meant that she was really mad, my reflection here is that this is part of a huge oppression of healers and sensitive people in our society. It seems to me that Rose showed great resilience of character to hold to her own perceptions, in the face of overbearing projection from others who could not share those perceptions.

Personal Healing Journey

During our conversation, Rose mentioned a number of positive occurrences and decisions that marked her moving ahead in her life. She spoke of leaving home and undertaking nursing; leaving her first marriage; going to AA (Alcoholics Anonymous), the positive aspects of her second marriage and finally seeing its unhealthy nature and leaving that; meeting her third husband; becoming more serious with her spiritual
practices; developing her healing and mediumship skills and attributes; and dealing more fully and honestly with her emotional hurts and issues.

To itemise these occurrences and themes thus does of course fall short of representing the richness and complexity, embeddedness and interrelatedness of themes and elements in a life’s course. However, Rose’s discussion of her experiences as a healer does encompass a sense of journey, which she conceived in terms of significant movements in her life – she saw herself as evolving personally and spiritually, and located key occurrences in that evolvement. These movements are discussed briefly in the following paragraphs.

career in nursing
In Rose’s discussion of her healing journey, career played a mixed role. Undertaking a nursing career moved Rose out of her stifling home situation and opened her up to life experience, marriage and more inner exploration. As well, she spoke of how as a nurse she became open to a deeper spiritual experience of other people, and how she had a healing and calming presence that was a significant part of her maturing nursing practice.

Rose related how her spiritual / psychic experiences with patients, however, led to conflict in her relations with nursing hierarchy, as well as in her relationship with her doctor husband (mentioned above).

She spoke of how travelling to practice nursing in New Guinea gave her significant insights into the workings of the nonmaterial world.

She also reflected on how the excitement of emergency nursing, with its adrenalin rushes, played a part in supporting her physiologically and emotionally (although unsustainably) when her life experiences and lifestyle had depleted her personal resilience.
**relationships**

Relationships – her three marriages – played a huge part in Rose’s story of her healing journey. They were together the arena for some of her deepest woundings, as well as for her inner exploration and personal healing.

She spoke of how her first marriage relationship initially brought discovery and self-exploration, but was ultimately emotionally, physically and sexually violent. Rose disclosed how she became overwhelmed by addiction, and she suppressed her sensitivity as a healer, and psychic openness.

Leaving that first marriage, Rose recollected, heralded a time of personal growth, and after a time she entered a second marriage relationship where she could share the traumas of her first marriage, and was encouraged to explore and expand herself as a healer. However, addiction remained a problem for her, and she spoke of coming to recognise how in her relationship was very controlled by her husband, and she chose to leave that relationship.

Changing her life circumstances in the ensuing period brought forth a period of great growth, Rose recalled. She spoke of eventually entering a third, this time healthy and (mostly) supportive marriage, in which she felt held and encouraged – not only materially and emotionally, but also in her blooming as a healer and in her coming to terms with her past wounds.

**steps for personal growth & therapy**

Rose disclosed in our conversation how she had engaged in a number of therapeutic and self-growth activities. These had brought much growth and balance to her life, she revealed. Among these were attending AA (Alcoholics Anonymous), the writings of Louise Hay, hypnotherapy, workshops in anger healing. She identified undertaking EMDR (Eye Movement Desensitisation and Reprocessing) therapy as being particularly helpful for her, as she believed she suffered from a lifelong post-traumatic stress disorder, which the EMDR therapy addressed powerfully. This, she felt, removed for
her the tendency to addiction which had affected her so strongly throughout her adult life. She reflected:

> there is a long way to go, but I feel a lot of those spaces have been filled up. The clots in my brain that were there from those past experiences have been moved. So now my brain is able to filled up with really good stuff. I think that was most major thing that’s ever happened to me actually, to have that [EMDR] technique.

**spiritual practices and beliefs**

Rose spoke of spiritual practices and beliefs as being an important part of her healing journey. For instance, she mentioned Buddhist meditation retreats as bringing a lessening of her smoking marijuana, significant at that time of her life.

Similarly, Rose spoke of being initiated into the path of Tao – Taoism – as being very supportive of the growth and healing she was undergoing at that time. I get a sense from our conversation that these practices brought experiences and growth to Rose that went beyond emotional healing.

In her story, Rose made references to spiritual concepts and beliefs by which she made meaning of her life’s course. Significant was her belief in karma, the Hindu and Buddhist notion of balance and consequence of actions. She said:

> I used to blame everybody! You know, "Oh, why has this happened to me? What have I ever done to deserve this?" [Now] I just think, karmically, that I did it all to myself, I mean everything we are we’ve done.

**suffering, healing and actualisation**

Intrinsic to her living a life containing the suffering it did, for Rose, was her spiritual understanding of that. This meant that, rather than seeing herself as a victim, Rose considered that her wounds were blessings, giving her a deeper vision into herself and others, and into life’s purpose. She said:

> I don’t regret any of [those experiences of wounding]. …I don’t even think "oh wouldn’t it be nice if that hadn’t happened." I feel really grateful, and I feel in a sense that I’m quite privileged to have been through those things, because they just served to make me a better person, or a greater person, or more capable of serving other people.
Above I have related how Rose believed that suffering had made her more compassionate, and Rose also reflected on how as a healer she had become more effective for having undertaken her healing of the woundings of her past. She said:

So I am able to move into my wisdom as a healer, because of the experiences I've had in the past. I'm sure there's lots of factors, but that's certainly part of it. If it's karmic, then I have earned where I am, at the moment, in a sense.

And, in the following passage, there was a strong sense in Rose’s words of a kind of actualisation coming to her as a result of her intense healing journey, experienced by her as spiritual – “seeing the light”:

Having dealt with the emotional traumas and blockages – that means I'm freer in the spiritual sense and in the healing sense. Like there's a sort of an opening now. It's like seeing the light, but being in the light as well. And, yes, I do feel on the brink of something great, of greatness. I don't mean that in any egocentric way at all. It's just more a spiritual knowledge, I suppose.

II. Isolation, Aloneness & Differentness

A theme which emerged in Rose’s story was of loneliness and isolation, and feeling different; she identified the death of her mother at an early age, and her father’s alcoholism as placing her in that experience. Rose spoke of feeling lonely and different in her childhood as a key shaping experience that led not only to later problems in living, but also to positive experiences as she explored her inner life from an early age, and developed close relationships with animals. Rose reflected:

So I developed a fairly rich inner life, from quite an early stage. And I was always finding lame animals and bringing them home, and, you know, looking after them.

Exploring the inner experiences and caring for others (animals, at this early stage) were obvious precursors to being a healer, which for Rose seemed to flow out of her sense of isolation as a child. For that reason, I see it as a distinct theme from her other experiences of wounding, which don’t have such an obviously direct bearing upon her development and beingness as a healer.

Rose reflected how being psychically very sensitive meant that she preferred to be alone or with just a couple of people. And, as the following passage shows, at this later stage of life, her experience was not one of painful isolation, as it was in her childhood:
From very early in her life, Rose revealed, she experienced connections with other people and animals, which were qualitatively different to how connection is ordinarily conceived. However such a quality of connection is categorized – whether by terms like “psychic”, “energetic”, “mystical”, “clairvoyant” or simply “deeper” – they were in marked contradiction to how the mundane world is assumed to function. Yet for Rose such experience was entirely normal. The following paragraphs trace Rose’s journeying with “extraordinary” experience of connection as she related that in her story.

**III. Connections – Deeper (Psychic) Experiences**

From very early in her life, Rose revealed, she experienced connections with other people and animals, which were qualitatively different to how connection is ordinarily conceived. However such a quality of connection is categorized – whether by terms like “psychic”, “energetic”, “mystical”, “clairvoyant” or simply “deeper” – they were in marked contradiction to how the mundane world is assumed to function. Yet for Rose such experience was entirely normal. The following paragraphs trace Rose’s journeying with “extraordinary” experience of connection as she related that in her story.

**early experiences: special connections with animals**

As mentioned above, Rose responded to isolation from other children by spending much of her time with animals. Whilst she was not aware of it at the time, Rose’s connections with animals, she recalled, had qualities that were remarkable, as she related in the following passage:

> I could get cattle and horses to do what I wanted, and just by looking at them or being with them. And if they were distressed in any way, I would just put my hand on them, and these might be wild cattle that hadn’t been seen for maybe two years or something, and just walk up to them and put my hand on them and they’d just be like little dogs. I suppose now, when I look back on it, it was pretty unusual, but at the time I didn’t think there was anything peculiar about it at all, or unusual. It was just the way it was.

And Rose reported as a child even knowing at times what animals were thinking (as well as the dynamics playing out within groups of adults).

**deeper connecting in nursing**

Early in her nursing career, Rose recalled, she experienced intuitive knowing about patients’ condition or prognosis, as well as remarkable experiences such as seeing the soul of a patient leaving her as she died. One instance of the latter experience involved a tactile as well as a visual experience, as Rose described in the following passage:

> it was like there was another level of her above her body. And I had never witnessed that before. And when she died, when we were laying her out, I could
In her story, Rose told how as a young nurse she would have a soothing or calming effect on patients. Thus, she would see patients’ symptoms of physical distress ease when she entered the room, or agitated psychotic patients would calm remarkably when she began to deal with them. She spoke of acting without thinking in potentially very dangerous situations to defuse them.

Nursing in New Guinea brought to her experience the power of nonmaterial actions – how spiritual connections can influence people beyond the actions of modern medical science. She recalled:

_“I would see people who'd had the bone pointed, or a spell cast on them. And they'd be brought into hospital and they'd be on drips and drugs and everything, and they'd still die. And I could see the power of spirit in that.”_

**esoteric connection with nature**

Having strong resonances with her childhood descriptions of deep connections with animals was Rose’s descriptions of her spiritual connections with nature. She spoke of spiritual connection to a kestrel, and to a huge fig tree near her house, and mentioned how she was aware of around her house very many animal spirits, of animals she’d cared for who’d died.

**“everyday” nature of her psychic experiences**

These unusual or “psychic” experiences Rose fully accepted as normal – they did not threaten her world view, and were the kind of occurrence she had lived with since she was a child: “It was very much part of my everyday experience of the world”.

Furthermore, Rose was adamant that she was never afraid of the psychic experiences, saying:
IV. Being a Healer

In her story, for Rose, there was a time in her life when she came to acknowledge herself as a healer, yet there is a strong sense that she was always a healer. She did in a way distinguish her psychic sensitivity which she had from her early years, from her consciously acting as a healer, yet in my reading of her story this distinction is perhaps arbitrary. For instance, she described how her childhood sensitivity to animals would have a beneficial effect upon them, which could be described as healing.

“a force greater than myself”

Rose identified in her deeper connections with others, as in healing events she described, the intervention of a force greater than herself. She described the experience of that force moving through her:

it’s a very intense feeling of... it’s not sympathy, and it’s not emotional. It’s definitely not emotional because I don’t feel any emotion. In a way I feel a bit detached, but I do feel something moving through. And it’s not coming from me. I mean, some of it’s coming from me, but a lot of it’s coming from external, um... divine realms, I would like to think.

She spoke of that force in terms of how love released in healing sessions would transform her existing relationships:

if I hated somebody, full on, which I have done in the past, if they at that time in my hating came to me in a vulnerable state, I would love them. I don’t know how that happens – it just happens. So, it obviously is a force very much greater than myself. And then when they go, I am able to relate to them in a loving way, after that.

in the company of angels

Above, I quote Rose believing that the source of deep connection or healing is from divine realms. She also told how she had a sense of being in the company of angels, at such times.
In her story, Rose related some examples of connection with spirits and angelic beings, as a relatively normal part of her life. For instance, she spoke of spirit guides (as well as animal spirits) around her home. On another occasion she told how someone she was giving a reading for saw a spirit passing by her room.

**passing on the messages of spirit**

Rose spoke of learning the healing modality of Reiki, which she found to be a very helpful practice. Whilst giving Reiki sessions she began to speak to her clients. She recalled:

> I would start to talk to the client, and at the end of the session I would think "did I make that up?" Because it was like I'd opened my mouth and it was my voice coming out, but I'd just talk non-stop, and I could feel none of it was from my head. It was from somewhere else, but I wasn't sure. And I used to think "Oh God, what if I've told them the wrong thing? Am I bullshitting, am I making it up?"

This phenomenon was identified to her by her Reiki teacher as “channelling”. At the time I spoke with her, Rose was in the process of expanding her practice of giving readings, in which she would incorporate this practice of channelling.

Rose had moved in her understanding and approach to passing on messages from spirit, and saw it as her duty to pass on to the people concerned the messages and information she received from spirit.

> I have to tell them. I can’t think "oh gee, it might hurt them if I say this". Well, how they choose receive it is not my business – it’s only my business to give it as I see fit. I used to not speak because I (a) didn’t want to hurt people, and (b) didn’t want to be rejected by them. You know, “they might not like me if I say this.” This is when I see things clairvoyantly, or when I’m doing a healing, things just come through. And I just always preface what I say – if I’m just doing a reading, I say “I don’t interpret what I’m giving you – I simply give what I get.” That’s what I do. And most people receive it well.

**acknowledging self as healer**

As I have already noted, it could be said that Rose was an innate healer – that it seemed to be a part of her heritage. However, Rose related that it was important to her, at a particular stage of her personal development, that she actually acknowledge to herself that she was a healer. Similarly, Rose came to an eventual accommodation with her
psychic experiencing, where she would know on a deeper level about others. She talked of an interaction with a health professional she respected, who:

laughed delightedly when I said I didn't really think I was psychic. I kind of either thought everybody experienced the same thing; or I suppressed it so well, that I hadn't been able to deal with the fact that it is reality.

**Living as a Healer**

Rose described some of her experiences of living as a healer. Here she talked of the kind of lifestyle she needed to undertake, and what outlook on life was called for. Also, part of living as a healer, for Rose, involved consideration of her sensitivity to other people’s energy, and protection.

*balance, congruity and integrity*

Rose spoke of the necessity for her to live a balanced and harmonious life. Thus, being clean, especially drug-free was important. She also spoke of the need to “walk the walk”, and live the life she would teach to another who came to her for healing and guidance – whilst not placing unreal expectations on herself.

*sensitivity to other people’s energy, and protection*

As a healer, Rose was sensitive to other people – to others’ energy. She spoke of how she would be in a crowd, and would have to move away from a particular person. She said:

*I’m sure everybody has that “ooh, I don’t like that person's energy”, but sometimes for me it’s a bit deeper than that – where I’ve actually really got to move away from them. And it’s really good in its way, because I can be more discriminating, and there are just some people who are not healthy for me to be around."

Ways of dealing with this sensitivity in the past, related by Rose in her story, were being intoxicated, and psychologically dissociated. For her these means gave her a sense of being protected, by blunting her sensitivity. She spoke of experiencing psychic attack, where her sensitivity meant that she felt very vulnerable to another’s inimical intentions towards her, and lost her power.
Discussing with me the issue of protection, Rose described something of a journey she had undergone around that issue. Firstly, she was adamant that protection is conferred by a positive attitude, or perhaps faith. She quoted the words of an experienced healer she knew: "oh protection! Heavenly Mother protects us all the time anyway. No problem!"

She did nonetheless speak of a time in her practice before learning about protection, when she was drained sometimes after a healing session. She spoke of studying mediumship, which gave her knowledge and skills to attend to such issues. Also, Rose spoke of the protective aspects of her home environment:

*The fig tree’s got a lot of energy. I mean, that’s amazing energy. I can’t walk past that tree without feeling that energy... So when you’ve got that there, that’s pretty strong. There are a couple of spirit people living here [who] just hang out in the garden. And I’ve got a guardian – my main guide is a monk, a Tibetan monk, and he hangs out around the ponds, so he’s very protective. And there are a lot of animal spirits here.*
Themes from Ruth’s Story

After reading and re-reading the transcript of Ruth’s conversation with me, as well as a draft analysis, three themes presented to me as representing essences of her experience of journeying as a healer. These are: “1. Living in Two Worlds”, “2. Belonging”, and “3. Working for Spirit”. The overarching theme that suggests itself to me is “in the arms of spirit”

I. Living in Two Worlds

*it’s like being in two places. There is always this other one ... So I’d be talking, but there’s always this other spirit one, where I can be me. Where I don’t have to play a part. Where there’s nothing to do. Where there is total acceptance, where there is no such thing as good and bad – where there is just acceptance. Where our souls meet.*

As revealed so beautifully in her above words, it was clear to me from our conversation, that Ruth’s “everyday” experience was of two worlds, ordinary reality, which over her lifetime was very often painful and difficult, and spiritual reality, which brought her comfort and security, as well as insight and learning. It would probably be fair to say that Ruth was more comfortable in her spiritual experiencing, although she did not strike me as being a dreamer, or escapist in personality. It seemed that crucial to her coming to experience in this way were the extremely traumatic experiences she underwent as a younger person, which almost seemed to drive her into the arms of spirit.

*childhood trauma – driven into the arms of spirit*

Like the other healers I talked with for this research, Ruth was very conscious of the role of the very traumatic experiences in her life in bringing her into awareness of the world of spirit. Perhaps her experience is the most striking demonstration of this, as she was placed directly into the presence of spiritual beings by the momentous events of her early life.
Ruth recounted how she recalled throughout her life her mother smothering her with a pillow till she died:

*I died. I went through this process. She rolled me in a grey blanket, and she left me in a cellar... I know it exactly. And I distinctly remember being in my light body, looking at her walking away. Very aware that I was not in my physical body. I was looking at her walking away, and I remember that it wasn’t what she’d done that hurt me, but the fact that she walked away without ever looking back – that was a bigger hurt in a way. It was like, that grabbed me deeper than even what happened. And then my dad happened to come home.

When I was dead I was in a beautiful space. And that’s where I’ve seen Jesus for the first time. And Jesus touched my third eye, when I was in my light body, and that’s when I came back. That’s when my dad revived me. And from then on I always knew that I had been somewhere else, and come back. And I always had this knowing, and the feeling, and the security of spirit.*

Ruth told me that Jesus had come to her three times in her life, and on each occasion it was when she was in great emotional distress. The other occasions were when she was badly sexually abused at age 11, and the third occasion was on her separation from her husband.

For Ruth, childhood was a time of little connection with mundane life, whilst she was in constant communion with the world of spirit. She reported how that was her most loving and nurturing experience as a child: “It’s like [the spiritual masters] replace your parents. For me they did, anyway”. Again, she said

*I was partly in the world, and partly not in the world. Mostly not in the world. It was my choice, I think. It was my way of coping. I felt very safe, and very good.*

*in spirit’s embrace*

And so, for Ruth, there has been a lifelong experience of being supported and held and protected by spirit. This has been clearly central to her life’s experience. Ruth said: “when I had nothing in my life, spirit was always there”

Not only was she comforted by the presence of spiritual beings – Ruth at times experienced healing change in her contacts with them, as in the following excerpt from our conversation:

*Chapter Six – Transmutation*
Ruth felt tangibly held at times:

And even after I was married, if things got so bad, then Maitraea would come, and hold me, as I held my own children.

Also, she spoke of the protection given her by spirit at times. She gave the example of her spiritual master appearing to keep her safe from attack by her estranged husband:

There were many times where [Baba] actually protected me in the physical from getting very very badly hurt. When my husband would see a wall of light around me, and he’d say to me, "if I could get through that, I’d kill you!” But wouldn’t dare to come close.

And in time, as the following sections outline, her connection with the spirit world enabled her to act as an effective healer and medium.

no adaptation
When I asked Ruth how she integrated her experience of another reality with her ordinary experience as a child, she stunned me when she recounted how such an issue did not come up for her:

growing up with this knowing, and this experience of two worlds, I made no accommodation to it. No adaptation. it didn’t come up in me to tell other people about it. Who would listen? Nobody there. There was nobody in my life who would ever say “what do you feel?” Or who would ever say “are you all right?” No. So it was not a question. There was nothing else in my life.

II. Belonging
The second major theme I identified in my conversation with Ruth was that of a journey around a sense of belonging in the world of other people.

feeling isolated, different, lonely
Her experience as a child, Ruth recalled, was characterised by a powerful sense of not belonging. Indeed, she felt she was not wanted by her mother (evidenced by her
mother’s attempted killing of her), and was invisible within her family, as reported to Ruth by her siblings in later years. As her words in the above quote from our conversation graphically convey, she had no sense of being loved, or of anyone having the slightest interest in her. She felt that she was very different, and did not belong in the world.

**spirit connection causing isolation**
Interestingly, Ruth’s connection with spirit, she perceived, contributed to her isolation:

> Up until I was 11, my connection with spirit caused me to be isolated. I would sit for hours in a church, or in a chapel if I was in an institution. I felt isolated, I wasn’t touching other people. I wasn’t there.

**nursing gave identity**
It seemed to me that an aspect of her journey with belonging, for Ruth, was her sense as a child that she had no individual identity. This changed when she was trained by the nuns to be a nurse – she then had an identity, a place in society, and a role to fulfil, which she embraced wholeheartedly. Ruth disclosed to me how she felt great grief in more recent times when her poor health made her give up nursing – she experienced that as a loss of identity.

**III. Working for Spirit**
The third theme I found in my conversation with Ruth concerned her work in the service of spirit, or healing work.

**experiencing spirit**
Ruth made some observations concerning how she experienced the world of spirit, and the ways she observed that it operates in human contexts. She gave a picture in words of what her experience of spirit was to her:

> Like, you know when it is cold, and you breathe out, and you have these little particles of air – that’s sort of what it feels like. You know, like I’m one of these particles, and the ascended masters and on the other side, my mum on that side, my dad on that side, and all of this is still moving around. It’s like this cloud of air ... And there is still movement, all the time. But there is nothing to do, there is just an "is-ness".
As mentioned above, often Ruth would experience spirit as substantial, and if a master such as Jesus or Maitraea appeared, there was a tangibility to that – she could have touched the master with her hands.

Ruth’s experience with spiritual beings, she reported was mostly of a group known as masters, or sometimes ‘ascended masters’, or humans who have attained a high degree of spiritual mastery and have achieved immortality, and are able to move in and out of spiritual or material reality at will. Those of these she mentioned were Jesus and Maitraea, and Ruth also spoke of having a strong and ever-present connection with the living master “Baba”. As well as the masters, Ruth discussed contact with the spirit of an Aboriginal woman, whom Ruth had known before she died. It was largely through these masters and other spiritual beings that she performed her healing work. For Ruth, these beings performed the healing and other spiritual work through her.

knowing the energies
Ruth spoke of different kinds of energetic manifestations. Aside from the world of spiritual masters which she found supportive, she described contact, in her healing work, with spiritual entities which were not necessarily beneficial. She was able to remove these entities, aspects of shadow, as an agent of the spiritual masters, or God, working through her.

Also, because of her familiarity with the world of spirit, Ruth reported, she had a natural knowing, and an ability to assist souls of the deceased which had become unnecessarily bound to a place. An example she gave was when she began work in a large old health institution where many people had died over the years:

*It was a beautiful old building that's absolutely full with spirits! It is a gorgeous place! A lot of people have died there in agony, and so straight away, as I started there, I was connected. That’s the world I know. And I could help them move on to the light. And I loved it!*

evolving in the healing role
Although she had a native facility with working with spirit, Ruth did not consciously adopt healing practices until she learned the healing modality Reiki. Prior to that, she
spoke of bringing healing through a spontaneous ability to connect very deeply with patients with dementia. She spoke of being powerfully affirmed in that experience:

*because I was having these soul connections, they would feel very close to me. And I, for the first time in my life, experienced love from another human being. Because, through their mental illness, they didn’t have any inhibitions. So, all of a sudden, here was God in the physical, loving me. And I was able to serve. And I felt good because I was serving them – I knew I could make them happy. I could make them sing. Because I accepted them for what they’re really were.*

Another early sign of her healing ability came from her institutional nursing experience:

*I used to touch the patients, and the bones in the bottom of my arms used to hurt. But while I could feel the hurt in my bones, they would say “Ruth, I have no pain. While you touch me, I have no pain.”*

Ruth was prompted to learn Reiki at the advice of a health practitioner who’d heard how she was knocking over objects. Ruth recalled:

*before I’d touch something, it was like a build-up of air. I was breaking a lot of stuff. You know, there was this building up of air, and so I would push through, thinking that I had to push, and - bang! So my husband then went to see a chiropractor, and he told this man about this, and the chiropractor said "she should go and do Reiki"*

Learning the Reiki modality was a significant step, in Ruth’s account, to her moving strongly into the healing role. People began to seek her out as her reputation grew.

**healing in the nursing role**

Ruth became more spontaneous and trusting of her inner impulses in her nursing practice. She recalled:

*And in A&E, if things happened, I would just do what my heart said – I couldn’t not do what my heart says. So, rather than getting oxygen, or sutures ready, or whatever, I would do with my hands whatever I was feeling to do. And [the doctor on duty] would say to me, "it’s amazing working with you – I see the change with people".*

She spoke of assisting the dying elderly to a good death, and how that was acknowledged in one institution where she worked.

*People who were dying at the nursing home, when I started work, within the first month that I worked there, there was like 33 died that had been hangin’ around. And the matron came one day, and in front of all the other staff said to me, ‘Ruth, my mother-in-law is on the other side in the general hospital, and*
Ruth spoke of sometimes helping those who came to her by removing entities which were affecting their health and wellbeing. These entities, Ruth related, were often associated with mental illness or drug dependence. She spoke of following her guidance to remove the facets of shadow affecting a person, which might be thought forms, or even discarnate beings of extraterrestrial origin. These she knew, or recognized when she encountered them with others. In her guidance she was given that she knew them because she’d had personal association with these kinds of energies at previous times. Ruth also spoke of conducting house clearings, where she would be guided to remove unhealthy spiritual aspects – shadow entities – associated with people’s dwellings.

working with the Shadow

Ruth spoke of being challenged in her healing role when called upon to act as a medium between those who came to her for healing, and the spirit world which worked through her. She humorously discussed being challenged to follow her guidance and trust what was coming through her, in the following anecdote:

"Like, I have to say things to people when they come sometimes – I wouldn’t have a flipping clue! Like, on Sunday this woman came, and I said to her “one of the rings you’re wearing is your mother’s ring. She’s not here any more. If you let me hold it, I can give you some messages from your mother.” And I’m thinking, “Holy cow, you better get this right!” Which is always right, but I have to surrender to being made a complete idiot of. Like, if that wasn’t right, what’s the worst that can happen? That I become an idiot. Well, that’s nothing! We all are, in a way.

conveying the messages of spirit – trusting and following guidance

As noted above, Ruth disclosed to me how she worked at times with the spirit of a deceased Aboriginal woman. This, she said, occurred specifically where the work to be done had an association with indigenous spirituality, such as when working to heal damaged earth energies.
Experiencing as a Spiritual Healer
Based on her own experiences, Ruth made some illuminating statements concerning the inner lifepath of the healer.

the energetics of resonance
Concerning the ineffable vibrational presence of a healer, in the context of her own experience with her husband, Ruth reflected on how the higher vibrational influence of a healer’s natural presence, or being-ness, is not always helpful to other people. For someone who is not ready to personally experience at a deeper level of consciousness, Ruth’s words suggest, constant resonance in the higher vibration of the presence of a consciously connecting healer can lead to an unstable sense of being:

if you, as a healer, as a spiritual healer especially, and you are around people who are of lower vibration, then you don't have to do anything – the mere fact for what you are, and the spiritual connection that you have, can drive them deeper into their darkness. And this is what happened with my husband while we were together.

spiritual journeying – experience of soul
Ruth gave an illuminating depiction of her spiritual experience of soul, and higher self, as compared with spirit. She said:

There is this difference between my experience of spirit, and my experience of my soul, because it’s my journey. Spirit comes – that’s been my experience – so spirit will come during a healing. Whoever – I’ll know them, and I will do whatever; or nothing, if that’s the case. My journey is to pull in my higher self, so I can get strength from it, and get understandings, and get completion. It’s like, my experience – like I haven’t learnt yet, you know, to have my higher self with me all the time – awareness of it.

aligning to life purpose
Reflecting on a recent life threatening illness from which she made a recovery, Ruth stated that she was quite prepared to leave her physical existence. She expressed a completely clear sense that existence does not end with the demise of the physical body – her entire life experience confirmed that. However, she sensed that her physical survival was an opportunity for her to become better aligned with her life purpose. She reflected: “I do believe that I was given another chance. You know, like, to learn whatever it is I’ve come here to learn”.

Chapter Six – Transmutation
346
Growing through Suffering

Like other healers, Ruth expressed coming to appreciate the teachings of the terrible wounds inflicted on her in this life, having that alchemical sense of the blessing of suffering. Considering the central role of wounding in her experience, it seems apt to conclude this discussion of the themes I found in my discussion with Ruth concerning her deeper and challenging experiences as a nurse healer, with a reflection on her personal understanding of suffering and healing:

Because of that abuse, compassion, softening of the heart, understanding people – all that has come from that. So, it brought me much closer to my soul – and there is nowhere that anybody’s soul is not. So maybe that’s why I can make light of my wounds – because they have served me well.
Below is presented the account of one of the participants, Chris, which is a lightly analysed distillation from the transcript I made of our conversation about her deeper and transformative journey as a healer. It was my intention to conduct a thematic treatment of Chris’s story, as I have done with the accounts of the other participants. However, there was in this account something which insisted upon a different treatment – something which refused to be broken down to themes and sub-themes.

Within this account, Chris speaks of healing by knitting people together with her stories, and I am led to conclude that this collection of words is knitted together, energetically, in a way which bars me from prising it apart. For me, in a healing or energetic sense, it is meant to hold together, and teach through its wholeness, at a level quite beyond rational exposition.

And rationally I am not uncomfortable with this. There is something whole and healing and transformative in story, by its nature, which is insulted and debased by analysis (Hemsley & Glass 2002; Watson 2000). I have more than once, in the above discussion of themes in the stories of the other participants to this study, expressed this understanding. It is therefore satisfying, and not out of keeping with a certain postmodern sensibility informing this thesis (Glass & Davis 1998), to present my conversation with one of the participants to this study in a relatively complete story form. And as such it can also serve as an exemplar for all of the stories given to me for this work.

It is true that, in lightly editing the interview transcript to make it read like a monologic story, a degree of analysis has been applied – I assert no dogmatic ideology of ‘non-analysis’ here, but follow the slope of what seems right and possible. Furthermore, in the following integrative thematic analysis of the participants’ stories, there are contributions from Chris’s account; I am accepting of the contradiction of this – it works. And it is with a kind of joy that I am virtually forced to do what I really desire
to do in presenting below Chris’s story for its mysterious and healing informing, in its (relative) completeness:

I’m reflecting about my memory of driving quite close to home, probably within about a 10 mile radius. And there were elderly people who were known and named as being the person you went to for rheumatics, bone problems, when the dogs were off colour; when the calves had scours you’d go and get a drench from somebody. So there was not a differentiation between animals being cared for and humans being cared for. I grew up in a farming area and in a farming family where the picture as such was nature. You were all the time looking out and feeling, sensing what’s going on with the weather and what’s happening with the plants and the grass, and then of course the animals. So it would be the relationship with weather, the relationship with cows, then dogs, then grandparents, then parents, then kids, then chooks. It was kind of like a hierarchy of relationships.

And we would get dressed in our Sunday best, and sit in the back of the car. And wait while Dad went and did this transaction. Usually taking a bag of potatoes, or some kind of produce, or meat, in exchange. And there was this sense of silence, kind of like silence with a big ‘S’. Something was occurring, something was shifting around us.

We were aware of that, we all were. And I think it was just the way that people sat with it, and would say, “That plant's telling me it needs a drink” or “I can hear that cow, it’s just not happy there”. So there was always that kind of level of communication that was acknowledged. And then the response. So there wasn’t just "Oh, I see or hear this". There was the action that went with it.

I felt that, as a child, I had that big kind of cosmology framework. And then I did the varsity stuff, and that was just expansive and had lots of things in it. But then my nursing training had a kind of shape that (I realise now) I didn’t have much of a capacity with it. And I’ve had to grow the capacity in myself, and so that’s been the lesson for me in becoming a nurse. And being able to let nursing work through me.

So I guess I went as a serious kind of person into being trained as a nurse. And I just loved it, I was fascinated. I was in my mid-twenties and I’d been farming for years. I’d been milking all the years I was growing up. My dad became ill and I finished varsity and I went home and worked on the farm with my brother for three years, milking. And then, there came a moment when I just kind of had this sense, you know like literally, "go nursing".

You ask me if, before I went nursing, did I think of myself as a healer? The answer is no. And I still don’t. I don’t think of myself in that kind of way at all. If people seek me out, we don’t tend to use that kind of word in our conversation. You see, the way I understand it is the way I’ve been brought up in my family. For instance, I was having all these visions as an 11, 12-year-old – I was seeing things, both in the past and things in the future (and my sister as well; I mean, this wasn’t uncommon in our family – everybody was very fey). And I remember my grandmother saying to me (staunch Irish woman) she’d say I mustn’t say anything unless somebody came to me and asked me. That was amazingly helpful, because it was kind of, you know, I’d see things and then they would happen. And then I’d be like, whoa, oh dear, what am I going to do?
She guided me, silently, really, most of the time. Except for a few comments like that, that I’ve always held to. And so I’ve only ever gone and spoken where people have invited me to go and speak. And if people think that the things that I talk about make sense, in terms of putting words to what healing is, then it is because I do absolutely stand clearly in this sense that nursing and midwifery are expressions of the life that belongs to human beings. In societies. And I live in a certain community, and people in that community know me. Now they know that there are certain things that I can do, but they also know that I will say: “no, I can’t do that,” or “I know exactly what you’re talking about, and I know somebody who will be able to help you.”

And if I can’t do that, I just say to them “leave it with me”, and I do what I saw happen in those days, which was you would think something, then maybe you would ring the person, and then say, "leave it with me", and then you go away. And then I can remember hearing the phone call would come, or I remember dad would look at mum across the table and say, “I think today’s the day I should go and see so and so”. And so they would be picking up on the wavelength that that person had come into knowing. And it’s a very precise thing. So there was no need for great assessments, or fancy conversations at all. It was like, this was what was happening, and this was what was.

When I work with someone, often we’ll meet on the beach, or somewhere by water. Because it is absolutely clear to me that I am to some extent inconsequential in it. I might be the kind of elemental form that is at that point of interconnection really, but I have a sense of something. I have a sense that within each of us, within myself (and I’ve had to learn this through life threat) that we do have the spark of life within us, which is a correspondence with the nature out there. We’ve kind of somehow got this weird idea that we’re separate. Of course we’re not. But if you take Jean Watson’s idea, or some of those, Margaret Newman... their idea that the soul has a body, then for me that helps me realise that most of my nursing training actually flipped it the other way around. And if I say the soul has a body, then that was more like how I was brought up. And that’s the soul’s nature.

What I find now (and I think “can it be this simple?”) that if I am just how I am, in nature, and the person is with me in that space... And sometimes I yabber on and we have this full-on passionate kind of conversation. But it’s kind of walking along the beach. Or if they’re in bed at home, or they’re in bed at hospital or a hospice or whatever – then if I’ve been outside, and I’m in it in a sense that it’s in the images, and it’s in the talk. Or we’re touching or holding something. So it’s like, I do have this strong sense that when a person reconnects with nature – their soul – then this alignment with their deep inner healing force just happens like that!

I was born prematurely, and in a kind of tricky circumstance. That was my first life threat. And I know I was quite conscious of choosing to be born. I have quite a clear memory of that, before I was born. Not of being born, but then immediately afterwards.

I think for me, the healing the memory of the memory of my birth, where I nearly died, was making the connection that whenever something wonderful was going to happen in my life, I’d have this huge... “oh no!” I’d then think, “It’s all right... now where does this come from?” And I realised then that I had to separate what I call the ‘birth story’ from the ‘death story’. When I did that I thought “I’m going to live to be an old lady!” And prior to that I thought often that I’m not long for this life. But once I separated those
stories, and I thought, "no, I'm breathing, I'm fine"; then I put the death story over here to the side.

And my second experience of life threat was actually getting malaria and having cerebral malaria. And that was interesting, because I had to learn to read and write, and kind of get myself going from square one. As an adult. I could stand up, but there was not... initially I had no memory of how to go to the toilet, for instance. Or how to feed myself. So it gradually just kind of came back, and I remember just having to sit. That's all I could do, I could just sit. And then I remember this day, somebody gave me a pen to hold. And the realisation that there was nothing between head and hand. It did not register.

But I'll tell you what happened that was really interesting – I remember thinking "this is exactly how it was when I was born". This fearsome determination, or "this is what life actually is". You know when you see people like that, and you see babies who were born like that, and they're in an impossible situation, and they've got this kind of boomf in them. And I felt it. This was as an adult. And I remember having that as a baby. Everything else was falling apart, but there was this energy. It just gelled as if it was... it was me, but I had the awareness of it. It was like a force field type of awareness. And I can remember, it was like hanging on.

I remember when I was just starting to go unconscious, as that was happening, calling up the sun and the moon and the wind and the stars, because I was going. And putting them around me. And then just going unconscious. That was totally spontaneous thing to do, it was kind of like slipping away.

It took me about three years, to get myself going again. I was in my early Thirties. I'd been nursing in Papua New Guinea. That's how I got malaria. But I remember reflecting on this, and thinking "yes..."... I had that sense of... it was determination, yes, but I didn't have any names. It was just a spark of something.

You ask me did this make a big change in the way that I approached life? No, because you see it always had been there. And I think I had always nursed with awareness of that spark in other people. I'd worked a lot in ICU and coronary care and neonatal units and so forth, and paediatrics. So I had always worked in intensivist situations, with people who were in that kind of fight for their life. In that situation I absolutely had an awareness that you used your life, you put your shoulder to their life to fight, because without you doing that, they would die.

I wouldn't have survived without other people doing that for me. And I mean people had clearly done that when I was born. And so I think that story is within you.

I have lots of maps in me. And when people who come are talking, when I'm most aligned with nature, there is just a sense of a huge expanse. While I'm kind of twiddling around in my kind of intellectual mind, as they are talking, images come to me out of my own maps which alert me to where they might be at in terms of their storying. And so in those moments, I find that I can softly kind of just push in on the edge a little bit. Soften it.

I know to do that by how I see. There is an invisible process going on. Visionary. Images. To do with images. It is the soul, it is the language of the soul, is in images. And I don't put that into words. I never do put it into words, and I don't frame it up in terms of past, present, or future, or anything like that, because that slows it down.

Chapter Six – Transmutation
It's getting out of the way, which means getting my intellect out of the way, but being 100 percent present. So I'm 100% subjective, and 100% objective. My biggest challenge has been learning to shut up, because I'm a real gabber. I'm learning better now how to use the talk to knit a whole... If the person's come to you, and they're kind of broken; if their heart's broken, their soul's broken, and their body's broken, then no amount of touching or quietness is going to fix that. Really, in the amount of time. If we've got an hour, I might knit them up with story. And in that, I'm using my hands, and my voice becomes kind of like patches and I know precisely what I'm saying, and how I'm saying it. So I have now lots of stories. Big stories, little stories.

And sometimes they're a long way away. You know, the meat and bones are here, but they are like, away up in the trees a long way away. They may not even know where they are. And so I'm always talking to their soul. Wherever their soul is. And I don't go looking for their soul... And that's a real key thing, because what happens is, they might not have seen their soul for a long time. They may not have lain down with their soul laying down in them, which gives them a kind of quality of sleep.

And so I have (it just happens) a sense of speaking with the essence of them. I mean, I believe it's somewhere, because if it wasn't around, they'd be dead. So it has to be somewhere. It's just that, they've forgotten, or lost it, or put it somewhere. Well, I think souls, they have to get together and talk. I really do think that. And why would we be coming together anyhow? There is something happening. Maybe their soul will come. I don't know. And I don't go looking for it. I sit here. And so I have to be within my own soul being.

I don't talk about myself as being a healer. I tried out lots of labels for myself. Independent nurse practitioner, nurse healer, lesbian..... Lots of labels, you know. This was many years ago. And I actually thought to myself at some point, none of them actually express me, or who I am. And every time I used the label, people approached me in a certain kind of way. And I'd think "oh no, I'm not like that!" And so I decided, probably about 20 years ago now, not to use any titles. I would just use my name. For that reason. Yet you and I know that we have this absolute passion about healing.

When I'm at home I don't identify myself in any particular way, because people know by word of mouth. Because people often ring up, or people come to the door and say "so-and-so told me that I should come and see you" or "this nurse said, you're the one I should come and see". And we don't then have a big conversation about what they said and what this person thinks they need, or anything like that. We just know that we know.

And then we step into what I call "the not knowing". The space of living the moment of the meeting actually brings something out of the potential. So calling myself something would get in the way, because then the person can be thinking something, and I can be thinking some kind of bullshit thing, and then also, you get into playing around with words.

I don't think at this point people would necessarily say at home that I'm a healer. Because I think we're kind of moving, moving into something else. So it's kind of like that old term lingua, the language of the moment. And I think, the difficulty for me talking about healing as a healer outside of kind of moments, is that I would then have another kind of language which is an intellectual gobbledy-gook kind of language. Which isn't actually the kind of healing talk that I use at home with a person or with a family.
I suppose that goes along with not wanting a label, but also honouring the fact that other people in the community use words to say "go and see her". I don't put out a shingle or anything like that. They don't have to name me or their illness or themselves as a problem or.... See, if you start doing that, you are defining something that then you've got to unpick. And energetically that just wastes time.

I have an ability with touch. Before I started to use words, I always was able to use touch. And so, when I began to nurse, it seemed people would say to me "oh your hands! Your hands!" And I knew. I thought, "That's nice – my hands are good, my hands can do something". So that was really, probably, for the first 15 years of my practice, I did absolutely hone in on the gift of my hands. And developed that. And that then created a framework for me to kind of know how to manage myself in relation to other people. In a really ethical way. And also I suppose in that time I read a lot of the literature to do with massage and so forth. And it was fascinating and interesting, but I thought came nowhere near what was really happening. In relation to hands, skin on skin.

I think that it's interesting when you say "what is the journey?" Having been born prematurely, and having been cared for, and having certainly the experiences of a person who... premature babies do have a certain kind of response to touch. And so it was no accident to me, I thought, when I looked back, that I was interested in touch. I had grown up in the cow shed with cows, and using my hands all the time, and using my hands gardening and so forth, that my hands became a vehicle for me to kind of grow myself, and then grow my interactions with other people. But I think one of the big things for me became then letting other people touch me. And allowing that kind of process to occur. You know, skin on skin.

And I think having been a child who was quite fey, there would be some people who'd say "not very grounded". But I was very grounded, and very practical, and very much in the gumboots. But I just had a big map in my head. And so my learning was how not to let other people reframe my reality, and turn it into a negative or pathologised space. That then I would move into, or they would frame me up as being in that, in very much a "power over" kind of way. And to be able to use my nursing, my use of touch, and the ideas that I had, in an open, honouring, honest, quite simple kind of way. And to be open to people in the community saying to me "I'm not going to come back if you don't let me give you some money," or, "you need to do this." So that was the community tapping on my door saying “this is what you need to do.” I'm summarising things that took quite a lot of angst.

Within mental health nursing, when I first started creating with a group of other nurses a practice in the community, we were caring for people who were schizophrenic. And extremely ill young women, we were trying to care for them in the community and in a home environment rather than in an institution. We were working with people who were totally disintegrated at one level. And I was fascinated at the way that their world was framed up. And the reality was that they were standing within the world, seeing in the way that I could see, but actually completely unable to manage themselves and their lives and keep themselves safe. It's quite a shock when you first see that, and you haven't met anybody who is in that kind of space before. And so you think to yourself, "this is interesting – I have the same kinds of experiences that they have; I'm not a schizophrenic, what's the difference?" As I had done from when I was a teenager, I went to books to find answers for these things.

*Chapter Six – Transmutation*

353
As a 16-year-old I stayed with a Jewish family for a time. And they had the sacred Jewish
texts. And I remember finding in these books and thinking "Oh my God, it's written
down! These things are written down. How amazing!" When you have a big map of
things where you see things, and then you see it actually written down in a text, or you
see something that the words are not dissimilar... They belong to the Jewish tradition,
but I had complete comprehension of what was there in the text.

In the same way that people talk about the [Akashic] record that spans.... Well, I had,
when I was young, I just would go there, or sit in the space. And just would have a sense
at night that people would just bring volumes and lay them down. And all the years
right from when I was probably about 4, I had a sense of at night, being awake, sitting up
in bed, and being in this place, somewhere else in the world, of course, but just being in
this place where people would bring these big books, and put them down in front of me.

And I never talked about that until I was in my twenties really. There were about three
school teachers during my primary school, in these country schools, who would just look.
And I'm sure that these people had an awareness, and there was probably other people in
the class as well that had an awareness of these kids just being there, you know.

I didn't feel as though I was living in different spaces, because I was living in an
environment in my home space where this was all congruent. It was the school
education and the curriculum in the school, that... I just remember trying to bend my
head around it, and thinking "I can't do it". And I couldn't do sums. I just couldn't do
maths to save myself. And do you think I could do English comprehension? No! And
the things I didn't learn and then, and the things I haven't learnt now... it was kind of like
trying so hard to get these things right.

Whereas there was this other, and I mean, I remember at a certain point being shown a
whole ... like all the names of all these plants. And I remember thinking if I just sit here
and let this come into me, then I would know the names of all these plants. And there
were so many other things going on. I had to get up and milk, and I was tired, and I
remember thinking it was such a loss, to not be able to just sit there and let it come into
me.

I think the other sadness was when I thought that, when I had cerebral malaria, that I
couldn't remember. That was a fascinating time, because it was like, there was nothing to
think with. I had to wait until things started to come back to me. Which is what people
with head injuries say. Having to just wait until your brain organises itself again.

It was very exciting when I found it all written down in the Cabbala. It just kind of leapt
out from the pages. And I remember thinking then, you know, "so it's in books!" That
was pretty amazing. So that began my love of eating books.

I read everything. Anything. Yes, those esoteric ones, but not really in particular. But
kind of, "how do we write things down?" Because I think there are a lot of books that are
just people's whole ideas of how things work. So when I saw an article by Rene Weber –
she was the philosopher who influenced Dolores Krieger, and her story was just beautiful
to me, because it was not dissimilar to my story. Knowing as a child, and then being a
philosopher, and philosophy squeezing her out – she could never get it right in terms of
the text. So then she trained as a doctor, and then as a medical technologist. And that
allowed her, she felt, to finally say it how it was. And I'd made a decision early on, that if
I had enough courage, I could just write. That's what I would really like to be able to do.

I feel like I haven't lined up on it yet. I feel like the things that we're talking about now,
are the things that... this story isn't in writing. Whereas, I write that, and it's like
reflecting on what's gone on, but it actually probably makes people think "oh, she's for the birds, she's a bit in the outer space department." Whereas, actually I'm immensely practical, and very pragmatic, and very down-to-earth.

I suppose the other thing for me is – it's somewhat of a dilemma – is my family have always very much supported me, but my grandmother, she was very unsure about whether or not these things are to be written down. And if they are written down, then they are in the text. Like the Bible or a sacred text. I now respect that. She was a very wise person. She was not an educated person. She could read and write, but she had that kind of ancient wisdom in her.

You would be hard pushed to say that our nursing text books, that many of them are like sacred texts. Which is sad. I think that is immensely sad. I'd be hard pushed to say that a lot of my tutors regarded the work in that kind of way, although there were moments where you could see that that was how it was.

You ask me if challenging things arise, for me, on the unseen levels. The answer is no. No, not really. I think for me, it just is how it is. It's quite a simple thing. I have more struggles doing things socially correctly, you know for me that's been a bigger challenge. Kind of not blowing it socially. In my twenties and thirties, that was kind of like a dilemma.

I was very shy. Not feeling different – that kind of thing doesn't worry me – I love how people are and tend to look at people as.... everybody's different to each other kind of thing. So that kind of thing doesn't worry me. If people say to you "what are you interested in?" Or, one of the things was people would ask me a simple question, like the price of fish, or ... oh, anything. And I would go into this great long speech about something. It took me a long time to kind of... and they'd go "what's Chris on about?" It was kind of like I'd missed the cue, so to speak. And I think that was somewhat of a dilemma. Sometimes I think that I had to pick the moment when I was going to make a speech.

Regarding the experience of expansiveness, you have a choice. I had a choice. I could treat it as a curse, or I could treat it as a challenge. There was a point in my life as a teenager when I knew I had to absolutely say, "I'm going to do this". It was just that. I just knew. And it was as clear as that. That either the expansiveness was going to be a flipping nuisance... Because when you're young you tend to be considered by some people to be either a dreamer or away with the fairies – you know, that's the kind of colloquialisms that people use to describe it. I wasn't, in the sense that I was milking and, you know, we had young kids in the family and we were physically very much kind of into it. And I did a lot of tramping and surfing and things like that.

But by the same token, I had a sense that people would kind of talk with me, and they would think "where is she?" I think that does tend to happen when maybe you've got your edges of your perception a bit bigger. Like you know when everybody was looking at the eclipse the other day. It had a massive effect on everybody. Everybody was in that big space. I thought "hooray". They were talking about it – people were talking in that kind of really expanded way. It was just amazing. And I thought "ah yeah, this is interesting". So they had gone out and looked at the moon, you know. And yes, it was a magical moment...

Chapter Six – Transmutation

355
Summary of Individual Analysis of Participants’ Stories

In this chapter so far, the stories of the nurse healers participating in this research have – with the exception of Chris’s story – been analysed thematically. Whilst remaining true to my responsibility to represent my understandings gained from deep and prolonged absorption in these stories, I have made a concerted effort to remain true to the language and perceptions of the participants. Thus, an important goal has been to create an analysis which is infused with the vibrancy and inner coherence of the stories emerging from the interviews I conducted with these participants.

This section concludes with Chris’s story, which has not been subjected to thematic analysis, but given a sensitive edit to bring to the fore the content of most relevance to the topic of this research. In the following section, the overall themes in the above analysis of the individual accounts are identified and discussed in an integrative analysis.
Introduction

Analysing the themes identified in the stories of each of the participants to this research, I have endeavoured to identify the overall themes which express essentially the shared reality, or common ground of the journeys of the 11 nurse healers I spoke with. The five themes, or essences which I have identified, are: (1) Belonging & Connecting; (2) Opening to Spirit; (3) Summoning; (4) Wounding & Healing Journey; and (5) Living as a Healer. The overall theme: ‘Walking Two Worlds’, speaks to the overall understanding of the experience of the participants and the deep process they were involved with in bringing home to their lives the experience of being a healer and living both in ordinary reality and in the spiritual realities of the spiritual adventurer. For easy reference, these themes are set out in the table below:

<table>
<thead>
<tr>
<th>Overall Themes (Essences)</th>
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<tr>
<td>Overarching theme: Walking Two Worlds</td>
</tr>
<tr>
<td>(1) Belonging &amp; Connecting;</td>
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<tr>
<td>(2) Opening to Spirit;</td>
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<tr>
<td>(3) Summoning;</td>
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<tr>
<td>(4) Wounding &amp; Healing Journey; and</td>
</tr>
<tr>
<td>(5) Living as a Healer</td>
</tr>
</tbody>
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Table 12. Overall Themes (Essences)

It is not possible to bring to an integrative analysis such as this, the richness of information held in the above individual thematic analyses. There is that inevitable trade-off in presenting the overall sense of the essences of the lived experience of this group of nurse healers – depth and colour are inevitably sacrificed. Therefore, it needs
to be recognized that although this integrative analysis may present as a refinement of the preceding analyses, it is more accurate to state that it represents a different form of the knowledge gleaned from these participants. This integrative analysis gives the consumer of this research the opportunity to step back and look at the terrain of the lived experience, and offers a broad perspective, as if from an aeroplane high above the earth, and that is extremely valuable. Still, this broader perspective can’t fully bring forth all the delicacy and charm and power and richness and colour evident on the ground of each individual analysis. Thus, these sections of this chapter on analysis should be seen as equal partners, bringing forth from different vantage points this knowledge of the deeper, transformative journeys of these nurse healers.

**Overarching theme: Walking Two Worlds**

As reflected in the title of this thesis, it is my interpretation from my reflections on, and analysis of, my conversations with the 11 nurse healers participating in this research, that their experiences in their deep, transformative life path may be expressed by the phrase, ‘Walking Two Worlds’. This is the supertext and the subtext to the following analysis, being the primary experience of the participants in their deeper, transformative life path as healers. This is where they arrive to, in that journey, if they weren’t already there, and it is also the journey itself.

**I. Belonging & Connecting**

This theme is about the journey around feeling a sense of belonging, and connection with other people, undergone by most of the nurse healers participating in this research. For a number of those I spoke to, there was a strong sense of isolation from others earlier in life, which prompted a growth towards the experience of deep connection.

Emma said:

_I certainly felt different. I certainly felt as though there wasn’t a place for me, in the world as it was._

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*Chapter Six – Transmutation*

358
There was an experience reported by a number of the participants – of not feeling that they belong, feeling different and feeling isolated, as the above quote illustrates. They recalled that in childhood, and often well into adulthood, they felt alone, and not able or even interested to just play with the other children of their own age. They reported being thrown onto their own resources and into their own company.

Whilst this was a painful experience in the way most described it, it was also often a time of personal exploration on the inner levels, having contact with spiritual beings, and/or of deep connection with nature. It was apparent that the experience of not belonging and feeling different and alone was for a number of the participants something which oriented them to life in a way that encouraged that deeper exploration of self and spirit which is at the heart of the experience of the healer, as Rose’s words indicate:

> So I developed a fairly rich inner life, from quite an early stage. And I was always finding lame animals and bringing them home, and, you know, looking after them.

It may be significant that some of the participants who did not report this experience of aloneness and isolation in childhood (notably James, Michael and Rachel), experienced dramatic personal disruption (discussed below) when in adulthood they entered deeply into the experience of the healer. It seems that the coming to terms with the self and connecting with spirit for the isolated young people made the transition in adult life to deeper experiencing on the nonordinary realms of the healer a quite natural process.

Some of the participants discussed their coming to accommodation with this sense of isolation in adult life – for instance, Rose spoke of her enjoyment of her own company, and Emma spoke of the meaning of her power animal the wolf for her – being a loner and also running with the pack. Reflecting on the healing of that sense of isolation from others, Emma stated:

> I think I do have a strong sense of belonging within my healing community. Within the human place I have a very strong sense of belonging, and also in the esoteric – in the spirit place I have a strong sense of belonging. So all of these things have come together.
Accounts in the literature of the experience of nurse and other healers also speak of this theme. For instance, Barbara Brennan (1988) spoke of a childhood of much aloneness with nature. Further, it was certainly my experience from late childhood onwards that I felt different and separate from ordinary society. Another example comes from the personal account of the shaman Elizabeth Cogburn, reported in Chapter 3 (Grounding’, p 97), who reported a childhood experience of isolation from her peers, and intense connection with the spirit world (Dubin-Vaughan 1991).

The sense of not belonging, differentness, isolation and aloneness is mostly about not feeling connected with other people – for whatever reason. The other side of this issue is the deep connecting with others which becomes possible as people come to terms with their inner terrain and process their sense of isolation, and other emotional issues. Some of the participants reported being able to relate more effectively as a result. For example, James reported a transformation in his relationships when he began to open to spirit.

Heloise, who had not reported feeling lonely and isolated earlier in her life, described the importance of connection, which she discussed in terms of relationship – enacted in her nursing practice; and this is clearly at the heart of her experience as a healer:

relationship is a big thing for me. And I don't think that you can impact, or help, or be there with anyone else to facilitate any kind of process, if there's no relationship.

Opening spiritually, and being sensitive to the energetic and deeper, more mysterious aspects of connection, lies at the centre of the experience of the healer, whose spiritual practice is enacted in connection to others in the healing encounter. James talked of the sense of being at one and co-experiencing in the healing encounter, describing it as being together in the “pool of consciousness”

So here is the consciousness thing... we're both in the "pool" together. That's what's happening. And I don't think it's telepathy, and I don't think it's projection...

Angelique spoke at some depth on the energetics of connection, and brought to the fore aspects of experiencing which are usually not conscious. For instance, she told how she
had observed that simply being in the company of other people affected even her
dreams. She reflected:

\[
\text{I think that that is one of the most important things to discover for yourself – to} \\
\text{what degree are you influenced by someone else's mind, or by a group energy.}
\]

Being impacted by the presence of others, energetically, is an aspect of the experience
of the sensitive healer which Angelique discussed at depth in my conversation with her.
This connecting on the energetic level, and experiencing the impact of another’s
presence in a powerful way, is clearly an important aspect of the journey of most of the
participants, and was reported also by Heloise, Emma, Rose, Moira, Michael and
Rachel. It certainly played a big part in my own personal experience. This matter, as
one related to boundaries and balance, is also discussed below.

\section*{II. Opening to Spirit}

A central theme in the lived experience of the nurse healers I spoke with, regarding their
deeper, transformative journeys, was that of opening to spirit. Whereas a number of the
participants spoke of the role of spiritual beliefs in their lives, this theme speaks of the
direct spiritual experience, not mediated by belief.

This theme was articulated in different ways by the participants, each reporting a highly
personal experience of, and evolution into, that domain. Some, such as James, Rachel
and Ruth, spoke of a dramatic introduction to the spirit realms, as when Rachel sat
down for the first time to meditate:

\textit{And I sat there, thinking, "I wonder what'll happen", and then, with my eyes} \\
\textit{closed, yet as if I was awake, straight in front of me was an angel. Dressed in} \\
\textit{the usual garb, you know, wings, opaque gown.}

Some, like Emma or Heloise, described a gentle unfolding, and a gradual deepening, as
when Emma recalled:

\textit{Regarding my coming to know the spirit place, I think that my experience was} \\
\textit{very much more of a coming into it – a growing into it.}
Others, such as Gabrielle, described a lifelong process which at times was painful and terrifying, and at other times was graced with the gifts of spirit.

Whereas, as noted above under “Belonging & Connecting”, a number of the participants (Angelique, Chris, Emma, Gabrielle, Rose and Ruth) reported an experiencing of spiritual domains or phenomena from an early age, they nearly all spoke of this deepening in their connection with spirit, or ability to experience different realms of existence, or gain an adeptness in that domain.

Some spoke of their experience of spirit, at the time we spoke, as a clear and consistent experience of spiritual realms (Angelique, Emma, James, Ruth, Rachel), whereas for others, my sense from their words was of episodes of deeper experience, often at seminal times such as deep crisis, death, or powerful healing sessions. Almost all spoke of being permanently changed in this opening to, and deepening and evolving in, spirit, as suggested powerfully by the quote of James saying how he felt like he was bent like an iron bar (p 373). This is explored at some depth in ‘Summoning’ below.

Distinct points of intensification or deepening of the process of opening to spirit were identified by some participants, for example on dealing effectively with trauma following therapy (Rachel, Michael, Rose, Moira) (discussed below under ‘wounding and healing journey’) or after undergoing an initiatory experience like learning a healing modality, or undertaking a shamanic journey (Moira, Emma, Gabrielle, James). Rachel made a clear connection between her emotional work – dropping her “emotional baggage” – and entering and evolving in spiritual realms; and her meeting the angel, quoted above, came whilst she was in a counselling course.

Some spoke of the deepening of spiritual experience as a gift of support from spirit, or God, at extraordinarily painful times (Angelique, Ruth, Gabrielle, Moira). A remarkable instance of this is in Ruth’s account of dying as an infant, and meeting Jesus:
It was clear from the accounts of the participants in this research that the spiritual journeying was not something like putting on a knapsack and hiking through the bush – there was a transformative engagement where the person changed fundamentally as the experience deepened. This is particularly evident in the accounts of James, Michael, Rose, Gabrielle, Emma and Rachel.

This is less evident in the case of Chris, whose being part of a spiritual heritage from birth meant that she was from the beginning deeply embedded in that experience – it was congruent with the familial world of her upbringing. And Chris described her challenge to change as more that of learning to operate in ‘normal’ society. Others who had had this very early experience of spirit, such as Ruth, Rose, Angelique, and Emma, also described a less dramatic process of inner change through life, but more challenges in living in the ordinary world.

The case of Ruth is remarkable in this context. For her, since infancy, her experience of spirit was all that sustained her, such was the dreadful nature of her early life, where she was unwanted and abused. This experience reveals the spiritual experience to be a gift and a blessing – a truth very strongly born out in her story as it unfolded. It speaks to me of the ultimately illusory nature of ‘achieving’ spiritual mastery, or evolving ourselves spiritually – all we can really do is obstruct the workings of spirit, and maybe not even that. When the time comes for spirit to manifest, then we are taken, and reminded that we were only ever dreaming we were separate.

This theme is of deep self discovery and exploration, of encountering the unknown and the unexpected, the beautiful and the challenging. Intrinsic to the opening to spirit for the participants were visionary experiences gifted to them. It is a little tempting to view the opening to spirit as a completely visionary process – such is the significance of this kind of experience in the lived experiences of the participants, as they discussed them.

Chapter Six – Transmutation

363
with me. All of the participants had wonderful accounts of their visionary experiences, such as when Heloise recalled a healing session she received:

_I had this experience of being so big – that I was bigger than the veranda, that my feet were over on the headland – I was monstrously huge! And I was so expanded, I had this feeling of knowing everything – not a knowing of knowing it, but a feeling._

What is evident in the above story from Heloise, an in the accounts of all the participants, was the intense personal significance of these experiences – visionary experiences relayed to me in this research all related to, or were in themselves, significant and deeply resonant life events. Another example is from Moira, who found the appearance to her of a healing guide was very affirming at a low point in her life:

_I was upset about something. Things weren't working out – I was broke, and had no money, no food, no nothing. And I was just walking down the beach, and I asked could I meet him? If there was a spirit guide that I could meet, please just tell me who it is, or whatever? But I got better than that ... I saw this big buffalo – American Indian guy – 'Buffalo Horns'. And he said, 'I'm Buffalo Horn. How you doing?' And I just went, 'wow, OK. Hi!'

The excerpt from Ruth’s story, above, was another strong instance of the significance of the visionary experience.

A more conservative attitude to the visionary experience came from James. Whilst in his conversation with me he recounted some astounding visionary experiences, both in healing and with the shadow, James did express caution about the significance of the visionary experience, particularly when offering healing to others. He said:

_My hit on that is that I am witnessing something that has filtered through my mind, which struggles to put a rational explanation on things. Therefore, if I experience something, like a light around somebody, or the presence of an angel, I am cautious with it._

A number of the participants spoke of tools and practices which assisted in their opening to spirit, as in the above example of Rachel sitting down to meditate, and meeting the angel. Others, such as Moira, Angelique, Emma, James, Gabrielle, Heloise and Rose also spoke of meditating as a practice they found helpful. Other tools for transformation mentioned by the nurse healers participating in this research were
walking the labyrinth (Gabrielle and James), shamanic journeys (Emma, James, Gabrielle), journaling (Rachel), attending spiritually focused gatherings (Rose, Angelique, Michael), dreaming (Angelique) and having a spiritual companion (Gabrielle, James).

Perhaps of most significance to a majority of the participants in their opening to spirit was the learning of healing modalities and other esoteric practices (Angelique, Emma, James, Moira, Gabrielle, Rose, Rachel, Ruth, Heloise), among which were TT, HT, Reiki, Sufi practices and Ki Force. This by no means exhausts the tools employed by the participants in their opening and deepening into the spiritual realms, but gives a flavour of the range of tools that the participants found to be supportive of their inner journeys.

Of fundamental significance for a number of the participants in their opening to spirit was the role played by spiritual teachers and role models (James, Chris, Gabrielle, Rachel, Emma, Michael, Ruth). These individuals were vitally important in guiding the nurse healers in this quite uncharted terrain of the spirit. Chris spoke of the role of her grandmother, and the quiet yet powerful way she guided her:

She guided me, silently, really, most of the time.

James spoke about the significant relationship he shared with his spiritual teacher:

always it's like, with him, he either tells me off... but recently he is mellow, he's soft, it's just like a gentle sun bathing when I'm with him now. A tremendous sense of what might loosely be described as energy, passing, or being brought down by one being for the other – what in Hinduism is known as "shaktipat".

The significance of the spiritual guide becomes very obvious in the light of the bewilderment of the individual who does not have a guide for these deep passages of the opening to spirit, as Michael conveyed powerfully:

I certainly had to undergo my own healing journey. Very subjective, very difficult. I didn't have any mentors, any guide, any compass, or any comfort.
A number of the participants discussed spiritual guidance, which is the receiving of information from a spiritual source. Experience and interpretation of guidance varied from individual to individual. Some described receiving information from specific spiritual beings (Rachel, Moira, Ruth, Emma). Michael, by contrast, recognized that guidance did not arise in his everyday consciousness, but did not identify a source of guidance outside of himself. Angelique also described a general sense of knowing, as of information arising in consciousness. Emma and Rachel and Rose articulated an evolution in guidance over time. For instance, Emma, described an evolution from a general intuitive sense conveying quite vague information (‘radar’ or ‘antennas’), to a receiving of specific information from identifiable spiritual sources. She told how she had confidence in the guidance she received:

> there isn't a scepticism, there isn't a lack of belief. And I think it's because I've been very kindly treated by the spirit world, in that it's been a gradual process.

Rachel disclosed how guidance had evolved for her, in terms of her communications with her spirit guides:

> Originally I talked to them literally in words – in dialogue. And then it's become more refined, to be accepting of feelings and ideas, and not needing so many words. Kind of a knowing, but more like a fast movie. ... I still talk to my guidance, my Higher Self, like I'm talking to another person – but I'm much more open to having ideas come into my head that I had no idea where they came from.

Emma told how she could determine the difference between guidance and the ordinary contents of her mind:

> like my daughter would ask me a question, and the words would come out of my mouth. So I wouldn't think. Then, I'm feeling very peaceful, relaxed, and at ease. ... if I was in that thinking space, my body changes. My body ... gets a little bit tighter, because I need a tight body for my mind to work.

Whereas James and Chris expressed caution about passing on information from spirit to others, Rose and Ruth saw it as important to pass on what they were given for others. Rose said:

> I have to tell them. I can’t think "oh gee, it might hurt them if I say this". Well, how they choose receive it is not my business – it’s only my business to give it as I see fit.
The participants spoke of the blessings of opening to spirit. For instance, a number spoke of the beauty of being in the experience of spiritual reality, or in the company of beautiful beings. Ruth said:

there's always this other spirit one, where I can be me. Where I don't have to play a part. Where there's nothing to do. Where there is total acceptance, where there is no such thing as good and bad – where there is just acceptance. Where our souls meet.

Emma also spoke powerfully of feeling blessed by the gift of spiritual experience:

being blessed enough to have that awareness of the spirit world. To have that knowing support of spirit in the work, in the things that I'm doing. To be able to connect with people on that etheric level.

Emma also spoke of being blessed by the expanded sense of knowing in spiritual consciousness, that for her it was empowering and comforting. Most participants spoke of the blessings inherent in being healer, which is discussed below under ‘Being a Healer’.

One of the great pleasures for me in the conversations I had with the participants, and in transcribing and reflecting upon those talks, was the spiritual insights expressed by these nurse healers. Whereas the path of the healer is by its very nature one which requires spiritual insight, there were some lovely examples which stood out.

Perhaps the strongest insights expressed concerned the nature of reality, and on self in that. James reflected on the fundamental understanding underpinning his transformation into someone living a life of the spirit:

absolutely everything [is] connected with everything else. Everything, everything is connected. There is no separation – of anything. And I don't think one can truly grasp that unless you've trodden nonordinary reality.

Another insight, concerning the nature of greatness expressed in the beauty and delicateness of a flower, was expressed by Angelique (see p 245). Rose’s insight on the blessing of suffering, mentioned below, under ‘Wounding and Healing Journey’, also
struck me. The simple and humble way that Ruth embodied her spiritual understanding impressed me greatly – no grand concepts, just living in the grateful knowing of being embraced by God. Rachel’s expression of the role of needing to feel special in spiritual exploration also struck home to me, as did Heloise reporting a sense of, “I think God’s happy with me”, regarding her healing work. All the participants expressed insights which touched me.

Every one of the participants spoke of contact with spiritual entities. A striking example (mentioned above) was the case of Rachel’s spiritual visitors, such as the angel who manifested to her the first time she sat down to meditate. And from her account, experiencing spiritual beings was a consistent experience from that point onwards in her life.

For Rachel, the spiritual visitors played a central part in her opening to spirit, and the beings she encountered were important in giving her support and guidance. Other participants reported the importance of the support and guidance of spiritual entities or deities in their opening to spirit (Ruth, Gabrielle, Emma, Heloise, Moira, and Rose). For instance, Ruth said:

> And even after I was married, if things got so bad, then [the ascended master in spirit] Maitraea would come, and hold me, as I held my own children.

Gabrielle reported the angel of death, and Jesus, coming to reassure her just before her father died:

> And the angel said to me "only those who need to be afraid of me, are afraid".  
> And Christ was there, just standing in the distance.

Not all of the reports by the participants of encountering spiritual or non material entities were of the lovely and supportive kind. For instance, Angelique, who worked a lot with dying people, spoke of the presence of spirits around dying people which might bring a very uncomfortable feeling to the environment. Heloise reported encountering the spirit of a deceased Aboriginal man, which terrified her at the time.
Sometimes the awareness of spiritual beings was incidental, as when Emma as a child was aware of the presence of fairies, who showed no interest in her. Other encounters were of a playful kind, such as when Angelique described playing with spirits as a child:

> when it was hot and everybody was sleeping, I would be on the veranda and I would see these spirits that would play with me. And they would kind of rooch back and forward across the veranda, and they would peek around the corner. And that's the way we were playing – hide and seek.

Discussed below under ‘shadow’, some of the participants also spoke of inimical entities they encountered.

Related to the above was an experience, for some participants, of being deeply involved with the spirit of nature. This is especially evident in the accounts of Emma and Rose, and is also significant in the stories of James, Gabrielle, Chris, Ruth and Heloise. Here is a strong association with the indigenous shamanic experience, with which some of the participants strongly identified (James, Emma, Rose, Moira, Ruth). Some of the participants spoke of “power animals” (Emma and Gabrielle) with which they were associated, and which clearly brought insight and understanding in their connecting with the wisdom in that association.

When we spoke together for this research, Emma brought me a long peacock’s feather, and Moira gave me the vertebra of a snake. These symbolized, I feel, the spiritual wisdom of nature, and their sense of the importance of bringing forth the deeper experiences of the journeys of healers.

The experience of ‘shadow’ was important for a number of the participants. Angelique said:

> some of the challenges that I have faced – and it’s a long, ongoing process – are of discovering that not all that you see and that you encounter is of a benevolent nature. And especially with diseases – and physical and mental diseases – it resonates with areas that are in the astral fields. And in the astral fields there are many different energies that can behave in ways that may be very challenging – to your own health, to your own focus, to your own wish to be aligned with something that I would call “Source”, or “Christ”, or anything in that direction.
Illustrated by the above quote from my conversation with Angelique, a significant aspect of opening to spirit, for some of the participants, (Angelique, James, Moira, Emma, Rose, Rachel, Ruth, and Gabrielle) was the experience of ‘the shadow’, or spiritual darkness. In Jungian terms, ‘the shadow’ refers to unseen aspects of everyone’s psyche which affect one’s thoughts, feelings and behaviours, typically in unwanted or unpleasant ways (Zweig & Abrams 1993). When opening to spirit, for some people, there comes a direct consciousness of shadow, which has a projection in spirit. This can be extremely challenging particularly to healers who have a rapid and deep entry to spiritual experiencing, and are still at the early stages of coming to terms with their own shadow.

James discussed his experience of shadow at depth, and identified areas of shadow in himself with which he had cultivated a relationship. As well, he spoke of having a number of experiences, in non ordinary reality, of spiritual darkness, some of which inspired great fear. He emphasized the crucial importance of coming to terms with shadow, and also discussed some aspects of the shadow side of the spiritual path. He said:

*One of the shadow sides of this spiritual awakening is it's kind of like an addiction. Wanting more experiences.*

Angelique talked about encountering the shadow in her work as a nurse in others’ homes, particularly when nursing the dying. She reported finding herself uncomfortable at times with the energy associated with the spirits drawn to the dying, having to work as a nurse in that energy.

As people sensitive to the unseen aspects of experience, the participants reported a number of experiences associated with darkness in spirit. For instance Rose recounted a story about being psychically attacked; and Moira spoke of being influenced by the thoughts of others, particularly men, projected at her. The manifestation of thought forms, as an aspect of spiritual darkness many healers deal with, was also discussed by Emma (p 255-256)). This kind of experience is also discussed below, under the theme, ‘Living as a Healer’.
Emma spoke of dealing with the shadow when it presents, but not seeking it out:

*I think when it comes up, it's important for me to explore it. I'm not going to go digging for it, just like I'm not going to go digging in past lives. If something comes up, then great – then it's time for me to learn that lesson.*

It is perhaps somewhat arbitrary to identify this ‘Opening to Spirit’ as a separate theme to that of being as a healer, but the sense I glean from most of the participants’ reflections, is that the deeper experience of the healer is both held within this opening to the spiritual, and is also quite distinct in itself. Some, such as Michael and Rose, did not, in our conversation, draw a strong distinction between the deeper experience as a healer, and the spiritual realm in which it is held. This accords with the writings of Dolores Krieger (1987), who described the journey of the healer as a yoga, or spiritual path in itself. This must be the case with all themes – they will inevitably be arbitrary to a degree in dividing up human experience, and they all intertwine and overlap.

**III. Summoning**

As disclosed to me in our conversations, some of the nurse healers participating in this research, particularly James, Gabrielle, Michael and Rachel – underwent dramatic personal disruption in the process of opening to and deepening into the spiritual experience. This is a highly distinctive experience in the deep awakening to being a healer. Chapter three ‘Grounding’ also contains some reports of dramatic life disturbance in awakening to healing, as in the account from Susan Morales on page 66 (Keegan & Dossey 1998). It is also suggested in Slater et al’s (1999) identification of a liminal phase in journey to holism, and has resonances in the reports of Geddes’(1999) participants, as well as in Davis-Floyd & St John’s (1998) study into the transformation of doctors. I certainly see strong resonances with the highly disruptive initiation process undergone by shamans (see Chapter 3 pp 91 and following).

There is a sense in James’s story, and to a lesser extent in Gabrielle’s recollections, of being challenged to overcome deep reluctance to enter into the deep domains of the spirit. In the case of James, the word “summoning” comes to mind, where he was
commanded, against his will, by the deeper aspects of his being to change profoundly to live a life of the spirit:

I felt like an iron bar being bent and being made to go in a different direction. And there were long episodes of physical, emotional, mental, spiritual crisis. And I would encapsulate the whole thing as a spiritual crisis - an ongoing one lasting several years in which almost everything - my values, my ideas, my knowledge - was turned on its head. And it was terrifying.

James described to me in detail a huge struggle where he eventually had no choice but to abandon a life focused on material success and sensory gratification, in favour of a life path centred on profound spiritual experience. And during that process his health deteriorated dramatically, he became unable to function in some of his professional activities, his relationships all changed, his values were challenged, and he began to undergo therapy. He described the process as becoming possessed by a part of himself that was unwilling to live as he’d conducted his life until then. And then followed an intense spiritual awakening.

Gabrielle also reported being deeply disturbed, initially, by an inner call to awakening. She said:

I had an experience which was the most terrifying of my life. I don’t know how to describe it, except I had a sense of being called by the divine. The sense was a female sense, and the word that comes to mind is "siren", of the soul, and the call was piercingly sweet, and utterly frightening. And all I could say at the time was "f*** off, God!"

Rachel also spoke of a difficult process in coming to balance her spiritual experiencing with living in the ordinary world. She spoke to me of an extended period of dysfunction on the physical level of existence following her abrupt awakening to the spiritual world of visitors and other phenomena. Understanding it in terms of “dropping her baggage”, of letting go of emotions and beliefs which restricted her from coming to a deeper self knowledge and personal authenticity, Rachel reflected on that struggle:

So as I was unloading baggage, my health was deteriorating; the spiritual experiences were coming; my emotional being was in crisis, because the relationship that I had had broken down. It was like a total stripping me back to my bones.
For Rachel, the spiritual experience became her main focus in a time when other aspects of her life were extraordinarily chaotic and confusing. One of the difficult aspects was the way that her sensitivity to unseen aspects of health, for instance, intruded on her ability to maintain equilibrium. An example she gave was of difficulty she encountered in her employment as a nurse, when she was becoming:

more vulnerable, being impacted more, or being aware more from an energetic point of view; realising that the chest pain I had might not be physical chest pain – that it might be an emotional pain[from another person] that I was registering in my heart...

Rachel recounted to me how it took an extended time before she gained mastery over her spiritual impressions. As she was going through an intense period of counselling and personal reflection and re-evaluation, she was at the same time thrown powerfully into the spiritual realms. For Rachel, the world of spirit became her refuge, but this in itself created problems. She reflected how it was addictive in its beauty and security, and she came to lose interest in tending to the business of living.

Emma similarly spoke of a quite difficult process in balancing the different aspects of her life as she came to accommodation with living in two worlds. For her also, there were issues in functioning materially:

I had an illusion that being in a spiritual realm – or being in this place, in the place I am – seems to negate having to look after the other section. Like it’s all taken care of. And I know on one level it is all taken care of. But on another level I am required to actively participate in this human life.

Similar in some ways to the experience of James and Rachel, Michael found that as he deepened his spiritual experiencing through the practice of healing, he entered into a period where he was forced to change radically. He spoke movingly about this period:

I felt as if I had no choice in engaging in that process. And the stronger that the healing energy came up in me, the more sacrifice I had to make. For a period of time. I did lose everything in my life – I lost my family, I lost all the wealth that I had accumulated. I’d lost, if you like, the relationship prior to that. So I felt a period of total loss, and detachment, really, from the physical things, aspects of life. I had to know that really wasn’t enough. And that was huge, and very traumatic. But I had a great sense of calm inside, and obedience – I felt like I was peeled open and a strong search light was put on me, and all I could do was have humility and obedience to that. To really go with it. I couldn’t struggle against that. So it was quite profound, and quite prolonged, and quite strong.
And I felt quite broken in that time, as a human being, but quite intact in a certain way as well.

And Michael spoke of an understanding that what occurred was to make him more authentically himself.

*It was actually blow-torching off the unnecessary, in a way. The essential me was more me. The essential knowledge that I had was stronger. Not new, really, it was like remembering. Rediscovering, not actually discovering. So I'd have to say probably more deconstruction. You know, and in that deconstruction, the scaffolding of life, social life and family life and material life that I had built and was taken away, allowed me to expand rapidly.*

This above account by Michael seems to me to be emblematic of the process of deep transformation of the (nurse) healer, and illustrates powerfully how what occurs in the lives of these individuals, although extremely disruptive and painful, enables in the end a more deeply integrated and authentic living.

**IV. Wounding and Healing Journey**

Your joy is your sorrow unmasked.
And the selfsame well from which your laughter rises was oftentimes filled with your tears.
And how else can it be?
The deeper that sorrow carves into your being, the more joy you can contain.
Is not the cup that holds your wine the very cup that was burned in the potter’s oven?
And is not the lute that soothes your spirit the very wood that was hollowed with knives?
When you are joyous, look deep into your heart, and you shall find that it is only that which has given you sorrow that is giving you joy.
When you are sorrowful, look again in your heart, and you shall see that in truth you are weeping for that which has been your delight

- (Gibran 1980 (1926), p 36).

I was constantly overwhelmed, during the process of interviewing the participants to this study, and transcribing the interviews, by the shocking emotional woundings that a
number of these people disclosed to me. For instance, of the eleven participants, Angelique, Chris, Emma, Heloise, Gabrielle and Rachel did not disclose to me that they’d experienced sexual abuse – the others all spoke of that experience, the pain it caused them, and, in most cases, the healing of the wounds.

I have already mentioned above, in ‘Belonging and Connecting’, how a majority of the participants had reported a deeply painful sense of isolation and loneliness in early life. Other difficult life experiences reported by the participants included physical abuse by parents or partners (James, Rose, Ruth), murdered (attempt) by a parent (Ruth), death of a child (Moira), death of a partner and/or close family member (Emma, Gabrielle, Moira, Ruth), pent up grief of working with trauma victims (Michael), abuse from other nurses (Gabrielle, Michael) taking on the pain of a parent (Gabrielle), drug abuse (James, Rose), dysfunctional relationships with partners or families of origin (James, Emma, Michael, Rose, Ruth, Moira), traumatic or chronic physical injury or illness (Chris, James, Moira, Rachel, Ruth), and deep spiritual and emotional distress, reported by most participants.

I have not intended to catalogue the traumas of the participants in the above paragraph, but rather to convey a sense of the difficult life experiences of the nurse healers. Of the participants, only Heloise did not report a significant journey around wounding and personal healing. Among the others, Moira and Rose certainly experienced the devastating traumas of their lives, and the healing of them, as the absolute centre of their journeys as healers. Chris, Gabrielle, James, Michael, Rachel, Emma and Angelique also expressed how they saw the healing of their wounds as critical to their understanding of themselves as evolving humans in the experience of spiritual healing.

How the participants responded to their wounding was highly significant, in terms of their life paths as healers. For instance, Angelique spoke of being sent away from her family as a small child, and how she responded to the lack of a mother figure by mothering herself:

*The way people are doing now – the other way around, you know – that you’ve grown up, and you’re letting your inner child talk to you. I have done that the other way around.*

*Chapter Six – Transmutation*
Later, she reflected how that resilience and self-nurturance she developed at that time enabled her to act as a healer to others:

_I know that my patients really like to have me around – I know I’m a very good nurse. And it comes from this background story that I just told, of being alone, being lonely, and having to delve very deep inside myself – to keep my balance, and to grow in a harmonious way. And I feel that that is part of what I can share with other people who are sick, also. To turn it into healing qualities._

As was brought forward in the discussion on wounded healers in Chapter 3, (pp 73-78), there is a sense in the accounts of the participants to this research of the woundedness, in its healing, funding the ability to contribute to the healing of others. For instance, Moira voiced a recognition of a progression in her evolution as a healer, concurrent with her own healing journey. She said: “I think the healing work that I do becomes stronger, as I work through my own stuff”. Still further, Rose, who had disclosed to me a life of multiple traumas with intense personal suffering and deep emotional disruption over decades, spoke of the blessing of her woundings:

_I don’t regret any of [those experiences of wounding]. ...I don’t even think “oh wouldn’t it be nice if that hadn’t happened.” I feel really grateful, and I feel in a sense that I’m quite privileged to have been through those things, because they just served to make me a better person, or a greater person, or more capable of serving other people._

This was recognized by a number of the participants, who, like Rose came eventually to be healed of the deep hurts they had carried within. Another insight on the wounding experience and its healing, came from Emma, who spoke of the woundings being the “coming home experiences”

_some of the experiences of being wounded, eventually are the "coming home" experiences... So when the strongest presence of angels was there, was around the most painful times._

Ruth also spoke of the spiritual support which came to her when her need was greatest. She recollected this example:

_There were many times where [Baba] actually protected me in the physical from getting very very badly hurt. When my husband would see a wall of light around me, and he’d say to me, “if I could get through that, I’d kill you!” But wouldn’t dare to come close._

*Chapter Six – Transmutation*
The actual healing journeys of the participants were deeply significant, and they described numerous kinds of healing. Examples of approaches which helped were psychotherapy (James, Rachel, Michael, Moira), EMDR therapy (Rose), Healing Touch, Therapeutic Tough, Reiki and other energy healing approaches (Emma, Rachel, Gabrielle), rebirthing (Michael, Heloise), contact with spiritual teachers (James, Michael), and contact with beings and masters on spiritual planes (Rachel, Moira, Ruth, Gabrielle). Chris spoke of the existential meaning of others bringing healing to her (and her to others) at times of life threat, putting their shoulder to her life:

> I had always worked in intensivist situations, with people who were in that kind of fight for their life. In that situation I absolutely had an awareness that you used your life, you put your shoulder to their life to fight, because without you doing that, they would die. I wouldn’t have survived without other people doing that for me. And I mean people had clearly done that when I was born.

Most of the participants expressed the experience of the healing impact on their lives of learning healing modalities, and reaching out to heal others. So that was quite a reflexive process, where their ability to channel healing for others increased with their own healing, and their own healing was moved ahead by reaching out as healers to others. A final excerpt from Rose’s story illustrates this sense of healing ability, and spiritual consciousness, increased through undergoing one’s own healing:

> Having dealt with the emotional traumas and blockages – that means I’m freer in the spiritual sense and in the healing sense. Like there’s a sort of an opening now. It’s like seeing the light, but being in the light as well. And, yes, I do feel on the brink of something great, of greatness. I don’t mean that in any egocentric way at all. It’s just more a spiritual knowledge, I suppose.

**V. Living as a Healer**

All the participants to this research spoke of the reality of being a healer in their lives, and this forms the fifth theme of this integrative analysis. Almost paradoxically, some of the participants, notably James and Chris, were adamant about not being called ‘healer’. This was for slightly different reasons. James spoke of the fundamental nature of healing, and the complete mystery of what occurs in healing exchanges, when he asserted that nobody is really a healer:

> Well first of all, I don’t think I’m a nurse healer. I don’t think I’m a healer. I don’t think anybody is a healer. I think I can participate in healing, and we have certain skills, intention, consciousness, that we bring to a healing context. ... We perceive ourselves to be channeling, or we perceive that I’m somehow
doing healing. But in practice, in reality, I think something deeper might be taking place.

Chris had a slightly different take on not wanting to be called a healer, related to not wanting to place her work in a frame which might limit its meaning, and related to her not liking to be herself labelled. She said:

I don’t talk about myself as being a healer. I tried out lots of labels for myself. ... And I actually thought to myself at some point, none of them actually express me, or who I am. And every time I used the label, people approached me in a certain kind of way. And I'd think 'oh no, I'm not like that!' And so I decided, probably about 20 years ago now, not to use any titles. I would just use my name. For that reason. Yet you and I know that we have this absolute passion about healing.

Whilst it does appear to be contradictory, it is meaningful, I believe, to call the participants to this study ‘healers’, even though all would at some level agree that the healing exchange is far deeper and more complex than suggested by the notion of ‘a healer healing a healee’. Perhaps the words of Michael can add texture to this mysteriousness of healing as we understand it, as he reflected on his own experience of using words to heal another:

it comes through my mouth, it sounds like my voice, it doesn’t feel like anybody else, but the knowing is greater than me. ...So, I'm not instructed – I'm not given words that I just spit out of my mouth. They are inherent in me at the time. I know it, and I speak it. It is spoken with great love and clarity.

Rose also attempted to describe what was occurring when she was aware of playing a part in healing of others:

it's a very intense feeling of... it's not sympathy, and it's not emotional. It's definitely not emotional because I don't feel any emotion. In a way I feel a bit detached, but I do feel something moving through. And it's not coming from me. I mean, some of it's coming from me, but a lot of it's coming from external, um... divine realms, I would like to think.

Unlike James, for Rose, there was a time in her life when she found it to be important to acknowledge herself as a healer. This was quite central to her self concept, and to function as a healer, she felt the requirement to honour herself as playing a part in that.
The experience of participating in healing exchanges was seen as a great blessing for both herself and the other, Heloise reflected, and she spoke of her personal joy when that occurred. She also spoke beautifully of the spiritual nature of these healing connections which happened in her working days:

*I don’t have a conscious belief of, you know, that I work for God, but I sometimes feel like God comes in, somehow. And sometimes I feel like whoever I’m with, or the combination of both of us, is bigger – that there’s some other presence there. So it’s not like I’m working for God, but... it’s like He does the connections.*

Regarding the essential nature of the healer and her role in healing, Rachel expressed the belief that people have an ontological recognition of the healer – they “read your bones”, Rachel said. She saw the path of the healer as one of coming to know her own bones, so that they are clear to be read by others. The deep self-knowledge of being Rachel referred to automatically puts the nurse into a healing relationship with the other which is both authentic and grounded. She said:

*Before, I could talk about, “yes, you’ve got an energy block in your heart” or “around your liver” – whatever. Now being – sitting next to that person – can help balance all that out. I don’t have to do anything. It’s more than presence – it’s actively being there... this is an active thing. It’s an actual valuing of what my bones can show you, communicate with you. There is an exchange of something. That exchange then brings me to ask things of a spiritual nature, or of a more holistic nature, as a nurse healer.*

All the participants had lovely accounts of healing occurrences. The experience of being a healer, as described by the nurse healers participating in this study, had a number of dimensions, beyond the actual experience of participating in the healing exchange. This reached into the lives of these people in a myriad of ways. Some discussed being connected to a spiritual heritage, or lineage, of healers (Angelique, Chris, Gabrielle). As Gabrielle’s words illustrate, this was significant to their self understanding as healers:

*that was my deep inheritance. That somehow – and of course, now I can feel the tears coming because I always know the energies around it – that somehow, what I am to do now, and have been doing, is accessing something that’s deep within me and beyond me. And part of what I have inherited.*

The participants spoke of growing into the healer role, or evolving. Aspects of this have been discussed above under “Wounding and Healing Journey” and “Finding balance...”,

*Chapter Six – Transmutation*  

379
but there were a number of reflections by the participants regarding what was involved personally in moving deeper into that experience. For instance, Michael revealed how he went through a period where his obvious impact on other people frightened him. He did not know all that was occurring, and feared for a time that he was being used in some way by an unseen force. Moving past that anxiety was a significant step for Michael. He recalled:

> when I sit on buses and trains and boats and planes, people would cathart next to me, quite regularly. I got upset about that for a long time, but realised it was just spiritual energy.

Growing into the healer role for the participants was often associated with being grounded. There was an understanding that being unbalanced by not having a strong grip on material living was an impediment to functioning as a healer. Emma reflected on the grounded nature of what she offered in her work:

> I think that when one does have that experience of spirit – well, when I have it – the more experiences I have, the more important it is I remain grounded. Because what I wish to offer the people that come to me for healing, or students, or people in my life, is grounded.

Chris made the clear distinction that being grounded absolutely did not mean not connected to spiritual realities, but means being balanced in relation to earthly life. She reflected:

> And I think having been a child who was quite fey, there would be some people who'd say 'not very grounded'. But I was very grounded, and very practical, and very much in the gumboots. But I just had a big map in my head. And so my learning was how not to let other people reframe my reality, and turn it into a negative or pathologised space.

For a number of the participants, the issue of protection played an important role in their being healers, as they discussed that with me. This hearkens to the issue of the shadow, discussed above under ‘Opening to Spirit’, and is a significant aspect of the esoteric lived reality of the spiritual healer. Heloise spoke of how the issue might come up for her, and how she would respond to it:

> I think if you’re working in kind of a violent, or aggressive or really confronting situation, I don’t disconnect from my own intuition about it, but part of my own intuition might tell me to contract. Like my openness... sometimes I flatten my chakras – like I get some hint to psychically shut down myself, so that I’m not so open, so that I don’t take in all this stuff.
The sense of being very open, for healers, can lead to a sense of being vulnerable to being adversely affected by the energy, or thought forms or entities associated with a person, or a situation. This is particularly in times of unbalance, as Rachel’s account of being physically vulnerable to the suffering of others bears out.

Some of the participants, such as Moira and Rose, reflected on becoming less vulnerable to the energy of and projections of others as they moved ahead in their own healing journeys. Nonetheless, as Moira reflected, being open and sensitive to the suffering of others is a native attribute of a healer:

*I think we’re very sensitive, because I don’t think we would be healers if we weren’t sensitive. And especially, if you can put your hands on somebody and feel where their body is not well, or to feel something that isn’t quite right within them – whether it’s in their aura, or in the shell of their body. I think we have to be sensitive to that, to recognise it.*

Another issue discussed by some of the participants was that of personal boundaries, which addresses a key feature of the healer’s experience. For instance, Michael spoke about his struggle to create healthy boundaries between himself and others:

*I’ve been crashed all my life in emotional ways without knowing it. So I had no boundaries, and I didn’t know how to declare boundaries, until my mid-to-late thirties.*

However, he made the important reflection that the healer experience by its nature involves the dropping of one’s boundaries, and the healer at some point learns to create healthy boundaries:

*I think that’s also an inherent part of healing as well. I think you’ve got to actually experience “boundary-less-ness” in order to allow incoming energy. In some way. I think you learn to control it later – I think most of the wounded healers have boundary issues as well. ... So I think “boundary-less-ness” is part of the kit and caboodle of healing. I think that if we had strong boundaries all our life, I don’t think that you can be a very good healer. I don’t think that you get incoming energy. I think it’s too filtered. So I think, when I talk to the healers, especially the indigenous model healers, ... most people that deal with hands on or energetic healing have a fairly similar story about having no boundaries, and having to find the boundaries later on. So I think in the beginning when the gifts pour in, and you get overloaded, if you like, swamped, even caved in, that you’ve actually then got to physically – consciously start to erect them.*
Another participant who gave a strong account of boundaries was Angelique. Her account revealed a high degree of mastery of boundaries, where she was in the experience of travelling in many dimensions of existence. Still, she mentioned that she could still be very uncomfortable in creating healthy boundaries in her nursing work.

The participants spoke of pitfalls on the path, some of which have been mentioned above. For instance, Rachel spoke of being addicted to spiritual experience, and how in order to live a balanced life she had to grow through that experience. James also discussed an unhealthy hunger for spiritual experience. He also spoke of the need to keep balance around the shadow, and be aware of the complexity of the human spiritual experience:

> When I hear people swanning about, talking about “love and light” and stuff like that... that’s not the way it is. And I don’t think we can be as fully available in service, with those in need, unless we recognise the shadow in ourselves – in them, in how it works, how it is playing itself out. Because the healing process is about transforming shadow into light. And so I think if one is more aware of that, maybe that’s one dimension of the experience of those, if they serve me in some way, which is to make me more aware when I am working with people, of a degree of humility. This cannot be me whacking light into somebody. There is something going on here, of which I am but a servant.

The participants spoke of the blessings that come from being a healer, how that experience has graced their lives. Heloise disclosed to me the wonder of expanded consciousness she would experience following a healing encounter:

> I don’t know if it’s God, I don’t know what it is, it’s like energy – it’s like I’m walking down the street, and right down the other end of the street, walking towards me, is some energy that’s really light. And that’s kind of like an aspect of God, or something. And I get renewed by being out there, rather than losing energy going out there.

A number of the participants disclosed to me how being a healer had come to mean that they lived their lives in radically different ways. Michael reflected on how his life patterns had changed, how he was more conscious in his connections with others; how he was learning to live without labels, and more in harmony and accord with nature; and live more lovingly. Rachel spoke of being more grounded and authentic in her living
and working. Gabrielle spoke of being true to her journey, and learning to trust and deepen her connection to spirituality. James indicated improved relationships, and could point to a life lived in an entirely transformed way to the hedonistic life he lived prior to his awakening. He spoke of learning to live with uncertainty, of coming to terms with his shadow side, his flaws and faults, and of living in two worlds. Rose spoke of finding new levels of self worth, balance, and living with integrity.

It is perhaps apt to conclude this integrative analysis of the deeper and transformational experiences of the eleven nurse healers with whom I spoke, with Michael’s words concerning his coming to experience life in a more integral way through his deep journey of transformation as a healer:

So, yes, I think, through loss, through pain, through personal suffering I actually got to blend. The rivers ran, you know, all the rivers ran. So... it all became one, rather than lots of different parts of me... So healing was part of that process too. You know, it's part of that expansion. Because all creation expands. And so I'm expanding with it, and I see that, very much. That's a good thing.

**Conclusion**

This chapter presents the results of this hermeneutic phenomenological investigation into the deeper and transformational experiences of nurse healers. This chapter is in two sections, and three levels of analysis are utilized. In the first section, the transcripts of the conversations I had with ten of the eleven participants have been thematically analysed individually, with three or four major themes, and varying numbers of sub-themes within the major themes, identified in respect of the interview (or ‘story’) of each participant. As well, a light analysis was applied to the transcript of one of the interviews – that with ‘Chris’ – to convert it into a monologic autobiographical story, and this story is presented as is. These two analyses have resulted in a rich and comprehensive picture of the terrain of the participant’s lived experience regarding their remarkable personal journeys as healers.

The second section comprises an integrative analysis of the results presented in the first section of the chapter. An overarching theme, as well as five essential themes, are
The overarching theme, ‘Walking Two Worlds’, expresses the core experience of the participants in their deeper, transformative journeys as nurse healers, where they have come to experience more than one reality.

The first theme, ‘Belonging & Connecting’, depicts the journey experienced by a number of the participants around a disrupted sense of connection with other people, leading in a number of cases to a very deep connecting, and a satisfying sense of belonging.

The second theme, ‘Opening to Spirit’, explores the deep spiritual connection and awakening experienced by the participants, and encompasses the various kinds of esoteric experiences the participants reported, such as visionary experience, spiritual entities, and experience of the shadow side of spirit.

The third theme, ‘Summoning’, concerns the radical transformative process experienced by some of the participants, where they underwent deep personal disruption and confusion in the process of becoming transformed to live more authentic lives as healers.

The fourth theme, ‘Wounding & Healing Journey’ concerns the trauma and pain suffered by a number of the participants, and the healing journey they underwent. This theme also explores the deep understanding of this experience which is expressed by the participants, where some have come to see their wounds as blessings, enabling them to have deeper insight and greater capacity to help others.

The fifth theme, ‘Living as a Healer’, explores the aspects of the deeper journeys of the participants which relate to their identifying, practising and living as healers.

In the following chapter (‘Harvest’), the thesis is concluded by revisiting the aims of the research, retracing and validating the research process, identifying the practical and theoretical implications of the findings, and setting out a tentative agenda for their dissemination.
JERA - Harvest

“A rune of beneficial outcomes. Jera applies to any endeavor to which you are committed. Receiving this rune encourages you to keep your spirits up. Be aware, however, that no quick results can be expected.

You have prepared the ground and planted the seed. Now you must cultivate with care. To those whose labour has a long season, a long coming to term, Jera offers encouragement of success.”

- Viking Rune (Blum 1982, p81).
Reflecting on the Research Question and Aspirations

This study has emerged from my heartfelt passion for healing, and fascination with the inner world of the healer. Hence, my coming from the perspective of one who has self-identified as a healer, and who has personally undergone in that some bewildering experiences, as well as some beautiful ones. It is this process that has driven my undertaking of this investigation into the deeper, transformative journeys of nurse healers. Holding forth reflexively in this way my personal horizon (regarding the topic of the research) is a central requirement of the ontologically-infused methodology of this study (van Manen 1990).

Earlier research on the lived experiences of nurse healers (Hemsley & Glass 1999a) uncovered a theme of ‘evolving’, which touched on the extraordinary life path and challenge of the healer to balance the outer life with the inner realities. This prompted me to look more closely, and conduct this research focused on that deeper experience. The research question which emerged was “What are the unique, extraordinary and challenging experiences undergone by nurse healers associated with their coming to be, and living as healers?” (See chapter 1 ‘Opening’, p 3).

Although the underlying drive to conduct this project is intensely personal (van Manen 1990; Sandelowski et al 1989), recent research and other writings by nurses have corroborated the need to take this kind of knowledge to nurses (Geddes 1999; Slater et al 1999; Davis-Floyd & St John 1998; Keegan & Dossey 1998; Krieger 1987). Further, given that tens of thousands, at least (Lewis 1999, Horrigan 1998), of nurses practise healing modalities such as TT, I judged that there likely would be a need amongst those for knowledge on the kinds of experiences investigated in this research. This is born out by the reports of some of the participants concerning the lack of support they found in nursing concerning their confusing and unusual experiences, as when Michael said:

I didn’t have any mentors, any guide, any compass, or any comfort.

This kind of cry from the heart provides motivation enough to want to bring some knowledge to those who might be similarly unsupported in this journey. I also felt that
such knowledge would be valuable for nurses and others responsible for educating nurses holistically, and for administrators responsible for providing support for nurses. I was encouraged to find agreement on this from the head of the SCU School of Nursing and Health Care Practices, Chris Game, who spoke at one of our research seminars of the value of taking research such as this to nurse registration bodies.

As well as bringing knowledge of the deeper experiences of healers to the nursing profession, I aspired in this thesis to align the work with the theoretical understandings of nursing propounded by Jean Watson (2000, 1999, 1990b, 1988, 1985a). Her passionate commitment to nursing as a caring-healing profession, born out in her writings, has supported me in this work – and not only theoretically. I have been fortunate to attend a conference presentation she gave (Watson 2000), where her willingness to hold out herself and her own painful journey of healing as integral to the understandings in her evolving vision for nursing, was inspirational for its integrity and intelligence. Others have commented about the power of Watson’s words; for instance, it was about Jean Watson that Margi Martin was speaking when she wrote: “One person who speaks in a certain way can literally open up the universe for others” (1997, p 86).

Being informed, supported and inspired by Watson’s work has been a constant throughout the process. This has manifested in the uninhibited passion for truth and healing she has inspired in me in engaging with the stories of the participants. It has also informed my conceiving of methodology through her expressed commitment for nursing to adopt methods congruent with its character as a human science (1985a, 1985b). Below, under ‘Contribution of the Research’, I suggest ways that the findings might contribute to the ongoing development to her conceptual model.

**Tracing the Process**

As lived experience research employing the hermeneutic phenomenological methodology informed by van Manen (1990, 1984), the research engaged me in a process beyond the long-understood procedures of reviewing literature, establishing and articulating the methodology, interviewing, analysing and so forth. As I have reflected
upon earlier (under ‘Gateway’, p 249), whilst studying transformation, I have myself been transforming in some ways through the process. Certainly the lived nature of the hermeneutic approach to knowing, and the phenomenological imperative for the topic to dwell within the researcher and evolve through the procedural activities (van Manen 1990), has made the five years I have worked on this project immensely absorbing, and traumatic at times. And to be at the point in the process where I can be writing these concluding reflections brings me to the brink of my own willingness to move on in life, looking out with terror and exhilaration at the vista beyond and wondering if the bungee rope is secure on my ankle.

As the above paragraph has indicated, the process was inevitably personal, and involved me making myself visible throughout the different stages of the project (Finlay 2002, van Manen 1990). This was, of course particularly important in my engagements with the participants, who responded to me as someone with a passion for healing, like their own, and who had some experience and understanding of what they disclosed. The reflexive nature of this level of interaction meant that I was at times deeply affected by the disclosures offered to me, both emotionally and energetically.

Furthermore, some of the participants themselves reported to me that the process of being interviewed, and of reading the transcripts of those conversations, brought about for them some significant self-reflections on the nature of their journeys. Naturally, being encouraged to open up and reveal some of the deepest and most important of their experiences did have an impact, and certainly there were occasions when some of the participants had tears in their eyes. Significantly, tears came not in discussing trauma, but in discussing the blessings of the journey, in the case of Emma, and, for Gabrielle, in disclosing the deeper aspects of her heritage as a healer. That certainly impacted on me, and was a very humbling part of the process. In the context of the quite deep levels of disclosures that occurred, the assurance of confidentiality was important, as were measures to ensure emotional safety.

The ontological nature of knowing in this research paradigm also infused my connection with the literature, and I incorporated the understandings of van Manen
(1990) regarding phenomenological engagement to written works on the research topic – the deeper, transformative life journeys of nurse healers (Chapter 3 ‘Grounding’). This led me to adopt a dual approach to the literature. One involved an ontological meeting which emphasized story in the accounts given in the literature, sometimes disclosed in reports of disparate theoretical orientation, which directly informed the work as a kind of ‘raw data’, or ‘possible experience’ (van Manen 1990). The second aspect was the more conventional analytic approach of participating critically in the scholarly traditions which have addressed the topic at hand.

In the exploration of relevant literature, I was intrigued to find myself drawn into the writings of anthropologists and ethnographers (as well as some healers themselves) concerning the initiatory paths of shamans. The anthropological and ethnographic accounts of these indigenous healers and mediators with the spirit worlds, reported in the writings of the scholars of those fields (some of whom identified themselves as shamans or healers themselves (Struthers 2000; Heinze 1991; Jamal 1987; Halifax 1982, 1979; Harner 1980; Castaneda 1968), spoke to me very strongly of the experiences of transformation and deep esoteric exploration I was finding in the accounts of the nurse healers participating in this research.

Being part of a tradition of holistic nursing scholarship has been important all through the thesis, and the personal implication of this is that it has drawn me closer to the nursing profession. In the intensely dislocating period of time around my awakening to healing, in 1995, it seemed to me that nursing, as I knew it through my practice in hospitals, especially as a mental health nurse, was not a field I could be part of any longer. However, through my researching into the experiences of healers, exposure to the work of nurses dedicated to holistic nursing and healing has led to me feeling far more at home in the profession. The scholarship of a number of authors, some of whom I have been privileged to connect, share ideas and even work with, has drawn me back into this amazing profession (amongst many, Glass 2003a, 2003b, 2003c; 2001, 1997, 1994; Walter 2003; Taylor 2002, 1999, 1995; Taylor & Lo 2002; Wright 2002; Struthers 2000; Watson 2000, 1999, 1990b, 1988, 1985a; Slater et al 1999; Keegan & Dossey 1998; Hall 1997, 1996; Martin 1997; Newman 1997; Quinn 1997, 1992, 1989;
Newman et al 1991; Krieger 1987; Rogers 1970). And this has only been reinforced as the project has unfolded. Even in the discussion on methodology I was drawn closer to the holistic concerns of nurses, as I explored how the profession has sought to bring its methodologies in line with the holism behind most of the major theories (eg Davis & Glass 1999; Parse 1998; Watson 1997b, 1985b; Taylor 1994a, 1994b; 1993a, 1993b).

The work of these scholars has contributed to my working through my preoccupation, in this thesis, with achieving harmony in the conceptual systems holding it together. I have been specifically adamant about not choosing a methodology which might repudiate the inner experiences of the participants by an overriding insistence upon objective empirical evidence or a rationalist stance insisting upon scientific realism (Chibnall et al 2001). Therefore, I was led by these abovementioned and other scholars, particularly van Manen (1990) to seek out and adopt a perspective on knowledge which honoured the inner experience of the individual. Phenomenology, and specifically hermeneutic phenomenology, seems to be just such an approach.

In a recent discussion with my supervisor, Associate Professor Nel Glass, she reminded me of the amazing nature of the connections I made, and the beautiful gifts of personal story I have received for this research. There was a period in this project when, for overwhelming personal reasons, I was not sure I could complete this research. Perhaps the fact that I have been entrusted with this knowledge has played a large part in my finding it in me to complete the project. For this knowledge never belonged to me, and I have had a responsibility to honour these gifts by putting them forth.

I have lived with these accounts for so long that I did go to sleep around them, and in my distracted thoughts their magic dimmed. However, they have themselves lived their own bright lives almost beneath my awareness, and they have at the end here emerged to remind me of how exciting they are as rich accounts of the treasure-house of the human spiritual adventure that is the journey of the healer. And I can feel how happy they are to be finally coming out into the light. And I can be freed of the awful burden of keeping them all to myself!

Chapter Seven – Harvest

390
Nel also reminded me of the beautiful connections that I made with the participants to this research, of which I have written earlier in this thesis, and this is a good place to reaffirm those connections. In most cases these connections are not active and ongoing, at this time, yet they will continue to live within me as their stories have, as bearers of a light and a vibration that still resonates within me; and also as very human people who I greatly admire for the courage and integrity they have demonstrated to me as they walk two worlds.

The above paragraphs remind me of my debt to Nel, my supervisor. This research is essentially about bringing what is invisible out into the open; therefore it is only right, and true to the reflective, reflexive orientation expected of researchers employing hermeneutic phenomenology (Koch 1998; Koch & Harrington 1998; van Manen 1990) to bring this part of my research experience, the contribution of my supervisor, into visibility. Through the time we have worked together, I have benefited from her academic savvy, and her clear thinking which never failed to inspire me and give me new avenues to approach the many problems arising in the research and thesis writing. She has never failed to be positive, and I have been a beneficiary of her ‘walking her talk’ as a feminist academic with a passion for emancipation, for transformation and for healing (Glass 2003c) and for excellence. Her unwillingness to accept the ‘just good enough’ has challenged me at every meeting, with her celebration of the ‘fabulous’ being a catchcry.

Nel’s deep grasp, reflected in her scholarship (eg Glass 2003a, 2003b, 2003c, 2001, 1997, 1994) of the crucial role of emotional health and personal empowerment to the productivity of students (Glass & Walter 2000; Walter et al 1999) has been of benefit to me personally, and her ability and willingness to offer skilled support has seen me through the very painful times I mentioned above, which blocked my output. Over the time we have worked together (since 1998, when she supervised my honours thesis), a love and respect has grown between us.

I have also been thrilled to witness Nel’s own increasingly deep engagement as a healer though the time I’ve known her, which has been fuelled by her intelligent passion for

Chapter Seven – Harvest

391
fostering personal growth and empowerment, and also her deepening trust in her own intuition and visions and creativity. And perhaps she too has been inspired and nurtured in her journey by her reflexive and resonant engagement with the fabulous stories of the nurse healers which have come across her desk over these past six years.

I may not be able to point to “here” and “here” and “here” in this thesis to show her effect on this work (other than the influence of her scholarship, which I have cited), but her affirmation and her spirit and her intelligence have always supported and guided my hands as they’ve tapped away at the keyboard these five years.

**Validation and Affirmation**

As articulated by van Manen (1990), research results in hermeneutic phenomenology make no claims to generalizability of the knowledge produced. In the hermeneutic perspective, where ‘understanding’ is itself a feature of being, and always predicated to prior understanding, knowledge inheres in the actual engagement of the individual with the text (Porritt 1999; van Manen 1990; Gadamer 1975). As discussed in the chapter on methodology (‘Crucible’, p 204-206), Gadamer posited that there occurs a fusion of the horizon of the seeker of knowledge, with that of with the text, where there is the possibility for expansion and deepening of understanding, beyond even that held in the text.

Philosophical hermeneutics holds that understanding inheres historically in being (van Manen 1990; Gadamer 1975; Heidegger 1962). Hence, it is essentially meaningless to speak of a body of knowledge as existing in and of itself – knowledge comes to life in understanding, when the individual engages the tradition of knowledge expressed in text. Thus, this research product is itself the writing (text) (Van der Zalm & Bergum 2000; van Manen 1990), and its only ontologically valid extension into the world is the fusion of the horizon of the reader or listener with the writing. Philosophically, this comes from the view that there is no true objectivity, as being is unable to reach out beyond its historical nature to grasp an a-historical objective reality – that is simply not
possible (Gadamer 1975; Heidegger 1962)). As Van der Zalm & Bergum (2000, p 214) reported, van Manen made it clear that:

a text is always a result of an intersubjective, contextual situation, and therefore the reality represented will always be a function of both the subject and the researcher, rather than a representation of the reality of one or the other.

Therefore, the value of the findings of hermeneutic phenomenological research lies in their ability to evoke the lived reality of the phenomena under investigation. As Van der Zalm & Bergum (2000), after van Manen, stated, the descriptive nature of hermeneutic phenomenological knowledge generation requires an emphasis on evocative, non-cognitive writing, appealing to pre-conceptual or pre-theoretical thinking, less than strictly rational cognition.

My claims to validity and quality in this research, therefore, lie in the redolent power of my writing; to that end I certainly have attempted to write evocatively in my analysis of the texts in the previous chapter on results, encompassing the phenomenological writing on the topic of the deeper and transformational journeys of nurse healers. To that end also, I have given voice to the participants, including a large number of colourful passages from the transcripts I made of our tape-recorded conversations. To me, these were often stunningly powerful pieces of phenomenological description bringing forth their lifeworlds with an immediacy I would have struggled to achieve.

A feature of this methodology, as pointed out by Van der Zalm and Bergum (2000, p 212), is that it is possible for two phenomenological descriptions of the same topic to produce vastly different, even contradictory findings,

as the complex life-world does not remain static, and so alternate descriptions may always exist. As a result, a full explanation of the world is not possible nor is it possible to obtain causal certainty and inference. Or the production of law-like statements.

I am conscious that another person may have interviewed the same group of participants and come up with quite different findings (or even interpreted the stories given to me by the participants and arrived at somewhat different results) and claim equal validity. However, such a possibility, far from weakening my claims of rigour for this research,
simply attests to the infinite possibilities for knowledge as it manifests phenomenologically in hermeneutic engagement. In this intersubjective manifestation of knowing, the deep resonance invoked in the ‘I-thou’ fusion of horizons (Taylor 1993a, 1993b) suggests infinite possibilities for transformation. I suggest that this is particularly so in the case of texts, such as the results of this research, which themselves are vibrant and profound accounts of personal transformation.

Regarding validity, Van der Zalm & Bergum (2000, p 212) invoked the intersubjective or mutually shared recognition of possible experience brought forward by a text when they wrote:

Phenomenological descriptions are validated by mutual recognition given by the ‘phenomenological nod’, which says ‘yes, that is an experience I could have.

Therefore, the results of this research – my phenomenological writing in Chapter 6 ‘Transmutation’ – must stand, for their validity, upon their evocative power to suggest to you, the reader, that what you read extends your horizon of experience, and evokes in you the recognition that “yes, this could be my experience”. And in resonance, that “could be” somehow, almost alchemically, becomes “that which is my [your] experience now”, and hence a recognition of the phenomenological nod.

Having attested to the validity of the results I do wish to assert the integrity of the research process I have undertaken. That I have in fact ethically and sensitively interviewed eleven nurse healers, transcribed the conversations, and faithfully, intelligently and creatively analysed those transcripts for this research utilizing the hermeneutic phenomenological approach of van Manen (1990); that I have kept the data secure, and checked back with the participants that they are satisfied that the transcriptions are faithful – all of these are personally significant to me, and critical to any sense of the integrity of the thesis.

Perhaps these above assertions may not be strictly crucial to the validation of the results, in the sense that the hermeneutic perspective can only ever assert that what is written and intersubjectively grasped is ‘possible experience’ (van Manen 1990). However,
my desire, expressed above, to attest to the reflexivity and sensitivity and openness and authenticity and ethicalness in my research practice, I am supported by scholars such as Walter (2003), Koch (1998) and Koch & Harrington (1998), who emphasize the importance of these qualities in validating research, and affirming the integrity of the researcher.

**Contribution of the Research**

**Exploring Possibilities for Watson’s Conceptual Model**

The research has throughout had a goal of contributing to Watson’s conceptual model of nursing, which has underpinned its understandings and inspired its processes. What emerges in the results of this research is a rich body of information concerning the deeper, transformative experiences of nurses. Much of what was reported by the participants concerned what was encountered in the shared consciousness of the transpersonal fields in which nurse healers meet those with whom they engage in healing. This has emerged as a rich, complex and textured experience, which bears articulation as the realm of possible experience for those exploring the caring encounter or instance (which in essence is a healing encounter) described in Watson’s (1985a) model.

Therefore, although this might not be the usual experience, it may bear exploring, in discussion of the phenomenology of the instance of caring, that what might arise could be not what is ordinarily visible, and indeed on occasion quite extraordinary. Thus, the entering of profound or expanded states of consciousness might be expected in some cases (and could be encouraged), and there might possibly occur in those the kinds of experiences described in the second overall theme – ‘Opening to Spirit’ and in the fifth theme ‘Living as a Healer’. Here, experience of the spiritual and visionary aspects of experience may manifest, including the encountering of spiritual entities, the entering of entire alternative realms of experience, the encountering of the spiritual projections of the shadow, thought forms, unusual insight, guidance from entities or intuition, and remarkable experiences of healing.
Whereas such manifestations mentioned above could in most cases be considered part of advanced practice or development, it was clear from the case of the participant Rachel, for instance, that on occasion such experiences can manifest precipitously. This does call for the availability of knowledge and teaching of ontological competencies appropriate to achieving integration where the experiences may be overwhelming. Certainly, the awareness that a ‘summoning’ or sudden and almost involuntary introduction to spirit as a healer, already evident in anthropological and other reports of shamans, needs to be part of nursing understanding as a path for some nurse healers.

The possibility for Watson’s conceptual model to incorporate the esoteric knowing which manifests in the transpersonal encounters, and practical knowledge relating to grounding that in ordinary experience, could provide an enrichment, extending the spiritual vision of holistic consciousness in which the conceptual model is placed.

Furthermore, the articulating of conscious practice of caring as a foundation of holistic practice, which flows so naturally from Watson’s conceptual model, could be enriched by the understandings of spiritual opening and evolvement and the grounding of esoteric spiritual experience in ordinary experience and holistic practice, which emerged in the analysis of the participants’ stories. As such, the knowledge from this research is part of the lore of nursing practised as caring in consciousness of the transpersonal fields of each encounter, and in the universal consciousness in which all fields are forever dancing.

**Personal, Moral & Aesthetic Knowledge in the Findings**
As expounded by Van der Zalm & Bergum (2000), hermeneutic phenomenological research is well suited to contribute to the personal, moral and aesthetic knowledge which is so central to the practice of nursing (Chinn & Kramer 1999; Carper 1978).

Whereas they caution against applying the findings of hermeneutic phenomenological studies to supporting empirical explanations such as predictive theory, Van der Zalm & Bergum (2000) asserted that in revealing the meanings of human experience, these other domains of knowledge are well served by this kind of research.
The personal knowing expressed in the essential themes identified in the preceding chapter (‘transmutation’) is manifest – the accounts, my interpretations in thematic form are quintessentially personal knowledge.

The moral knowing expressed in the findings is more subtle, but still fundamental to the experience of the participants. What strikes me most strongly regarding the moral dimension of the profound inner journey of the nurse healer is the sense of personal integrity which is at the heart of the path of self-knowledge. There are numerous instances where the participants make ferociously honest disclosures of their personal weaknesses. Further, a number speak from the heart of their own forgiving and loving those who have harmed them.

Bearing in mind that the results of this research are the actual writings, the aesthetic knowledge of this research could perhaps be articulated in terms of the actual thesis. Throughout, I have born in mind and sought to express the aesthetic knowing inherent in the evocative use of language, so crucial to phenomenology (van Manen 1990). I have sought to further this artistic understanding by the use of attractive fonts, the inclusion of some excerpts of poetry and other evocative literature, and the incorporation of illustrations on the title pages and in the second chapter which emphasize the themes of transformation and deep inner knowing at the core of the work.

**Further Implications for Nursing of the Research**

What is evident in the findings of this research is the experience of a number of the participants of not being supported in their difficult, painful and confusing experiences, particularly by the profession. This is perhaps unsurprising, given the reluctance of nursing’s dominant discourses to embrace even a mild holistic ideology for research and practice (Parse 1998), and there has been, as I outlined in Chapter one (p 30) and Chapter two (p 57) a hostile discourse concerning the acceptability of nurses practising healing modalities (Chibnall et al 2001; Leibovici & Hayes 1999; Glickman & Gracely 1998; O’Mathuna 1998; Randi 1998; Rosa et al 1998). The following excerpt from Ruth Walter’s (2003) ethnography of newly registered nurses’ experiences of play gives...
a picture of the ‘on the ground’ experience of nurses who might want to disclose their
deep perceptions in practice settings:

Mary mentioned her ability to see people’s auras. I made the following
note within my reflective journal:

“Mary’s mention of ‘aura’s’ drew some raised eyebrows and
scowls from one of the other RN’s on duty – who said ‘you’re
not one of THOSE are you?’ Mary said ‘I can’t help it – I have
no choice but to be [psychic] – I was born one’. The other RN
then rolled her eyes.”

This reaction would confirm and support Mary’s wariness of voicing
her ‘difference’ to her colleagues. Ember similarly kept quiet about
her ‘different’ interest in alternate medicine and therapies as her
experience was that her colleagues and the institution did not
understand them, nor show any desire to understand them

- (p292).

This contemporary observation in an Australian health institution gives a strong flavour
of a lack of understanding and disapproval for unusual spiritual or ‘psychic’ experience,
such as is common for healers, which may well be widespread. Therefore, to actually
hope for support and useful information on such matters in such a setting would be out
of the question.

How this research may contribute is to put ‘out there’ the knowledge that there are
nurses experiencing the kinds of bewildering – or deeply satisfying – experiences of
extraordinary nature, often in the context of healing. Thus, by contributing to a body of
knowledge which contradicts this dominant paradigm, the fundamental cultural change
which appears to be called for can begin to be conceived as possible.

The act of making visible that which by its subtle and tender nature has been held secret
is itself significant, and by this research being disseminated, this deeper experience of
nurse healers can begin to assume the power to resonate and reverberate in the
consciousness of the profession. In particular, this is supported where the knowledge is
presented through the means of well thought-out studies informed by philosophically
valid methodology, such as I believe this research to be.

As I have stated and reiterated earlier, there are many thousands of nurses who self-
identify as healers, and it is appropriate that the profession begins to be more
appreciative of the blessing and blossoming occurring within it of those who are giving so deeply of their beings to bring healing to their patients. Research such as this can serve to illuminate and flesh out the lived terrain of the healer, and the immense challenges faced by those whose primary tool of practice is their open and sensitive and honest self. For administrators and educators, having some knowledge of the nature of the healers’ deeper experiences can inform their practice of supporting the practitioners on the ground who may need practical assistance, understanding, validation and information in order to prosper.

The findings of this research, evident in all the identified essential themes, indicate that healers are very sensitive, and many of them have been very deeply wounded through their lives, not least by the nursing profession. This needs to be understood by those senior members of the profession responsible for their education, support and professional supervision and management. Further, informed by the theme ‘Belonging and Connecting’, it is critical for positive measures to be taken, given the tendency of healers to become discouraged and leave the profession (Hemsley 1998).

This research is significant in terms of the aspirations of the profession to establish itself as a holistic human science, independent of medicine (Watson 1999, 1985a; Parse 1998; Newman 1997; Rogers 1970). In this context, this research can make a significant contribution to a deepening of understanding of the implications and inner structure of the holistic experience which underlies both theory and practice in this paradigm. It is a truth that holistic knowledge inheres in the individual consciousness as it opens itself to the greater reality in which it is held. In their deeper journeys, (nurse) healers, as they ‘walk two worlds’, bring this lived knowledge into the human experience, and this is undoubtedly foundational to nursing as a holistically focused profession seeking to find ways to better know itself, express its vision, and optimize its practices.

With that in mind, nurse healers, as providers of absolutely fundamental holistic knowledge, are precious indeed for the nursing profession, and ought to be treasured and embraced wholeheartedly. It is my belief that this research can make an important
contribution by setting out some of that fundamental holistic knowledge provided by the eleven nurse healers participating in this study.

Creating New Horizons – Disseminating the Results

It remains for me to set out my intentions for sharing with nurses and others the results of this thesis, so that the implications of the research, expressed above, can begin to manifest. I plan to disseminate the results by publishing papers (with my supervisor Associate Professor Nel Glass) in refereed journals, by presenting the results at conferences, and by giving lectures at academic institutions, at hospitals, and other forums open to this kind of knowledge.

Nel and I are also discussing the possibility of co-authoring a book based on this study, a notion placed in my mind by a prominent nurse academic with whom I discussed this research. One of the reasons for doing that is that we’d like to present the stories of the participants to this research in a more complete form. They are very powerful accounts, and in themselves very inspiring to read. However, that is something of a dream at this point, particularly in view of my deep exhaustion at the close of this project.

Final Reflection Planting Carrots for Harvest

My personal reflection at this stage is that I am very relieved to have come to the end of this project. I am both physically and mentally exhausted by the sprint to submit by the deadline, and emotionally shattered by the events in my life occurring as I complete, which include deeply disturbing revelations surfacing in my therapy sessions, and the bewildering collapse of an intimate relationship. This notwithstanding, there is an excitement at leaving a difficult and absorbing project behind, in completion, and starting to peek ahead at what might lie in the future. It is scary, and I suspect that I have been wading through some of this fear of the unknown future as I laboured to complete this thesis.
Another reflection is that this is itself a transition in a process of transformation, and that there is a stirring of a new energy for living beginning to move beneath the exhaustion and shatteredness and fear. A dream I had recently, which I recounted to my therapist, had me building a huge vegetable garden (I hate gardening in ‘real life’). This vast garden, with many many beds, filled my field of vision. And I was planting lines of carrot seeds in a furrow in one of the beds. My therapist said that this kind of dream usually presaged a coming to fruition, and suggested that at the time the carrots were ready for harvest, there would be an important shift in my life. Well, I know that the carrots aren’t ready yet, but when they are, I will feasting with such a glad heart!
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References

404


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429


