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Healing: Through the Lens of Intentionality

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Abstract

Understanding and studying healing is one of our challenges as health care providers. This study is a presentation of a secondary analysis of data collected to study intentionality in the context of healing. Six healers and six healees, five of each who participate as dyads, described their experiences and their concepts of healing. The theory, *Intentionality: the Matrix for Healing (IMH)*, is presented, along with a more expanded definition of healing as an awareness of shift and a transformative process.

Key Words: Healing, intention, intentionality, theory of healing and intentionality

Introduction

Healing is one of life's great mysteries and has been associated historically with 'miracles'. In modern days, healing is coupled with 'spontaneous' or more rapid or unexpected recoveries from illness. Intent, intention and intentionality have been described as essential for healing but clear distinctions and definitions have been lacking. Care and presence, prayer and meditation are all mental processes and acts associated with 'healing.' However, healing is not readily observable or measurable using the dominant Newtonian-Cartesian paradigm, nor is it easily researched using the standard double-blind trial.

The term 'healing' itself may be a challenge to those holding conventional understandings of physiological processes. The cause or process of a healing may not be easily explained. The term is used in diverse contexts in the popular and professional literature. Healing commonly describes the joining of skin or bone after an injury; the mending of spirit and soul after the loss of a loved one; and is also associated with spiritual growth and transformation.

Many people in Western society and in cultures around the globe have become interested in understanding the multi-layered processes of healing. Ancient indigenous healing methods are being rediscovered and explored. According to Jonas and Chez (2003), such healing systems have some commonalities, including the following: an appreciation for the crucial role of consciousness and "perception of the etiology and meaning of an illness, the intention to change and improve, belief in the therapy and practitioner, and an expectation for recovery" (p. A5). These traditions also highlight achieving deepening insight and awareness during "effective encounters,

called mindfulness or 'presence' which is accompanied sometimes by an altered sense of time and space" (p. A5). Furthermore, many of these traditions describe a "palpable sense of both emotional and physical healing 'energy' and connectivity" (p. A5). Cooperstein (1992) also documented such experiences in the exceptional healers he investigated in his qualitative study on healing. Our interest in these more indigenous traditions and in healing seem to reflect a growing need for compassion and care in an increasingly technologically and cure-focused healthcare system.

Despite these efforts to understand healing, a clear definition of *healing* remains elusive. A more full and research-based definition of healing is not only of theoretical value but also has a bearing on how we may more fully facilitate our own healing as well as how we participate as helpers and guides with others in their search for health and wellness. All the healthcare professions, especially medicine and nursing, espouse healing as a goal and profess a value for implementing a holistic philosophy. But while medicine claims to be a healing profession it "has neither an operational definition of healing nor an explanation of its mechanism beyond the physiological processes related to curing" (Engrew, 2005, p. 255).

A spectrum of definitions of healing

In 1978, Jerome Frank described *healing* as an act, but currently healing is considered both process and end result. Healing means to be, or become whole (Quinn, 1997). To some, healing implies a balance in which each part (the body-mind-spirit systems) has equal importance and value (B. Dossey, et al, 1995). Healing is the "emergence of the right relationship" among those parts, which maximizes energy of the total system to do its work rather than returning to prior state (Quinn, 1997, p. 14). As early as 1975, LeShan proposed that this wholeness (healing) may or may not include a *cure*, or remission of symptoms, or the elimination of a disease. Some believe healing is an energy or force, which can be directed, transmitted, or shared with another (Epstein, 1996). Others describe it metaphorically as holographic (O'Laoire, 1997) and as non-linear, acausal, and non-temporal (L. Dossey, 1997a).

Healing is described in numerous classic articles in nursing literature and associated with the following concepts: care (Boykin & Shoenhofer, 1993), relational capacity (Hartrick, 1997), awareness (Rew, 1996) intuition (Rew, 1989), spirituality (B. Dossey, et al., 1995), transpersonal care (Watson, 1995), transcendence (Reed, 1996), and therapeutic presence (McKivergin & Daubenmire, 1994). Cowling (2000) provided a more expanded definition that states, "Healing is the realization, knowledge, and appreciation of the inherent wholeness in life that elucidates prospects of clarified understanding and opportunities for action"

Healing has also been associated with suffering and transcending suffering. Healing through suffering entails acceptance, the intention and resolve to heal, and finally transcending and finding meaning in suffering (Marshall, 2009). The Samueli Institute assembled a group of scholars, researchers and practitioners to explore definitions of healing and to determine implications and processes for research. In the major publication resulting from that meeting Larry Dossey (2003) wrote the definition that was used by the group to study the relevant research approaches to further understand and evaluate healing. He stated that healing is "those physical, mental, social, and spiritual processes of recovery, repair, renewal, and transformation that increase wholeness, and often (though not invariably), order and coherence. Healing is an emergent process of the whole system and may or may not involve curing" (p. A11).

The aim of many healing modalities is *restoration* or *recognition* of the integral wholeness of one's natural state of health. Healing may occur with oneself, with another, with a group of any size, and

may occur at a distance. Some researchers, like Braud (2000), contend healing may also be independent of linear time.

Healing also occurs in any act of caring or support of a person experiencing a need, but it has become particularly associated with modalities that espouse a holistic philosophy. These modalities are generally referred to as mind-body, mind-body-spirit, holistic and alternative/complementary or integrative (ACI) interventions.

Research on healing has been extensive. Benor (2006) and Jonas and Crawford (2003) all completed comprehensive reviews of healing studies. These authors conclude that there are mental effects (intention and prayer) on human and non-human systems. However, according to Jonas and Crawford (2003) questions pertaining to the possibility and accuracy of measuring healing effects continue. They conclude that “there is “evidence that mind and matter interact in a way that is consistent with the assumption of distant healing... While conclusive evidence that these mental interactions result in healing of specific illness is lacking, further quality research should be pursued” (p. xxv-xix).

"What is the nature of healing?" is the question I address in this paper and consider from data derived from a former study in which I investigated intentionality in the context of healing. I asked both healers and healees to describe their experiences and thoughts about healing and intention and intentionality and observed the process of their 'healing' interactions (defined below). I will discuss the results and pose implications for enhancing our understanding and conceptualization about healing.

A glossary in Appendix 1 provides a ready reference for the terminology used in this discussion.

The Study

Impetus for the Study

As a psychotherapist I have often wondered what helps people recover and grow following trauma or mental illness. What helps them heal? Several years ago I reluctantly worked with alcoholics and drug addicts who also suffered from one or another form of mental distress and/or illness. It turned out to be a great opportunity. I learned about the holistic nature of recovery in the twelve-step tradition and often saw dramatic and surprising recoveries from the body-mind-spirit devastation of addictions and mental illness. What I learned there enlightened my later theory development. I also learned about the holistic challenges of recovery by working as a mental health specialist in a general hospital. Here, I worked with the medical and nursing staff who had lost hope, or had given up working with 'difficult patients.' These 'problem patients' included burned patients in severe pain and distress, and others who were demanding and 'behavior problems' or who had given up participating in their own care. Such situations challenged both patient and staff to promote at least cooperation – if not 'healing' and 'recovery.'

I decided to investigate intentionality in the context of healing because the literature on healing in the 1990s was linked with 'intentionality.' At the time, this was equated with prayer and distant mental influence on the process of human and non-human physiological change and healing (Schlitz & Braud, 1997; L. Dossey, 1993, 1997b, and others). Neither the terms healing nor intentionality were clearly described or defined. In 2001, I completed my doctoral dissertation on the relationship of healing and intentionality at New York University and as a result constructed a theory "Intentionality the Matrix for Healing" (IMH).

Study design

The study was qualitative, using the grounded theory method. The aim of grounded theory is to investigate a social or psychosocial process (intentionality in healing) and derive a theory about that process. The method uses the 'constant comparative' approach to analyze data in which new data are compared with all the previous data. Core categories and themes are derived through contemplation and continuous coding and recoding of data and memo writing. Memos in qualitative research are notes to one's self and include *analytical* memos that are assumptions and theories that emerge as a result of coding; writings about the method; or plans regarding sample or altering design. *Personal* memos also include hunches and personal reactions to the process of data collection. These processes become as important to the eventual theory development as the line by line coding of transcripts. Summaries of interactions and interviews and interpretations of data and the final theory are *checked* with both the participants themselves and with experts in the field of grounded theory and healing. These 'member checks' create validity and credibility for the coding and evolving theory. To insure trustworthiness in this study, data and interpretive coding and memos were shared with experts in qualitative research as well as experts in holistic nursing and healing.

Data were collected in interviews with healers and healees and observations of treatments in as naturalistic a setting as possible. Pre- and post-healing treatment interviews were conducted both individually and with the dyads (healer and healee together) in each of two treatments. For two of the five dyads only one observation was completed. One participant (healee Corey) was too ill to be interviewed and another (healee Polly) moved away.

The participants: In concert with grounded theory methods, six expert nurse healers were chosen because they were most likely to be articulate about how they viewed their practice. Generally, they chose the healees who participated with them in the study. A total of 12 participants were chosen: five dyads and two individuals (one healer and one healee). Human Subject Protection and IRB approval was obtained from New York University and one other institution that was involved. All participants signed consents and were assured confidentiality and that their identity would be shielded unless they gave specific permission for their faces to be shown in video taped examples for teaching purposes. All participants were given fictitious names for the study.

All participants were Caucasian, middle class women and from the urban and rural Northeastern part of the United States. The nurses were similar in age ranging from mid-forties and to mid-fifties. The nurse who was not in a treatment dyad was the youngest and in her thirties. The healees ranged in age from 21 to 61 years old. Healees were diverse in their reasons for seeking help from the healer. Four had significant illnesses (Corey – terminal scleroderma; Sally- multiple sclerosis and severe disabling chronic back pain; Voy – fibromyalgia, Crohn's disease, and chronic fatigue syndrome and headaches; and Greta–metastatic breast cancer). Two healees (Polly and Song) worked with their healers to promote wellness and combat stress.

A criterion for the study was that healers practiced a complementary modality since these modalities most often operate from a holistic paradigm and focus on healing as an outcome. The modalities used by the healers included Therapeutic Touch, Reiki, Amma therapy (combination nutritional, massage, imagery therapy), and Ericksonian hypnosis. All healers believed in the role of subtle energy and intention in healing and all practiced relaxation and imagery therapy. Two participants who were not in treatment dyads were included: Peggy (healer) practiced reflexology and imagery. She expected to participate with a client but several life events interfered. Greta (healee) was known in the researcher's community for her coping with metastatic breast cancer. She had been featured in a local newspaper article and, when contacted, enthusiastically agreed to be more extensively interviewed for the study. Table 1 summarizes their basic demographic information.

Table 1. Demographics of study participants

Dyad #	Name	Role	Age	Religion	Specialty	Modality	Education	Nursing	Modality	Relationship Type & Duration
1	Hilda	healer	52	Esoteric Spirit	Psych/Mental Health	TT	RN, CS, EdD	29	18	Teacher / Student
	Polly	healee	23	RC	Student	TT	SN			8 months
2	Flo	healer	52	Theosophist	Medical/ Surgical	TT	PhD, RN	29	24	Colleague
	Song	healee	50	RC	Theater; Consultant	TT	BA			Long Term
3	Amy	healer	49	None	Holistic Nursing	Amma	RN, BS, CNA, T	30	20	Nurse / Patient
	Corey	healee	64	Raised RC	Healer	Multiple	BS			Long Term
4	Milly	healer	45	Raised RC	Psych/Mental Health	Hypnosis	RN, CS, PhDc	22	22	Nurse / Client
	Sally	healee	33	Born Again	Housewife	Multiple				6+ Months
5	Clara	healer	47	RC	Midwife	Reiki, TT, HT	RN, MS, CS	26	17	Nurse / Client
	Voyant	healee	40	Jewish/ Buddhist	Artist; Housewife	Multiple				New
1A	Peggy	healer	33	RC	Community Health	Reiki, Reflexology	MSN, RN	11	2	
2A	Greta	healee	60	Episcopal	Educator	Multiple	PhD			

Findings

Some commonalities among participants are worth reviewing. First, healers seemed to feel a *calling* for what they do but felt shy or reluctant to refer to themselves as ‘healers.’ All healers and healees experienced personal and/or professional challenges of varied types and intensities. Some had personal crisis of faith or professional identity. Most healers had experienced a loss of fulfillment as a nurse that was so intense that they sought other means to enhance their practices. In learning to provide Therapeutic Touch, Reiki and hypnosis modalities these nurses clearly were aware of the more subtle aspects of care and of healing. The healees who had serious illness challenges felt a need to find something beyond allopathic medicine because this form of care not only was ineffective but also damaging to their progress.

The process of change and was surprisingly similar for healers and healees. Illness and trauma were more evident and severe for healees and professional challenges more evident for healers. With this sample (both healers and healees), there was a series of motivating events or experiences that propelled them on their path toward healing. Several themes were identified in the participants’ process. First, the process was not linear but rather spiraling and unpredictable. Conscious awareness of needs (especially for comfort and relief), the value of self-development, and the importance of fulfilling those needs seemed to be enhanced as people evolved through the process. Both healers and healees recognized that they needed to be active in working with one another. As they moved through the process they recognized that both healers and healees were impacted. It became evident that awareness of change and how one was participating in the

change (healing) was significant. Awareness of change and *shift* became a major concept. Relationships, life style, behaviors, jobs, and other aspects of life all might need to change for healing to occur.

Definitions: Healing

While the focus of the study was on intentionality, the context was healing. Participants were asked to discuss their experiences and beliefs about healing. Therapeutic Touch practitioner, Flo (Healer/'HR') provided a comprehensive definition of healing that was echoed by other participants.

I think healing is helping the person to be whole within, and that means feeling interconnected with body and the mind and the inner spiritual dimensions - that creative source that makes us feel a sense of purpose and aliveness - the creativity that really makes us unique individuals. So healing is that eternal becoming of wholeness that's not achieved in a lifetime, but it's something to work towards - that complete harmony of body-mind and spirit. And so if you have a disease...healing isn't ...limited to the curing that disease...when I give a treatment I don't even think of the person's disease. I think of them becoming whole. And whatever disease there might still be there - diabetes or MS or whatever.... but it might play a much smaller role in their lives. To be one's self and living the kind of life they want to lead and feeling good about one's self and having the energy to accomplish what they want. The disease might be one issue that they always have to deal with but it wouldn't put horrible limitations on the way they live...healing is different from curing... there is always going to be something. We live stressful lives; life is always changing so I don't know if perfect physical health is ever possible, or it might be totally perfect for one minute and then since life changes and it would be imperfect the next minute...that eternal becoming, eternally working to balance body, mind and spirit is what I try to strengthen within the patient and, hopefully, the disease will become less and less manifest. And the person him or herself will become more and more manifest.

Greta (Healee/'HE') (Breast cancer survivor) who felt she just missed dying, and whose son had been killed in a car accident, emphasized that healing can happen at the moment of death. "Healing can happen...after death also. Healing doesn't mean necessarily staying in the body. Healing doesn't go away it; it stays...it's energetic." Healing to her comes from within and "really means to understand what the essence is and find out my life's purpose ...and becoming spirit."

Voy (HE) (Fibromyalgia, Crohns' disease) disagreed somewhat; she wanted relief and more vitality in this life before she could describe herself as healed. She stated, "There's a part of me that thinks healing is curing and another part of me that does not...It's about living fully and ...living life that is ...passionate and balanced".

Themes that emerged included: healing is often related to, if not the result of, major stress, loss or threatened loss and crisis. Healing is manifest as 'living fully', 'being true to ones self,' 'detaching and letting go to enable self care;' healing is 'dynamic and reciprocal' and becoming sensitive to, and aware of 'shifts.'

Theme 1: Dealing with one's past and living fully: An early emergent theme from participants' descriptions was that healing is *living fully* no matter what the illness.

Amy (Amma, HR) described healing as a process that is similar to psychotherapy in which a person needs to redo things from one's past and change one's patterns and relationships in order to live life fully.

Corey (HE, scleroderma), Amy's healee, stated that healing "occurs on many levels." To heal and to live fully, one needs to commit to go back and find out "what makes you tick," and to "appreciate and find joy in the connected nature of body, mind, and spirit." Healing is "finding a purpose on the earth and reclaiming one's self and spirit." Healing involves developing trust, learning to be open to love as well as to protect one's self. For most of the participants healing is maintaining an optimistic worldview in which nothing is impossible. It is "finding something positive every day."

For Sally (HE, MS) healing also occurs when she accepts reality for what it is and then begins to actively cope with it. From Sally's perspective this often means "waging war" and fighting it "with pissed off determination."

Theme 2: Letting go, detachment and separation for self-care: The person who is healed has learned when it is appropriate to emotionally detach from problematic relationships and/or toxic situations. All the healees and some healers supported this idea since most had become entwined in destructive nonproductive family or work relationships.

Corey (HE) learned that she had to detach from a destructive relationship with her children that she felt was draining, non-nurturing and damaging to her sense of self worth.

Healees Sally and Greta had to learn to put their needs first as they were battling significant illnesses. This was realistically difficult.

Voy (HE) was in chronic pain and exhaustion but was responsible for most of the care of her two adolescent children, one of whom was a special needs child. She realized she needed to care more for herself, but was finding few options to achieve that goal. She needed many more environmental supports.

Theme 3: Shift: Awareness and appreciation of 'shift' and shift in awareness:

Both Flo (HR, TT) and Song (HE TT) describe healing as a "shift – a shift in focus, shift in self perception from solid to more fluid." What became essential to the theory development was that healing was, if not dependent on, closely related to an *awareness* of that shift.

For Sally (HE, MS), healing was also *appreciating* being able to do normal things like open a door which she couldn't do before. For Sally healing awareness shift occurred when she *recognized* the changes she has made. She was pleased with doing even part of a previously routine task (e.g., stripping, but not making a bed).

Theme 4: Healing is dynamic, unpredictable and reciprocal: Participants agreed that healing is an "expansiveness and a restored, or new, balance of energy field" for the person. Healers especially described healing as a dynamic, never-ending process and as reciprocal - as the healer heals, he or she is also healed. Like any growth process it takes an unpredictable course and an unpredictable amount of time.

Milly (HR, hypnosis) portrayed healing as self-actualizing, emphasizing the 'ing' since she feels it is a continuously evolving process.

Sally (HE, MS), her client, described healing in several ways. Sally equates the word healing with moving beyond – "not necessarily transforming the situation, which would be lovely," but making very difficult circumstances more "malleable" and tolerable through a shift in perspective and adapting. Healing is "not settling for the status quo," but is being determined. It is both moving beyond and wanting to move beyond one's current situation in life. Healing is also "not getting in

my own way” and being courageous enough to try something different. She is able to participate in the world as normally as possible. She accepts that she may take longer and have to do things in a different way. Sally calls this developing her “functional capacity.”

Looking closely at the above themes it is clear that that they overlap and intertwine. Herein is the difficulty in researching and describing healing from any paradigm. The themes therefore are markers to begin a more conceptual understanding of healing. For example, *letting go* is important for *living life fully* and making and *recognizing shifts*. Being determined and stubborn is also a shift that enables the person to live fully.

Song, who functioned as both healer and healee in the study, supplied several definitions of healing that were repeated in other participants’ words. In the summary of her participation, after several hours of interview, she verified the accuracy of the following descriptions abstracted from her statements:

Healing is a freedom, a change, and a release. It is feeling or experiencing something different; it is also a change in attitude. Healing is a re-balancing and a realignment. Healing is an art that takes place on many different levels. Healing takes place in the realm of mystery; it is unpredictable.

Healing takes trust and is a delicate process in which one puts one’s self in another’s field. Healing is also a paradox - it is giving and receiving.

The healer heals the healer as well as the healee during healing.

Healing is the responsibility of the recipient. What happens depends on the recipient’s readiness on an energetic level.

Healing is an expansive process – when you heal one you heal many. It spreads. It is contagious.

Healing is the realignment of my connection to the suffering of the people I work with.

Healing happens like meditation. It happens in the moment. It is in the present and it is timeless.

Healers are instruments, facilitators, and conduits of energy transfer.

Both healers and healees have to surrender to something unknown. This surrender is giving up control to obtain a new freedom. It is a surrender to a greater power in the universe – an energy or God.

Healing is a change. Healing always happens to some degree. It may not be observable from our normal perspective. It may be hard to explain.

Healing is an awareness of a shift in consciousness and energy.

We all have the ability to heal under the right conditions– like the innate ability to heal a cut.

Researcher Q: Does this self-healing ability translate to the ability to heal others?

S: When one becomes aware of one’s own healing ability, it begins to spread to all aspects of their lives.

In summary, Song described her personal inner process of healing as an increased “sense of integration and peace. The process is not always pleasant and there were incidents...when she felt more physical pain and more emotional discomfort.”

Mediating Factors

In developing a theory of a process (in this case healing), *mediating factors* become apparent. These are influences on the process that differ from the themes or aspects in the evolving theory. The following describes those mediating factors identified in the study related to healing. Background including family history, culture and social experiences and educational opportunities influenced the process of healing. As participants progressed in their lives, exposure to non-Western healing ideas influenced their views of Western medicine. They became interested in, and

motivated to try, things that might be more gentle and helpful for themselves and others. Having teachers and mentors was highly influential for both healers and healees. For example, most of the TT practitioners had studied with Dolores Krieger and Dora Kuntz, the developers of the TT method

Many described having one or more pivotal experiences during which they recognized the paradoxical and synchronistic nature of those experiences. Apparent 'coincidences' turned out to be deeply meaningful and healing. For example, out of loss and pain or illness comes the opportunity for growth and healing. Participants also viewed their experiences related to healing as synchronicities. Participants became aware that many of their experiences were connected in time and space could be interpreted as almost 'preordained'.] People were in the 'right place' at the 'right time' and they were able to take advantage of that and recognize it as an opportunity again for growth and healing. For example, Flo, a nurse healer felt she was very lucky to feel discouraged about her life and dissatisfied with her job on the one side, and on the other side to read about D. Krieger in the paper. She described feeling in an instant the right thing to do was to go to New York University to study with Krieger. She did, and it changed her professional and personal life. Her awareness of how lucky she was to be in that place at that time and that it was almost 'God's work' is part of her personal healing and growth as a healer. That participants described their experiences as paradoxical and as synchronicities in relation to their healing and change was an unusual and unexpected finding.

Many in this study described healing as related to a *subtle energy* change. They also described healing as related to *subtle information* shifts. Information, in this context, is not necessarily verbal information but was related to the knowledge that comes from intuition and from disciplined education and practice. Both Flo and Song describe a *subtle knowing* of what to do and where to go with their mental attention (focus), as well as with their hands during Therapeutic Touch treatments.

Summary: Definition of Healing

According to participants, healing occurred on numerous levels (physical, emotional, spiritual, social and energetic) and was experienced as a movement toward a sense of wholeness and wellbeing over time. Change begins as both subtle and unconscious until it becomes a shift that the individual identifies. All the above descriptions portrayed healing as a complex process in which the individual experienced a transformation after a period of adversity or an experience of disrupted balance. To *transform* is to markedly change shape or form, condition, nature, or capacity (American Heritage Dictionary, 1992). *Healing* is the awareness of a shift, a change, or a transition to a new or restored sense of balanced wholeness and wellness. Healing was multifaceted and multidimensional and evolved unpredictably in jumps forward to new states of awareness and sensations.

Intentionality in Healing

The purpose of the original 2002 study was to create a theory about the nature of intentionality in healing. The details of that theory development have been published elsewhere (Zahourek, 2004; 2005) but the theory will be briefly presented since results of the research indicated how intimately intentionality and healing are entwined. The basic propositions of the theory are: *Intentionality is a basic human capacity that forms the matrix for the transformational process known as healing. Healing does not occur **without** intentionality but intentionality exists **without** healing.* For this theory, *matrix* is defined as a mold or dye that is not only the structure that creates the pattern for what it holds but also contains the less obvious patterns of energy and information that sculpt the dynamically evolving whole of healing and intentionality.

Intentionality: definitions

Intention, intent and intentionality have often been used as terms interchangeably. However, for centuries philosophers have argued about the nature of *intentionality* and its relationship to intention and to personality and to consciousness. They generally describe intentionality as the “ability of consciousness to: a) create a mental object that need not exist in the external world, b) refer (apply) its content to reality, and c) direct activity toward results” (Angeles, 1992, p. 148). Psychologists are more likely to refer to intentionality as a complex, focused, purposeful, mental process that results in actions and behaviors. When studying the effect of mental processes on healing as well as other biological and physiological phenomenon, intentionality is most often described as a focused, purposeful mental activity, or as a “projection of awareness” (Schlitz, 1996), that is directed at an outcome. Dossey (2003) defined *intention* as “the conscious determination to do a specific thing or to act in a specific manner; the mental state of being committed to, planning to, or trying to perform an action” (p. A11). In contrast, intentionality according to Dossey (2007) is “the quality of an intentionally performed action” (p. A11). In the same report (2003) Schlitz modified her earlier definition of intentionality in healing. She keeps her focus on distant healing and mental influence. Intention continues to be ‘mental focus’ that is based on reasoning and directed at the intender’s action. “Intentionality specifies under what conditions people judge a behavior as being intentional... Intentionality is thus an attribute of a conscious and willful action while intention is a mental state associated with a subjective purpose.” (p. A32). She further links both intention and intentionality to action and distinguishes both from consciousness, attention, and expectations and will.

Rollo May (1969), existential philosopher and psychologist, provided a definition that is congruent with and summarizes the researcher’s conceptualization of intentionality as it emerged from the participants. He explains,

By intentionality, I mean the structure that gives meaning to experience. It is not to be identified with intentions, but *is* the dimension, which underlies them; it is man’s capacity to have intentions. It is our imaginative participation in the coming day’s possibilities...out of which comes the awareness of our capacity to form, to mold, to change ourselves and the day in relation to each other... Intentionality is at the heart of consciousness... It is also the key to the problem of wish and will. (p. 223-224)

Based on the findings in this study, *intention* is defined as a purposeful, directed thought or a plan for action. *Intentionality* is viewed as greater than, and different from intention, a mental set of purposes, plans, or goals. Intentionality is both the *capacity* for, and the *quality* of, intention; it activates intention. Intention is static; it remains a thought and does not manifest in purposeful action without the qualitative dynamism of intentionality. In the devised theory, intentionality is conceptualized as a multifaceted capacity and quality that differentiates into varied, but related, forms as a person evolves. These forms reflect the individual’s basic makeup, expanding interests, dedications, desires, goals, and direction that she will take in life . It may evolve into a specific identify for a person that reflects all the other forms. Intentionality is the capacity to manifest a person’s dreams. Without intentionality, the dream remains a fantasy and never becomes reality.

The theory, *Intentionality: The Matrix for Healing* (IMH) provides a new perspective on the nature of intentionality in the process of healing. As a result of the study, the definition of intentionality is expanded from a purposeful mental process, or from ‘thinking about’ to a rich conceptual framework. Understanding the relationship between healing and intentionality requires an appreciation of several factors. First, in healing, intentionality evolves from a basic capacity, or form, within all people called *generic intentionality* (GI). That capacity is for making meaning and defining purpose in one’s life. It extends beyond making a plan or deciding on an action. Second,

in healing the antecedent and mediating influences that uniquely come together to form intentionality in healing include: 1) past experiences with family, socio-cultural-educational background; 2) making meaning of experiences of stress, loss and illness for themselves and loved ones; 3) exposure to non-western ideas about health, illness and healing, and reconciling any differences with their own backgrounds; 4) the experience of chronic illness or an unremitting health problem or traumatic life event; 5) accessibility of teachers and mentors; and 6) opportunity to learn and explore complementary integrative modalities. Third, the manifestation of intentionality in healing occurs on a continuum of awareness from the unconscious physiological bodily healing of a cut or broken bone, to purposeful mental and behavioral activities for healing, to an experience of spiritual transformation.

This framework that was derived from author's original research includes two differentiated forms of intentionality that evolve developmentally from a basic form called *Generic Intentionality* (GI). Generic Intentionality is our basic capacity to develop purpose and plan for actions and ways of being. It is influenced by our genetic endowment, culture, family, environment and experiences. In a healing context, the next form is *Healing Intentionality* (HI), in which the individual is usually faced with a challenge or crisis and becomes focused on developing knowledge and skills in healing. It is a learning, practicing, novice phase. The third form, *Transforming Intentionality* (TI), occurs when the person makes such major shifts in perception of him/herself and the world that a new sense of integration and oneness results. This often results in a new identity and may be experienced as a spiritual transformation. An example of this transformation in self image is that a caregiver becomes a 'healer' or an ill person becomes 'healed.'

The attributes: Three essential *attributes* characterize each *form* of intentionality (GI, HI, TI): *development*, *dimensions* and *direction* (the three Ds). The forms and attributes as well as influencing factors all create the matrix of healing.

Attribute #1: Development is an evolutionary process in which the first form, Generic Intentionality, differentiates into the two other forms (HI and TI). The process is a fluid, and sometimes recursive set of steps by which individuals move to new forms of intentionality. A series of developmental steps also occurs within each of the three forms (GI, HI and TI). Because development is not linear, characteristics of previous forms often remain in later forms. For example the person's basic talents (GI) continue to influence their future development, and the person's education and practice continue to grow and develop even if the person has reached transforming intentionality. For example a healer with that self-identity may change modalities and need to have more education and practice (characteristic of the HI form).

Attribute #2: Dimensions of intentionality in healing refer to qualities and levels of consciousness, and to the degree of effort expended in each form of intentionality. *Direction* incorporates how the individual utilizes and focuses his or her attention on outcomes. In addition to the 3 Ds, such phenomena as 'letting go' and appreciating and utilizing 'paradox,' 'dualities,' and 'synchronicity' were identified as unique characteristics of the matrix of intentionality. These were also discussed as aspects of healing that were identified by participants. The conscious perception and awareness of these attributes comes from intentionality.

Attribute # 3: Direction: Direction incorporates how the individual utilizes and focuses his or her intention on outcomes. In terms of quality and *direction*, participants acknowledged that intentionality also has an ethical valence for good or bad intentions and actions. Intentionality could be used for good (as in helping or healing) or for evil (as in hurting or hexing). For example, developmentally, Florence Nightingale would exemplify a highly evolved nurse healer. In contrast, a highly evolved person for evil might be Timothy McVeigh (The Oklahoma City Bomber). Nightingale devoted her life to improving the care of the sick and injured. McVeigh devoted his life to harming a government he felt was evil and deserved punishment. Both devoted themselves

with intense personal belief, focus and purpose, risking health and life for their intentions. Both had the capacity (intentionality) to act on their plans and purposes.

In healing, intentionality manifests in different ways. Intentionality, for example, may be highly directed and focused between a 'caregiver' and a 'patient.' Intentionality for healing may also occur over a distance of many miles and between strangers; the healee may not even be aware that a healing intent is occurring. Healing itself may also appear to be 'spontaneous' or separate from intent and may manifest as a miraculous disappearance of symptoms or disease. Some may question if intent, or intentionality, is present in such instances. Because intentionality is not always obvious and is often a private, internal experience, that may be an impossible question to answer. Consider a true story of "spontaneous healing" told to the researcher by a client about a good friend:

Jim was diagnosed with a malignant brain tumor and given a poor prognosis without aggressive treatment. He refused all standard medical treatment and decided to just 'live' his life until he died. In six months, the tumor was gone.

Was this a chance fluke? A miracle? Does intentionality exist in this example? This researcher would say 'yes' in both his decision not to accept medical treatment and to 'just live.' Did intentionality 'cause' the disappearance of the tumor? Who could say? In other instances of spontaneous healing or cures, was someone praying for the individual? Was the person praying for him/herself? Had the person made some change in his/her life, or shift in perspective that set his/her being to be more receptive to 'natural healing' seemingly without an intervention? Was there a misdiagnosis?

The concept of *matrix* unifies the forms of intentionality (GI, HI, TI) with the attributes (3 Ds) to create the actual integral and highly individualistic outcome that is considered healing by the individual. Since this matrix is a whole, it was decided to compare the three forms with each other, using the 3Ds attributes as the bases for comparison and contrast. **Table 2** summarizes the relationship of the forms and attributes in intentionality as the matrix of healing. Although tables

Table 2. Intentionality: The Matrix of Healing

Forms	Attributes		
	Development	Dimensions	Direction
Generic Intentionality (GI)	Innate; Basic characteristics, talents, interests	Conscious and Unconscious High and Low effort May be purposeful	Focused; formation of specific goals; Individualistic
Healing Intentionality (HI)	Student; Novice→ advanced Beginner Skill and concept learning	High consciousness; High effort; Purposeful intense focus on leaning	Specific focus Skill-oriented
Transforming Intentionality (TI)	Expert; Integration of knowledge and skill; change in self image	Aware of Conscious and Unconscious; ease of intense focus; May be purposeful or global; Greater good Trusts intuition and unconscious	Goal: Greatest Good. Aware of value of: Letting go, Spirituality, Attention to: Paradox, Duality, Synchronicity

and charts, by their nature present data in a linear fashion, it is essential to remember that this theory and its components are by their nature recursive and spiraling rather than linear.

'Body' and 'spirit' healing and intentionality

For many in the study, and according to conversations with others who were not participants in the study, healing was often equated with the wound mending and with cure. The healers in this study, however, all adopted an expanded, unitary mind-body-spirit definition of healing. The healees admitted to desiring a cure of their illness and removal of their symptoms, but when faced with that unlikely outcome, accepted an enhanced quality of life as indicative of healing. This was accepting that a cure was most likely not a possibility and as a result they did not give up but sought other ways to have a meaningful life. For participants in this study this often resulted in a sense of meaning that was beyond their prior expectations.

Intentionality related to healing occurs in various ways. The researcher contends that even in the healing of a wound, the body *recognizes* the need to restore balance and integrity, and purposefully and actively begins repair. In the holistic interpretation of healing used in this study, a person is consciously aware of the need to restore a balance or to repair a loss. Participants in this study were cognizant of the process experienced as *healing*. This is often labeled a *spiritual healing*, which is differentiated from what appears to be a predominantly physiological healing, as exemplified in *wound* healing. In this holistic framework, however, I contend that body-mind-spirit is unitary and therefore wound and spiritual healing are really the same phenomenon. The body itself has intentionality (the capacity to realize intent) toward wholeness and has a natural 'intention' for repair and healing itself. Healing is hypothesized to be dependent upon intentionality to provide the energy for the action of restoring or creating wholeness and for the capacity to recognize and appreciate the change. At what level however, does 'realize' or 'appreciate' occur?

The following is an example. As the matrix for all types of healing, intentionality is the whole person's capacity and ability to accomplish the following:

1. Create the awareness of the need for wholeness ("I have a cut"; "I am miserable in my life");
2. Define that need (the body *decides* to knit the edges of wound together; "I must find more meaning in my life");
3. Search through a repertoire of potential options to heal (the body *questions* is fibrin or are white blood cells the best approach? "Do I need a conventional practitioner or a Therapeutic Touch practitioner?"); and
4. Take action (the fibrin 'decides to' form a bridge on which a clot forms and the wound begins to close; "I decide to go to a Therapeutic Touch practitioner and in doing so I feel more balanced and calm").

A hypothesis generated by the study is that intentionality is both conscious (mind and spirit) and unconscious, or *body knowledge*. *Intentionality* is the guide for the shifts in the process of healing. In healing, intentionality shapes the transition from an actual fragmentation (a cut), or a sense of fragmentation (my life is miserable) to the actual transition to wholeness (the cut is healed), or a sense of wholeness (I am more fulfilled). When the restoration of wholeness does **not** happen there is continued illness in, for example, an unhealed wound or chronic depression. When, and if, overt illness continues, then healing must be clearly defined by the individual and not by our usual cure-oriented paradigm. This applies to people who are dying who feel healed as well as for people with chronic illness who feel fulfilled and that their lives have new meaning and purpose.

Role of Crisis and Chronicity in healing and intentionality: In crisis situations of injury and illness, healing is most often associated with cure. Although an acute crisis may precipitate a major intentionality shift in healing, both processes of intentionality and healing will probably be more

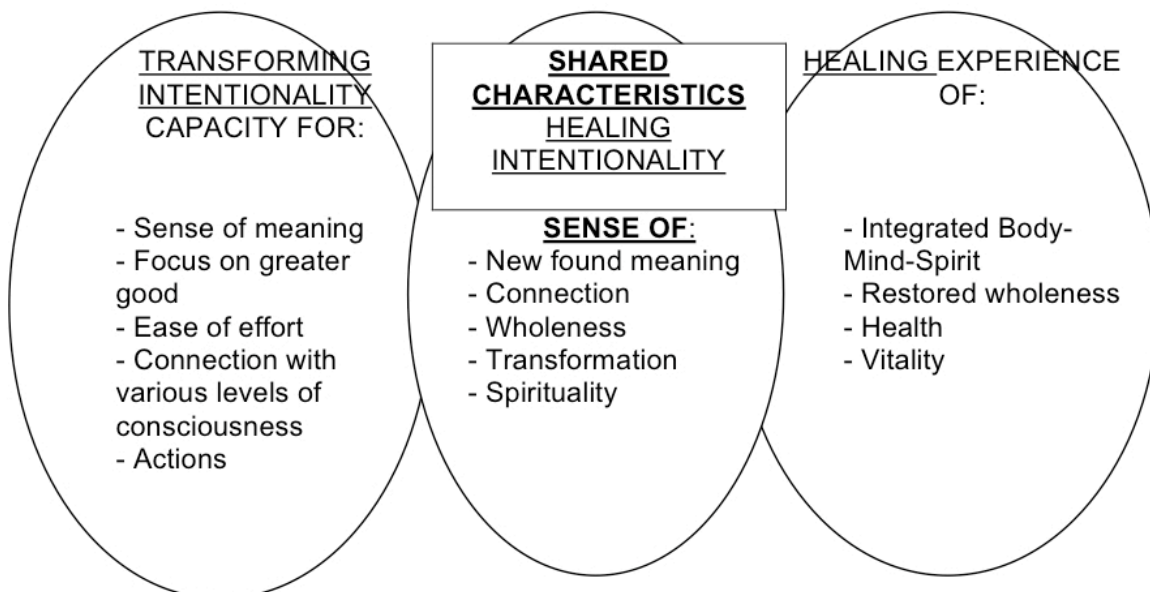
readily observable when the need for healing occurs in chronic illness states because it takes longer to develop. Participants in this study suffered from chronic illnesses and from stress. When an illness becomes chronic, the unremitting impact of the illness becomes overtly obvious. Individuals have more time to consider the impact of the experience and to choose actions. The individual is forced to confront the meaning and the implications of a disruption for which there is little hope for rapid and/or complete resolution. Intentionality in this context occurs as a more readily observable series of shifts toward a developing intentionality, and toward healing.

Merging Healing and Intentionality

Through coding and recoding and continuous memo writing it became surprisingly evident that the phenomenon called Transforming Intentionality and the characteristics of healing began to blend (were coded with the same words). Physical, emotional and spiritual sensations were descriptors rather than intellectual definitions or analyses that provided the overlap. Those blending characteristics included the following *changed sensations*: connection with others; oneness with the universe; feeling changed in one's self; feeling new sources of meaning, wholeness, and sometimes, having a sense of completeness. In addition, individuals felt a new ability to tap into that sense of meaning and strength for sustenance during difficult times. As participants developed TI and felt more 'healed,' they felt more capable and independent, more fulfilled and happy. Participants associated their new spiritual awareness with Transforming Intentionality and with healing. Participants did not link the two directly, but as the researcher was outlining the processes in the analysis, it became evident that the two concepts could not be completely separated as they shared some of the same descriptors.

In a unitary holistic paradigm, all things are believed to be connected and intertwined; thus this melding of the characteristics of healing and intentionality is not really surprising. Both processes (healing and intentionality) have progressed to a similar and overlapping outcome. The matrix (Intentionality) has, in part, merged with what it molds (Healing). Healing continues to refer to both the process and the outcome. Intentionality continues to be the *capacity* to shape and make meaning of the experience and to choose actions related to the experience. See **Figure 1**

Figure 1. Shared Characteristics of Intentionality and Healing



A new definition of healing in the context of intentionality

Healing is an awareness of a shift. This shift in awareness includes a subtle, less 'conscious' body awareness of how to heal and mend a wound or broken bone. The body 'knows' how to restore integrity. The awareness of shift ranges from this seemingly concrete healing to a 'conscious' spiritual transformation of a mending of one's spirit and soul. This transformation creates a shift in one's overall sense of purpose and self that is integral with the greater whole and greater good of the universe. This shift in awareness includes: 1. the 'more conscious' (relative) process of realizing the actual or threatened fragmentation of self; 2. the expectation of restoration and repair; 3. awareness of resources, processes and people to promote repair and restoration; 4.) actively doing and participating in activities to promote restoration and repair; and 5. recognizing that change is happening. This is an evolving process that is continuously modified by life events.

See appendix for a summary of definitions and the propositions in the theory *IMH*.

Study Limitations

Clearly this study is limited to a small selected population of women nurse healers and to a group of female healees. While themes repeated sufficiently to produce a theory, more research on both healing and intention and intentionality needs to be done. Ideas generated from the theory need to be tested with many other groups (men, other disciplines, other cultural groups, etc.). Qualitative methods will add descriptive and more holistic knowledge to our theoretical and philosophical base. Since a great deal of research has been done to demonstrate the effectiveness of various modalities, it continues to seem evident that basic definitions and descriptions of the experience of healing per se need to be established. Researchers need to consider the complex, unpredictable and individualistic nature of healing before trying to evaluate it.

Summary: The Phenomenal Nature of Intentionality - The Matrix of Healing

Most participants struggled to explain how they experienced healing and to describe intent and intentionality. In an early memo, Song insisted that the process needed to be experienced: "Words don't make it in the process." She, as well as others, believed that philosophy might be more helpful than science; science seemed too linear and too limited. Music, art and literature also express such often wordless transformational processes. Intentionality in healing reflects both the art and the science of care.

Intentionality reflects the whole of the person and dynamically evolves with that person. It encompasses and integrates a person's consciousness, ability to focus, choice of actions, and degree and nature of awareness. Stress, trauma, loss and crisis may precipitate a need for healing and mobilize intentionality. Intentionality and healing may be more evident when chronic illness or longer term stress is the reality. In searching actively for a means to heal, people learn they need to change themselves and their lives. In seeking out others, they use those relationships to help themselves heal and develop. Letting go of old patterns and attending more to themselves than to others is the beginning of an intentional transformational process. In this process, people learn means to calm and to focus actively on themselves and their growth. As the work progresses through Healing Intentionality to Transforming Intentionality, people discover the value of their intuition, and the reality of paradox and synchronicity in their lives. They become skilled at tapping into various levels of their own and others' consciousnesses and develop a spiritual sense of connection in the world. A framework of subtle realities in which consciousness, energy and

information are considered to be influential on human health and wellness is appreciated. Intentionality truly becomes the “structure that gives meaning to experience” (May, 1969, p. 223) and is the matrix for the transformative process of healing.

Intentionality is an active phenomenon involving an integral body-mind-spirit focus of attention and awareness. It is not simply a mental recognition of, or focus on, a problem. Intentionality is essential in all forms of healing and occurs in both acute and chronic health problems. The most developed intentionality in healing (TI) is the individual’s acknowledgment of the need for healing coupled with the sense of what the problem actually means for him/her.

Two forms of intentionality evolved in the context of healing from a basic generic intentionality. The first is Healing Intentionality (HI) and the second is Transforming Intentionality (TI). All three intentionalities become manifest as a result of a need state of imbalance. The theory posits that the healing process is contained in the larger whole of intentionality. Intentionality as a matrix molds healing; intentionality is the mother matrix of healing. As healing and intentionality evolve both processes become increasingly fluid and the boundaries between the two more porous. As a result, the two concepts are capable of sharing characteristics and appear, at times, to merge. It is however, important to keep in mind the differences. Healing is a process *and* an end result that is perceived by the person. Intentionality is the capacity for purposeful thought, expectations, images and the energy for action. This capacity differentiates and becomes increasingly specialized as the person evolves.

In this study, intentionality was closely connected to participants’ concepts of consciousness and to their views of how people use imagination to plan, make meaning of experiences, and become aware of their capacities and choices to mold those experiences. This capacity to make meaning was again linked to both evolving intentionality and to the process of healing. Healing is a total experience that depends on the individual making meaning of an experience that is usually associated with loss or threatened loss or fragmentation. The process of making meaning is often experienced as a shift in one’s perception of self and the universe, and to one’s spirituality. Intentionality as the capacity for awareness and appreciation is essential to this process. Healing was the restoration of an individual’s sense of wholeness following an experience of fragmentation.

The recognition and utilization of these shifts occur in concert with, and as a result of, one’s intentionality. In a holistic paradigm, healing is restoring a sense of a unified mind-body-spirit; an enhanced experience of integrality. Defining intentionality as “directed thoughts, which influence various physiological processes” is limited, if not inaccurate, in this paradigm. While attempts to study and understand human complexities often require that this whole is splintered, the phenomenon under study must eventually be reintegrated and viewed as greater than and different from its parts for the phenomenon to be considered ‘unitary’ or ‘holistic.’ See **appendix 1** and **2** for definitions of terms and the major propositions of the theory.

Implications

A great deal has been written about healing over the ages and more now in recent years by health care providers and researchers. By asking those who participate in the process what their experience is like and what they think comprises the process will enhance our understanding of this vital process. It has now become almost trite to say that we have become so technologically advanced that we have forgotten the importance and beauty of healing – healing that goes beyond the goal of curing, particularly in situations where ‘cure’ is not an option. The body of knowledge was enlarged by looking in more depth at healing and the role of intention and intentionality in healing. Encouraging both healers and healees to be sensitive to what this theory purports - that

healing depends on intentionality and intentionality is the capacity for, and the awareness of, purpose and making meaning-- , may enhance our capability to recognize healing opportunities in many situations.

It is possible that the theory of intentionality and its relationship to healing could be fostered in education and consultation with healers and healees. Recognizing that crises are indeed opportunities for healing and for growth could become more than a “cliché” and have real meaning for caregivers and recipients alike. Both healers and healees need to recognize that the middle developmental phase of healing intentionality (HI) requires study, work, practice and learning. While some people may be natural healers, even they need practice and education to hone their skills. Helping both healers and healees appreciate that healing takes time and is unpredictable in terms of the eventual outcome and encouraging people to become appreciative of their intuition, and capacity for recognizing synchronicities and paradox may also promote greater understanding of healing.

In 2003 an invitational meeting was sponsored by the Samueli Institute to investigate healing definitions and questions for healing research. Jonas and Chez (2003), principals at the meeting stated there were two major difficulties in moving forward in the scientific inquiry of healing: 1. lack of standard definitions for the terms healing, healing energy, and healing intention; and 2. poor quality of current research (p. A6). The original study of healing and intentionality (IMH) and this current report of secondary analysis of the same data are attempts to begin to address that issue. Acknowledging that healing depends on intentionality and that healing is in fact a phenomenon that restores the person’s awareness of his/her inherent integral wholeness has profound implications for education, treatment, and further study. Recognizing that healing is a mystery and a miracle spurs us to continue to question and to research and to seek additional understanding so that we might participate more effectively in individual, community and, at some point, global healing.

Conclusion

Healing is not only the dramatic case reports of spontaneous remissions and ‘cure’. Healing takes time, but that time is relative. Healing may make take seconds or decades. Healing is like pain in that it is defined by the individual and is therefore dependent on the person’s recognition of a change or shift. Research into the experience of healing as well as the effect of interventions on physiological processes will inform our understanding and our practice.

Appendix 1. Glossary of Terms

Generic Intentionality (GI): A basic characteristic of living things; the capacity to form goals and purposes and to act on those intentions.

Healing Intentionality (HI): A specific form of generic intentionality in which the focus of attention, dedication, and efforts are directed toward healing.

Transforming Intentionality (TI): A highly evolved expert form of generic intentionality in which healing is an effortless dedication.

Intentionality in Healing: This term is used to reflect the overall process of intentionality in the healing process. It is not to be confused with the form of intentionality called Healing Intentionality.

Healing: A fluid process representing a shift, a change, or a transition to a new or restored sense of balanced wholeness and wellness.

Matrix: A situation or surrounding form within which something else originates, develops, or is contained.

Capacity: An ability, having potential, and a quality of, and being receptive.

Transformation: To markedly change shape or form, condition, nature, or capacity.

Appendix 2. Intentionality as a matrix: basic propositions derived from the theory

1. Intentionality is a characteristic of humans and probably of all living things.
2. Intentionality is related to, but different from, intent and intention.
3. Intent and intention are defined as having a purpose, plan or goal. It is the motivation(s) behind action.
4. Intentionality is both a *capacity* and an *energetic potential*. It is the capacity to create and modify intention. Without intentionality, intention is static and has no energy and no action. As an energetic potential, intentionality is the spark and the mechanism for activity; it activates intention.
5. Over time, intentionality develops in concert with the individual's overall development. It may manifest into specific skills or a direction for one's life. It may also influence the person's development of a unique, whole sense of being.
6. Both the capacity and the energetic potential of intentionality create a *form* that is characterized by an individualized *pattern*.
7. Varied individual traits characterize intentionality and become evident in specific contexts. These contexts are created from need, desire, and developing expertise in meeting those needs. Healing is one such context.
8. Intentionality creates the ethical quality of intention; it provides the valence for good or bad intentions and actions. Intentionality can be used for good (as in prayer or healing) or for evil (as in wishing to hurt and hexing).
9. Intentionality forms a *matrix* for the transformational process known as healing.

References

- Angeles, P. A. *Harper Collins Dictionary of Philosophy, (2nd.ed)*. New York: Harper Perennial. 1992.
- Benor, D. J. *Healing Research, Vol.1*. Southfield, Michigan: *Vision*. 2002; 2nd ed. Bellmawr, NJ: Wholistic Healing Publications 2006.
- Boykin, A. & Schoenhofer, S. *Nursing as caring: A model for transforming practice*. New York: National League for Nursing Press, 1993.
- Braud, W. Wellness implications of retroactive intentional influence: Exploring an outrageous hypothesis. *Alternative Therapies in Health and Medicine*, 2000, 6, 1, 37-48.
- Cooperstein, M. A. Myths of healing: A summary of research into transpersonal healing experiences. *Journal of the American Society for Psychical Research*, 1992, 86, 99-133.
- Cowling, R. Healing as appreciating wholeness. *Advances in Nursing Science*, 2000, 22, 3, accessed from <http://www.nursingcenter.com/lib/journalarticle> 11/20/05. pages 1-17.
- Dossey, B. M., Holistic nursing practice. In B. M. Dossey (Ed.). *Core Curriculum for Holistic Nursing* (pp 4-13), Gaithersburg, MD: Aspen Publishers 1997.
- Dossey, L. *Healing Words: The Power of Prayer and the Practice of Medicine*. San Francisco: Harper Collins, 1993.
- Dossey, L. *Be Careful What You Pray For...You Might Just Get It*. San Francisco: Harper Collins. 1997 (a)
- Dossey, L. (Ed.). Special issue on prayer and distant intentionality. *Journal of Alternative Therapies in Health and Medicine*, 1997 (b), 3, 6, 10-120.
- Dossey, L. The Samueli conference on definitions and standards in healing research: Working definitions and terms. Suppl. Definitions and Standards in Healing Research the First Samueli Symposium. *Alternative Therapies in Health and Medicine*, 2003. 9, 3, A10-A12.
- Dossey, L. Healing research: What we know and don't know. *Explore*, 2008, 4, 6, 341-352.
- Egnew, T.R. The meaning of healing: Transcending suffering. *Annals of Family Medicine*, 2005, 3, 3, 255-262.
- Frank, J. D. Psychotherapy and the healing arts. In J.L. Fosshage and P. Olsen (Eds.) *Healing Implications for Psychotherapy* (pp 31-48). New York: Human Sciences Press. 1978.
- Gaut, D. A. & Boykin, A. (Eds.), *Caring as Healing: Renewal Through Hope*, New York: National League for Nursing Press. 1994.
- Hartrick, G. Relational capacity: The foundation for interpersonal practice. *Journal of Advanced Nursing*, 26, 1997, 523-528.
- Jonas, W.B. & Chez, R.A. The role and importance of definitions and standards in healing research. Suppl. Definitions and Standards in Healing Research the First Samueli Symposium. *Alternative Therapies in Health and Medicine* 2003 9,3, A5-A9.
- Jonas, W.B., Crawford, C.C., *Healing Intention and Energy Medicine*. New York: Churchill Livingston: 2003.
- Epstein, G. Mind-body medicine and biological medicine: An unbridgeable gap. *Advances: The Journal of Mind-Body Health*, 1996, 12, 3, 16-18.
- LeShan, L. *The Medium, the Mystic, and the Physicist*. New York: Ballantine Books. 1975.
- Marshall, E.S. Home as a place for healing, *Advances in Nursing Science*, 2008, 31, 3, 259-267.
- May, R. *Love and Will*. New York: Dell. 1969.
- McKivergin, M. & Daubermire, J. The essence of therapeutic presence. *Journal of Holistic Nursing*, 12,1, 1994. 65-81.
- O'Laoire, S. An experimental study of the effects of distant, intercessory prayers on self-esteem, anxiety and depression. *Journal of Alternative Therapies in Health and Medicine*, 1997, 3, 6 38-54.
- Quinn, J. F. Transpersonal human caring and healing. In B. Dossey (Ed.) *Core Curriculum for Holistic Nursing*. Gaithersburg, MD: Aspen Publication. 1997.

- Quinn, J.F., Smith, M., Rittenbaugh, C. et al. Research guidelines for assessing the impact of the healing relationship in clinical nursing. Suppl. Definitions and Standards in Healing Research the First Samueli Symposium. *Alternative Therapies in Health and Medicine* 2003 9, 3, A65-A79.
- Reed, P. Transcendence: Formulating nursing perspectives. *Nursing Science Quarterly*, 1996, 9 (1), 2-4.
- Rew, L. *Awareness in Healing*. Albany, NY: Delmar Publishing. 1996.
- Rew, L. Intuition: Nursing knowledge and the spiritual dimensions of persons. *Holistic Nursing Practice*, 3, 56-68. 1989.
- Schlitz, M. J. & Braud, W. Distant intentionality and healing: Assessing the evidence. *Journal of Alternative Therapies in Health and Medicine*, 3(6), 62-73, 1997. .
- Schlitz, M. J. Research Frontiers. *Noetic Sciences Review*, 1995, 36, 26.
- Schlitz, M. J. Intentionality and intuition and their clinical implication: A challenge for science and medicine. *Advances: The Journal of Mind-Body Health*, 1996, 12, 3, 58-63.
- Schlitz, M., et. al. Distant healing intention: Definitions and evolving guidelines for laboratory studies, Suppl. Definitions and Standards in Healing Research the First Samueli Symposium. *Alternative Therapies in Health and Medicine* 2003, 9, 3, A31-A43.
- Watson, J. Nursing's caring-healing paradigm as exemplar for alternative medicine? *Journal of Alternative Therapies in Health and Medicine*, 1995, 1, (3) 64-69.
- Zahourek, R.P. Intentionality forms the matrix of healing: A Theory". *Alternative Therapies in Health and Medicine*, 2004, 10, 6, 40-49.
- Zahourek, R.P. . Intentionality: The Matrix of Healing: A Grounded Theory Study for Holistic Nursing. *Journal of Holistic Nursing*, 2005, 23, 1, 89-109.

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