



# Understanding public perceptions of healing: An arts-based qualitative study

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## ABSTRACT

**Background:** Most healing research has focussed on the views of healers, complementary and alternative medical (CAM) practitioners or medical professionals, and little is known about how the general public conceives of healing. Because healing is a complex and often abstract concept, we addressed this gap in the knowledge using creative qualitative approaches with members of the public. We aimed to elucidate the views of members of the public about their healing, to help offer a better understanding to healthcare professionals.

**Methods:** Our qualitative arts-based drawing method invited people to respond using crayons and paper to the question ‘What does the word healing mean to you?’ These drawings were followed by a short recorded interview in which people explained their image. We used convenience sampling to approach members of the public visiting a large wellbeing show and a museum. We analysed images and interviews in tandem using a focus on metaphor.

**Results:** We interviewed 59 people, including three children. Almost two thirds of participants were female. Participants’ images and interviews documented three main models of the healing process: i) Healing comes from a great external force, exemplified by the sun; ii) Healing comes from other people, whether medical professionals, CAM practitioners or healers; and iii) Healing comes from within, and the individual has the ability to self-heal. People described practices and inner states that could help achieve healing. Some people depicted more than one model, demonstrating the interlinkages between the models, and some described the outcome of healing (wholeness) rather than the process.

**Conclusions:** The drawing-based approach encouraged an intuitive way of thinking, capturing concepts that cannot easily be verbalised. Members of the public have nuanced, complex understandings of the concept of healing, and these echo historical and modern concepts of healing and healthcare. The models our participants described often interlink, suggesting an overarching framework for the way people conceive of healing. The findings may be useful both as a guide to further research and as insight that may facilitate healthcare processes.

## 1. Background

Healing is difficult to define. In a recent special edition of *Explore: The Journal of Science and Healing* Levin drew attention to the fact that the word is used quite differently in conventional Western and in complementary and alternative medical (CAM) narratives.<sup>1</sup> The former use healing to describe physical phenomena such as wound or fracture healing, whilst the latter use the word to describe a much wider range of phenomena, and may use it to describe an intervention, a process, an outcome or a state.<sup>1</sup> Levin went on to note that healing is seen as both multifactorial, with a range of factors and variables believed to contribute to healing, and, particularly within CAM, multidimensional, being expressed at different levels such as the cellular, the emotional

and the spiritual. In a discussion piece in the same journal Hufford pointed out that to seek a precise definition of the word healing may be an unconsciously political activity.<sup>2</sup> Others have argued that we should maintain the complexity inherent in the concept.<sup>3–7</sup> However, conceptual clarity has the potential to improve research and, hence, clinical care.<sup>1,8</sup>

Our interest is in unpacking the complexity of the word ‘healing’ and discovering what members of the general public think the word means. In addition we are interested in how their views relate to those in both conventional medical, CAM and other narratives. If the remit of healthcare professionals is to promote healing in the people they deal with, then they need to understand the views of those people. It has been said that we are all broken,<sup>8</sup> and certainly, at some point, we all

Abbreviations: CAM, complementary and alternative medicine

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interact with health services and need healing. A review of the healing literature suggests that there is a need for a better understanding of the perspectives of all those who receive healing.<sup>9</sup> For example, Verhoef and Mulkins<sup>10</sup> found when they pioneered a questionnaire based approach to healing that their participants had different understandings and this led them to undertake qualitative study to uncover those views.

Since we are interested in the innate knowledge and feelings within members of the public about the nature of healing, we want to avoid confining our work to the elicitation of a well thought out, considered, rational view.<sup>11</sup> To this end we have used an arts-based method.

We are not aware of any research into the views of members of the public about healing, as previous work has focussed on the views of clinicians or patients. We therefore aimed to elucidate the public's views, to respond to Levin's call for more 'conceptually careful engagement' with the concept of healing<sup>1</sup> and to offer healthcare professionals and researchers an insight on the nature of those views.

## 2. Methods

The first round of data collection acted as a pilot: members of the public visiting the Eden Project, England, a large natural-environment focussed visitor attraction, were approached by ER and PD and asked 'What does the word healing mean to you?'.<sup>12</sup> We directed them to respond either verbally, in writing, or by drawing. Written responses tended to be brief and simplistic. The verbal responses offered richer data, however they tended to be logical and practical in comparison with the more creative and metaphorical thinking that was evident in the drawings, and in the explanations about the drawings. Therefore, subsequent data collection (reported here) focussed on drawing, followed by a short interview to clarify what people had drawn and how it represented healing.

This refined method involved asking people to draw the image that came to mind when we asked the same question, 'What does the word healing mean to you?' using coloured crayons and A4 paper. When people had finished drawing, we asked them to explain the picture. A follow-on question was 'What role, if any, do places like this have in healing?'. This approach was used by ER and PD at a 'Mind Body Spirit' Wellbeing Show in Birmingham, England, November 2016, and subsequently at the Royal Albert Memorial Museum in Exeter, England, December 2016, using convenience sampling to approach visitors at each venue. People sometimes took part in pairs or with groups of friends or family members, but could respond privately if they preferred. Interactions typically lasted between five and ten minutes. All participants gave written consent after hearing the purpose of the study and prior to being asked to draw and reflect. Approximately one in ten people we approached declined to take part, usually because they were occupied with seeing the venue. During data collection at the museum, ER and PD observed data saturation in the images and verbal contributions.<sup>13</sup>

The resulting images were scanned, recorded interviews were transcribed, and interviewer field notes were included. Due to a technical mishap with the recorder, 31% (18) of the participants who drew a picture and were interviewed had their stories written down immediately by the researcher from memory and are identified here as 'not verbatim'. Images and text were analysed in tandem.

The data were subjected to multiple rounds of analysis assisted by Atlas.ti software. During data familiarisation, ER applied descriptive codes to the pictures and text, but it was clear that similar images could have quite different meanings, and that a more detailed level of analysis was needed. As a next step ER and SW looked at the data together, using an inductive approach which focussed on the metaphors used in the pictures and associated interviews, and identifying common narratives. The pictures were treated as the primary form of data, while each accompanying interview provided supplementary elucidation by participants for researchers. Based on a quarter of the cases, this led to the formation of five different metaphoric models, each of which

represented a different way of understanding healing, and a sixth variation represented a common combination of two of the models. ER then applied these models to the remaining data, adjusting the models as new cases added to their richness. Complicated cases were discussed with SW, and the possibility of an overarching framework was discussed. SW and ER then reviewed all models and cases, and further adjustments were made. The resulting three main models, and minor models and variations, were discussed with PD and further minor adjustments were made, resulting in the models presented here. Each model captures a dominant and recurring narrative in the data.

It was not possible to re-contact participants to share and check findings, however, our method encompassed two complementary types of data and our research team was multidisciplinary: literature (ER), psychology (ER), medicine (PD, SW), health services research (PD), holistic practice (SW), CAM research (ER, PD, SW), bringing differing views to the analysis. All three authors have studied, practiced, and published previous work utilising qualitative methods within their separate disciplines.

## 3. Results

Complete responses were collected from 59 people, as detailed in Table 1. Almost two thirds of participants were female and ages ranged from seven to 71. A further six people provided images but no interview and were not included in the analysis.

### 3.1. 'Healing comes from a great external force' model

A number of people depicted healing as having an awesome external source. Energy emanated from this source, radiating onto the individual and providing healing.

In most cases, this force was visually represented by a drawing of the sun. B21 (female, 28, not verbatim) drew a sun and simply described "the bright sun" as the image of healing that first came to mind, giving the sense of emanating light. For most, the sun had metaphysical associations. For example, B7 (male, 63) drew a sun (Fig. 1) but said "I've drawn... a physical sun but it could be like spirit or some sort of consciousness or a pure awareness... seeing through the relative, and the absolute... coming through and... putting it into perspective". His description also reflects a common phenomenon: an image would come to mind, and as people drew and discussed it, further levels of meaning became apparent to them. B39 (female, 51, not verbatim) drew a sun representing "A never-ending Universal life force giving out rays to cover everything and everybody in a positive way". Her description of a source of energy, although represented by the sun, invokes a mystical force. Her account gives a sense of radiation and emanation, which reaches people to heal them in a relatively passive role. B22 (male, 27, not verbatim) described "the channelling of energy from a higher source, so this yellow is supposed to be that energy"; the phrase 'energy from a higher source' again

**Table 1**  
Demographic profile of participants and participation site.

		N	%
Total		59	100%
Gender	Male	22	37%
	Female	37	63%
Age	Under 18	3	5%
	18–24	3	5%
	25–34	5	8%
	35–44	12	20%
	45–54	17	29%
	55–64	13	22%
	65+	4	7%
Site	Not known	2	3%
	Birmingham Wellbeing Show	33	56%
	Royal Albert Memorial Museum	26	44%



Fig. 1. Example of 'Healing comes from a great external source'. B7, male, 63. See online for colour images.

suggests a mystical, awesome, external force. R20 (male, 58) simply drew a positive symbol (a 'tick') to represent 'fixing' and was initially resistant to the idea of healing as having a spiritual or alternative connotation, yet, when talking about his drawing, kept returning to the idea of spirituality and saw healing as ineffable: "I can't think of anything less visual than the idea of healing". About one in ten participants primarily described healing in this way, especially those at the wellbeing show. Furthermore, several others, whose images and narratives have been assigned to other groups, included aspects of it in their accounts.

### 3.2. 'Healing comes from other people' model

A more common view, shared by around a third of participants, was that other people provided healing, although some thought of medical professionals while others thought of people with holistic healing skills. Overall, this model was particularly common among visitors to the museum. Images typically depicted people giving or receiving treatment, hands, and representations of hospitals and the medical Red Cross (Fig. 2). Two striking exceptions were the images of B2 and B3, whose drawings were highly abstract and showed a series of swirls.

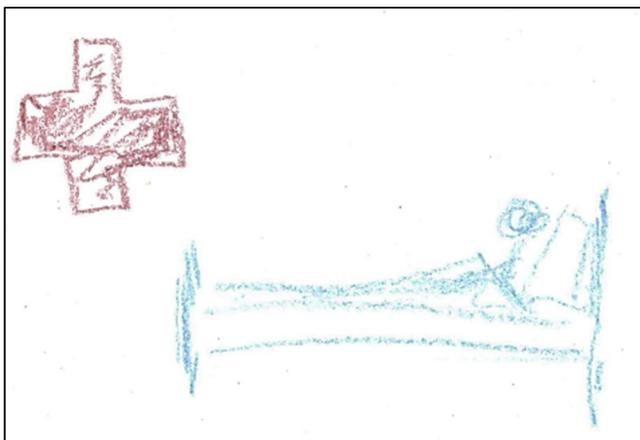


Fig. 2. Example of 'Healing comes from other people'; medical people. R27, female, 37.

R8 (male, 48) had a medical understanding of the term: he drew a hospital bed under a red cross and explained "It's somebody in bed with a broken leg and the doctor making him better". This clearly medical understanding of healing was also seen among the three children in the sample, aged 7–17, who all depicted hospitals and medical settings. R5 (female, 66) was grateful for the care her dying mother received: "the nurses were really kind to her, although in the end it didn't heal her, initially she thrived because they were so kind": like several others, she saw healing as being due to the human care and kindness of the healthcare professionals, not only to the science of biomedicine.

R25 (female, 61) bridged the gap between medical and alternative understandings with her drawing of two hands and a pot of cream, and a description of "healing hands [and] aspects of... healing through massage and alternative therapies and that kind of thing": she was also aware of the need for 'bandages' and medical treatment.

A woman who worked as a healer (B2, female, 65) placed herself in the role of the person who could provide healing, and described "finding the people that need healing and they don't know exactly what they want but they want someone to look after them, they want someone to pick them up and tell them what's wrong, 'help me', encompass people".

B5 (female, 42) drew one person healing another (Fig. 3) and said "So this person is trying to give them a healing, but then this person should... be receptive, if you're not receptive your thoughts are not with it". Her picture suggested healing emanating from the healer's hands while her words also stressed that the person receiving healing should not merely be passive but receptive: although healing originated from other people, a particular inner state was necessary in the person receiving healing.

One couple's exchange encapsulated the difference between medical and alternative understandings of healing:

R28 (male, 28): ...the word healing to me meant a bit more than just being fixed, if that makes sense? So it was more my first thought was... deeper than just... a cut being healed. Thinking a bit more general.

R27 (female, 27): Which is weird because I first of all, I thought of a plaster and I thought I'm not sure I can draw a plaster very well. Then I thought of the Red Cross and went that way. I went very literal.

Although she opted for a medical image, R27 acknowledged that a less 'literal' interpretation of healing was also possible, like the 'deeper', 'more general' one of her partner, whose image encompassed emotional states, relationships and the sun.

Occasionally there was a sense of a source behind this healing ability, which might be a human system like medical science or a

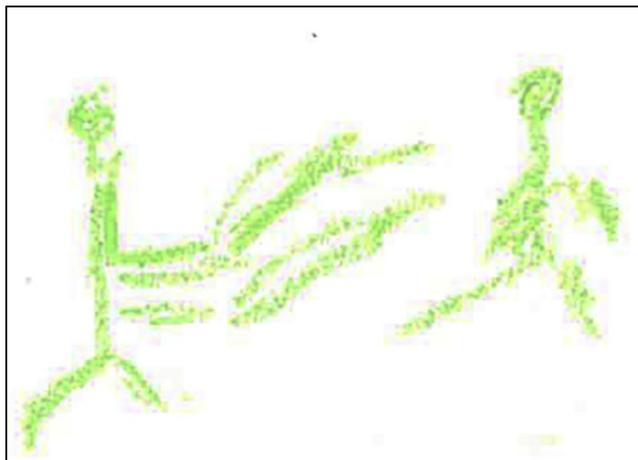


Fig. 3. Example of 'Healing comes from other people'; people with holistic abilities. B5, female, 42.



Fig. 4. Example of 'Healing comes from within'. B8, female, 24.

medical charity, or a higher energy source. R21 (female, 22) saw healing as originating in "hospitals or proper official kind of medical places"; the human help is implicit, the system is explicit. Meanwhile B3 (female, 62), a healer like her friend B2, stated that healers were "all channelling the same energy".

R1 (female, 62) was a divergent case within this model: she drew two faces smiling at each other across a heart, and felt that "love is the best form of healing". Although her understanding of healing depended upon people, it differed from the more common idea that one person might give healing to another, and instead had a reciprocal and emotional focus.

### 3.3. 'Healing comes from within' model

The most common understanding of healing was that healing was something each person could realise for themselves: achieving or maintaining a state of healing depended upon an inner state. This was seen in about half of all participants, and was particularly prevalent among those attending the Wellbeing Show. Drawings within this model varied but often included a depiction of a heart; circular shapes (Fig. 4) and depictions of nature were also common.

R13 (female, 47) typified this model, with a clear sense that given the right conditions, healing happens within:

...my understanding is healing is about getting that balance between those energy centres in our body, our heart and mind. That connectedness to the world around us and the vibration of the energies that are around us as well. If all of those are in alignment, then our body can begin to heal from its 'dis-ease'

Her complex image included chakra centres, the heart and the mind surrounded by energy fields. Similarly, B10 (male, 51) believed that



Fig. 5. Example of 'Healing comes from within'. B14, female, 63.

"Healing means being in control of your own mind and your own destiny. I feel that we're all capable of self-healing", and drew a heart. Both suggest that the focus is personal, and that the power to heal lies inside the self. For B8 (female, 24) the focus was also on the self: healing "means getting the body, not just the body but our energy back to harmony and balance". B14 (female, 63) drew a radiant heart (Fig. 5) and said:

...all healing comes from restoring a sense of self and finding that core of love within yourself... bringing yourself back to balance, it's as simple as that, whichever method you choose. Whether it's scents, flower essences, homeopathy, acupuncture, it's all about bringing you back to your centre, then you're all right.

Healing for her was about sense of self and coming back to one's centre. She warned against over-reliance on doctors and, like B5, B10 and B12, emphasised self-empowerment and personal responsibility in health.

For some, this inner healing required a natural, ideal state such as we might see in children. B8 (female, 28) described "kids in that... playful energy - that's naturally our... healing state and the modern world kind of draws it out of us", B35 (female, 43, not verbatim) a "true self" and B36 (female, 41, not verbatim) how we are "meant to live".

Although this model had a strong inward focus, people did not see themselves as isolated but rather as fundamentally connected with the outside world. For example, B12 (female, 30) had a particularly strong inner focus and yet acknowledged a need for something from outside the self: "I'm a strong believer in everything you need you've already got inside of you. So if you need to heal, you're going to be drawn to whatever it is that's going to heal you." Her colourful stick figure was encircled by yellow rays, connecting it with its surroundings. Emphasising this sense of connectedness, many drew and described being in natural environments and the feelings engendered by the experience (Fig. 6).

For B29 (male, 44, not verbatim) the inner focus had an unusual, negative twist: he described something internal and personal, radiating outwards, but that 'something' was pain, rather than the ideal state most people saw. His account emphasised the permeability between self and environment, and he depicted his pain radiating out from his spinal column, while healing energy from above came into his brain and spinal cord and took its place.



Fig. 6. Example of 'Healing comes from within'. R22, female, 49.

### 3.4. Practices and inner states

People whose definitions fitted the 'Healing comes from within' model were particularly likely to describe the practices they might use to find healing, and the inner states of being which enabled healing. R24 (male, 65) offered an account which highlighted the differences between inner states and practices:

R24: ...then I'm in a different conscious space.

Interviewer: How do you get into that different conscious space?

R24: It's very difficult to answer that question, it's just something that happens within... something switches within and you go from the outer world to the inner. It gets easier with practice, so you can flit between the two in microseconds.

The state of being in a different conscious state was something which, although hard to articulate, could be practiced until it became easier. R29 (male, 37) described the state of being connected, and intimated that his art and craft practices helped him to feel connected: "I kind of feel connected... I do a lot of arts... wood crafts... it's all got its place in helping in some way."

Inner states often described moods and emotions, such as happiness (R28, R30, B32), a positive outlook (B5, R29) or love (B33, B34, B14, R2). A common idea was one of "being able to be your true self" (B35, female, 43, not verbatim), living "the way we are meant to be" (B36, female, 41, not verbatim) or "following your pathway" (B3, female, 62). Others inner states included harmony and balance (B8), being in the moment (B36), and relaxation and ease (B35).

Practices could involve buying the right materials, whether this was a scented candle (B15), a healing bracelet (B9) or a cognitive behavioural therapy book (B14). More often, however, practices related to finding time and space, such as being in nature (R10, R22, B16, B35, B36), taking a bath or a walk (B2, B3), breathing in (B36), or finding a "free space [that] allows you to think" (R30, male, 24).

For some, this inner focus relied on a process of resetting, linked to the idea of the cycles of the sun and a fresh start each day (B23), or the wake-up call triggered by a serious health event (B9): as B36 (female, 41, not verbatim) said, "you need thunderstorms to clear out the bad stuff". This concept was initially seen as a distinct model: further analysis suggested it was akin to the inner states and practices, but more descriptive of the reformulating dynamic of healing.

### 3.5. Interlinking of the models

These were the three major models but people often referenced more than one model and some described all three models. B31 (male, age not given, not verbatim) said:

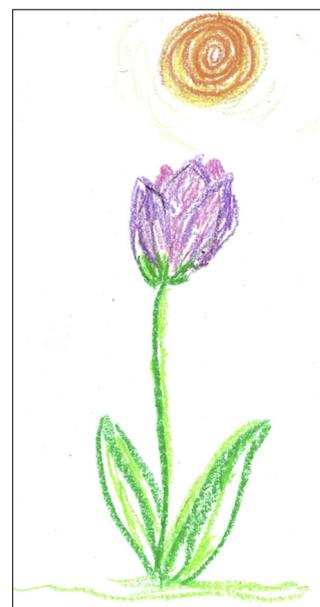


Fig. 7. Example of combination of models. R32 (female, 49).

...the image I saw when you asked the question was of a forest with dappled sunlight shining through the canopy of the trees, and the metaphor I drew is of a tree grounded in the earth, but reaching up for that light and energy from the sun

His response included the personal, inner sense of grounding of the 'healing comes from within' model, which he depicted by showing the roots of the trees, as well as the sense of a grand external force providing healing 'light and energy'. R32 (female, 49) depicted an inner sense of thriving and growth as well as the "healing powers of the sunshine", as shown in Fig. 7.

B2 and B3, who were interviewed together, primarily viewed healing as coming from other people. However they also recognised an inner source of healing, and a grand external force in the form of healing energy which could be channelled by skilled healers: they therefore encompassed all three major models.

### 3.6. 'Healing is wholeness': outcomes of healing model

In addition to these three principal models of the process of healing, a number of participants depicted a static understanding of healing.

These people saw healing as everything and all-encompassing, in what seemed to be a description of the end result of healing. B13 (female, 53) drew a heavy blue circle (Fig. 8) and said:

I'm just thinking of healing in terms of wholeness. So I guess to me a circle would encompass an image of wholeness... not just one single line, I wanted it to be a thicker line... It's not just an outline, it's more of a shape, more of the strength and wholeness.

For B4 (female, 42), healing was "a oneness... a wholeness, everything, holistic, looking at everything". She also drew a circle, a common image within this model. B25 (male, 61, not verbatim) drew concentric circles and said "It is wholeness, it is not something that you can separate into parts, but it is like an onion, it has many levels or rings to it. You cannot isolate it, it is completeness." There was a repetitive emphasis on wholeness and completeness, both within individual accounts and across the accounts. The lack of movement and dynamism in these depictions suggested a finished state rather than a process. The accounts did not tend to overlap with other models, perhaps because people had interpreted the question as asking about a state, not a process.

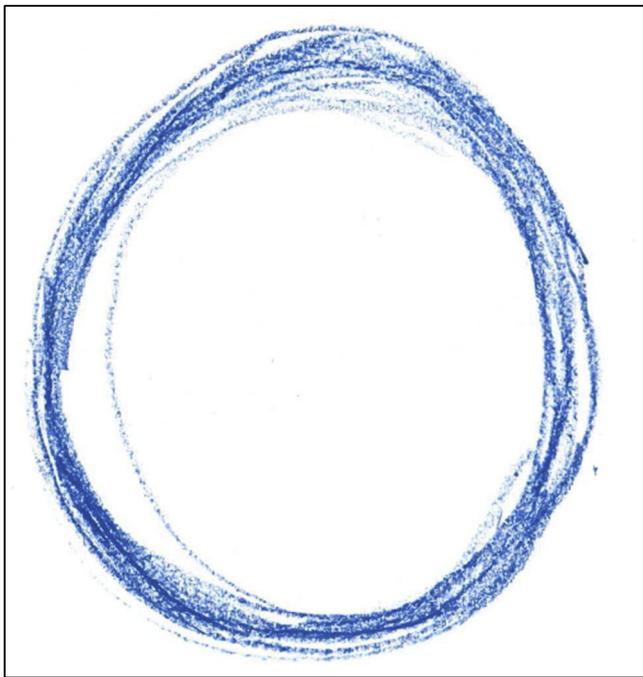


Fig. 8. Example of 'Healing is wholeness'. B13, female, 53.

#### 4. Discussion

The collected images and interviews captured three main models of the healing process. People primarily saw healing as either coming from a powerful external source, exemplified by the sun; as coming from other people, who had medical or alternative therapeutic skills or simply offered caring that would heal them; or as coming from within, where cultivating particular inner states or practices could trigger self-healing. These three models fit with Levin's observation<sup>1</sup> that in CAM narratives the word healing can be used to describe an intervention, a process, an outcome or a state. While some of our respondents talked of an intervention, most identified processes, and a few portrayed an outcome or a healed state: these were relatively homogeneous in their depictions of circles and descriptions of wholeness. Our models echo Smith's critical attributes of healing, gathered through an analysis of the experiences of people with chronic pain, namely a sense of transcending the immediate environment, a sense of connection and unity with the self and others, and a sense of inner knowing and strength.<sup>14</sup> We also see parallels with Warber et al's analysis of the phenomenon of biofield energy healing, in which therapists foregrounded the concept of a universal energy, a therapeutic bond with the client, and the necessity of the active participation of the client.<sup>15</sup> Verhoef and Mulkins<sup>10</sup> explored the key concepts of healing among patients from integrative medicine centres who had significant healing experiences. The authors reported that healing is a dynamic process that is subjective and unique to each person; is self-directed and requires a commitment to wellness; and involves a return to wholeness.

In our work, many accounts suggested that healing came from an outside source: this might be accessed directly through energy from the sun, or might be received through a person who, in their capacity as a medical professional or healer, could transmit care to the individual. The outside, higher source was sometimes a metaphysical concept and sometimes a human system such as biomedicine. In some cases, it was the natural environment which provided a source of healing. This has parallels with the biofield energy healers interviewed by Warber et al,<sup>15</sup> who experienced energy as coming from an external source which could be religious, physical or metaphysical, and which they as therapists sought to channel for the purposes of healing, in harmony with the commitment of the client. In our data, these external, macro level forces

acted upon and interacted with the individual at the micro level. The individual could encourage and cultivate certain states to encourage healing to take place. These inner states, and the practices that supported them, appeared in accounts across the three main models. They echo the resources and skills described by people who had experienced healing in our previous work.<sup>16</sup> These healing processes could then lead to a state of wholeness and healing.

The models of healing that emerge from our data analyses appear to mirror many aspects of the historical development of thought amongst healthcare professionals, and to transcend the current, restricted view within conventional Western biomedicine. Externalised, spiritual views of health and disease, involving the need to access forces outside us, like our model of 'healing from an external source', have been common throughout the ages. For example: priests ask for God's intercession, shamans access the spirit world, and healers talk of channelling the universal energy of the cosmos for the benefit of sick people.<sup>17</sup> Kirmayer, reviewing different healing cultures, has described the tendency for medical systems to view the causes of and solutions to afflictions as either internal or external.<sup>18</sup> This understanding is also backed up by the etymology of the word healing and its semantic relation to words such as holiness and hallowed, with the suggestion of a spiritual or superhuman element.<sup>2</sup> As Hufford observes, this has long been part of the general understanding of the term, which is an inherently broad one.

The contrasting view that healing comes from within mirrors the ancient humoral tradition of medicine: this puts emphasis on the idea that health is our natural state, as described by Hippocrates amongst many others.<sup>19</sup> Shutzler and Witt report that an internal locus of control is associated with higher appraisal and exclusive use of CAM,<sup>20</sup> although they acknowledge that their cross-sectional survey does not elucidate the directionality of this relationship. The idea that healing comes from within is also in accord with the concept from other cultures that disease results from an inappropriate balance of humours or energy within (Indian 'prana' or Chinese 'chi' for example).<sup>21</sup> In Hufford's view of the traditional meaning of the term healing, it is 'a naturally occurring process arising within the subject',<sup>2</sup> and interventions by other people do not provide healing themselves, but rather facilitate the subject's own healing. This echoes the views of Florence Nightingale and the approach still used in modern nursing, according to Kreitzer.<sup>5</sup>

The model which highlights the role of individual healers, or relationships between a sick person and a professional healer, has always been central to healthcare thinking,<sup>22</sup> although the 'how and why' of this have proved problematic and encompass something mysterious and ineffable.<sup>7</sup> Wendler has described the essential role of a caring relationship in her concept analysis of healing, leading to an outcome of wholeness.<sup>23</sup> As medical technology and materialism have become more dominant, many doctors and philosophers have called for a return to more 'humane' medical thinking, and for more caring within healthcare<sup>24</sup>, a sentiment that our participants seem to echo.

The metaphors and mini-narratives identified in this analysis provide an insight into how people view the healing process, and the interlinkages between the models began to suggest an overarching framework of how people conceive of healing processes. While one model or another tended to dominate each response, people were frequently aware of other possible models, demonstrating unexpected complexity. Verhoef and Mulkins<sup>10</sup> found similar complexity with patient experiences which were not sequential and which differed considerably between study participants, and yet there were areas of consensus in the experiences. This complexity suggests that attempts to reduce healing to a single clear definition for the ease of researchers and clinicians<sup>3,4</sup> may be fruitless. In the special issue of *Explore*, many healing researchers spoke out in defence of the need to retain the complexity of healing, to help broaden our perspectives,<sup>3</sup> to reflect the fundamental multidimensionality of the concept,<sup>4,6</sup> and to recognise the varied and complex needs of professionals who use the term.<sup>5,7</sup> An overarching

framework begins to emerge from our data, and an important aim for future research is to explore and test whether such a framework is justified and useful. To sum up, the ways in which the models of external powerful force, internal locus of control and interrelationships overlap, is in keeping with ancient and modern thought and emphasises the complexity of healing.

Our drawing method encouraged people to think in non-verbal ways: an image would come to mind and the accompanying narrative emerged subsequent to the image. We therefore enabled people to communicate complex and abstract ideas which are not easy to express linguistically.<sup>25</sup> Drawing methods have typically been used with children or for groups with linguistic or cognitive limitations<sup>11</sup> but we agree with Guillemain that such limitations are not necessary, and see a use for drawing methods with adults addressing health-related issues.<sup>26</sup> Some researchers have found participants reluctant to use arts-based approaches<sup>27</sup>: we believe that the use of crayons reduced the expectation of producing high-quality artwork and instead allowed a playful and instinctive response. Arts-based methods have often been used as a secondary method to accompany interviews<sup>26–28</sup>: by giving priority to the drawing, we deliberately cultivated a situation where people could capture and depict the ineffable. This approach placed the emphasis on the process of producing a drawing as much as on the finished drawing itself, and participants were actively engaged in producing and interpreting the data.<sup>26</sup>

Our study is limited by the relative brevity of the data collected from each participant; longer and more in-depth discussion might allow further levels of complexity to emerge. Furthermore, our arts-based method was relatively novel and experimental. However, we believe this approach offers valuable insights into complex ideas and could be used more widely, particularly to collect data about abstract concepts. The data are culturally limited: participants came from one country and our choice of data collection venues may have introduced an element of bias. The wellbeing show charged an entry fee and so may have selected for people from higher socio-economic groups, and furthermore its visitors are likely to have an interest in CAM or esoteric matters. The museum does not charge an entry fee and is general in nature so bias is less likely, although its educational focus may attract people with higher levels of education.

Healthcare practitioners recognise the need to facilitate healing as well as curing, but the available advice on how this might be achieved, within the conventional literature, is largely based on data gathered from healthcare professionals and patients<sup>9,10,29–31</sup> rather than the public. We believe that it is important that healthcare professionals understand the views of the public on how they can heal, to further enable professionals to work effectively and to revitalise the healthcare system. Future research could pursue both quantitative and in-depth qualitative methods to further explore the views of patients and members of the public around healing. Additional research might attend to and further unpack the processes and outcomes identified here in different contexts and among different individuals.

## 5. Conclusions

We found that members of the public have complex ideas about what healing is and how they might achieve it. Healing was broadly grouped into three processes: originating from a great external source, from other people, or within the self, however, people's views were subtle and often recognised multiple models of healing. Optimal outcomes in healthcare might be facilitated when the system and practitioners seek, acknowledge, and align with these healing processes as understood by the general public.

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## Authors' contributions

ER, SW and PD designed the study. ER and PD collected the data. ER and SW did the majority of the data analysis, with some help from PD. All authors contributed to writing the paper, and they all read and approved the final manuscript.

## Ethics approval and consent to participate

Ethical approval was granted by the University of Exeter College of Humanities Ethics Board on 3rd November 2016. All participants gave informed consent in writing.

## Consent for publication

Not applicable.

## Availability of data and material

The datasets generated and/or analysed during the current study are not publicly available due to sharing restrictions but may be available from the corresponding author on reasonable request.

## Competing interests

The authors declare that they have no competing interests.

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