



Clients of UK healers: A mixed methods survey of their demography, health problems, and experiences of healing

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ARTICLE INFO

Keywords:

Spiritual healing
Reiki healing
Energy healing
Client experiences
Outcomes

ABSTRACT

Background: Healing has not been well researched, and very little is known about who goes to healers, and what they experience.

Methods: A survey of UK-based healers was undertaken with the help of The Confederation of Healing Organisations, asking healers to report on up to 20 consultations. Forms asked about the demography of healer and client, reasons for the consultation, type of healing, and outcomes. Both quantitative and qualitative data were analysed.

Results: 278 returned forms from 39 healers (average age 58) were analysed. Healing was described as Spiritual (69%), Reiki (15%) or Energy (10%). The clients had an average age of 57, and 76% were women. The most common reasons for consulting were mental health problems and pain. 93% of the clients reported experiencing immediate benefits. Relaxation, improved wellbeing and relief of pain were often reported. In addition, 76 (27%) had some unusual sensory experiences during the session, such as feelings of warmth, seeing coloured lights, or tingling sensations. The majority of general comments about the experience were positive, and 68% made another appointment.

Conclusions: Older people, particularly older women, are the main recipients of healing in the UK, and they go for help with many problems, particularly mental health issues and pain. The majority have a positive experience, and come back for more. In addition to relief of symptoms, many have sensory experiences which could indicate that some special type of interaction was taking place between healer and healee.

1. Introduction

There have been many studies on the utilisation of complementary and alternative medicine (CAM), both in specific conditions [1] as well as in the general population [2–4]. All studies show high levels of use, particularly by people with chronic pain and mental health disorders. In addition, much is known about the many different reasons for people using CAM, with or without conventional medicine: for example, Kristoffersen et al. [4] found that users of CAM were more likely to have positive attitudes and beliefs about the practitioners' competence and abilities than non-users, whilst Bishop and colleagues [5] pointed out that some used CAM as a 'treat' rather than a treatment. Research among cancer patients reported that the use of CAM therapies can be a proactive coping mechanism that avoids feelings of helplessness [1]. When CAM users in another study were asked to cite their reason for choosing CAM, one of the most endorsed statements was, 'I believe that

complementary medicine will enable me to take a more active part in maintaining my health' [2].

Most of these CAM studies have specified particular types of intervention, without mention of the general concept of healing, or practices such as Reiki, energy, or spiritual healing. For example, one recent study examined the use of acupuncture, homeopathy, osteopathy, chiropractic and medical herbalism, describing them as the most high profile CAM practices [6]. In the UK, the House of Lords Science and Technology Committee has acknowledged that healing should be recognised as a form of complementary therapy [7], defining healing as "A system of spiritual healing, sometimes based on prayer and religious beliefs, that attempts to tackle illness through non-physical means, usually by directing thoughts towards an individual. Often involves 'the laying on of hands'." It has been estimated by charities and those that insure healers that there may be as many as 30000 people practicing as healers in the UK (PAD, personal communication).

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<https://doi.org/10.1016/j.ctcp.2019.01.012>

Received 21 October 2018; Received in revised form 11 January 2019; Accepted 22 January 2019

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Healing has been defined in many different ways by medical professionals and academics [8], but is generally interpreted in the CAM context as meaning regaining wholeness and integrity of mind, body and soul [8–10]. Many different terms are employed to describe the healing practices in common use in the West today, including Therapeutic Touch, biofield effects, energy healing, spiritual healing and Reiki healing, but there is general agreement that there are relatively few differences between these practices [8,9]. There is a growing body of research about such healers and healing practices, including our work and that of our collaborators [10–13]. Much of the previous work in the literature has concentrated on the efficacy or effectiveness of healing [14–17], but, as yet, there appears to be very little work focussing on the experiences of those who visit healers - the ‘healees’. One of the main findings that came from recent research by Warber et al. [12] was that healers in the UK considered it a research priority to learn more about the experiences of their clients during and after healing interventions. Preliminary reports on the views of healers in the US suggest that the client state, comprising client needs, beliefs, ‘readiness to heal’, along with potential client veto power, is critical to the success of healing partnerships [13,18,19], and Verhoef and Mulkins [9] stressed the variety of outcomes that can occur following healing. Another qualitative study from the US noted that the effects of healing can transcend simple symptom relief, and range from subtle changes in self-awareness to transformative, life-changing experiences [20]. German researchers have explored similarities between healers and those they heal [21,22], reporting that a healing experience can be meaningful and unique, arising from a partner-like relationship between healer and client, and which can encompass a connection with a transcendent or spiritual source. We have not been able to find any such studies on UK healers.

The purpose of this study was to document the demography of UK healers and their clients, the reasons people gave for going to healers, what type of healing was offered and what outcomes their clients experienced.

2. Materials and methods

This was a mixed methods study. Healers who practice in the UK were invited by The Confederation of Healing Organisations (CHO) to take part in a Healing Practice Survey. The study was conceived by author PD in discussion with SK. They then worked with the research subcommittee of the CHO to obtain help in developing suitable questions that would allow them to answer two key questions: ‘what are the demographics of people who consult healers in the UK, and what are their experiences?’, without having to get identifiable data from individuals (which was thought to involve too many ethical barriers). A pilot questionnaire was developed and distributed to 15 healing organisations in March 2014, asking them for comments on the questions and the proposed study design. The questionnaire was revised in the light of feedback given by those organisations. After ethical approval by the Board of the CHO, SK distributed the final forms (see Appendix 1) to 175 different healing organisations, and a few individual healers in December 2015, along with a paper providing a brief explanation of the nature and purpose of the study, and a consent form for participating healers to sign. The request was that each participating healer record notes on a maximum of 20 consecutive consultations with different clients, and a time frame of 6 months was given. The initial response was poor, and a few packages were returned saying ‘not known at this address’, so reminder letters and e-mails were sent out to all 175 healing organisations in July 2016, and a further six month period of time allowed for forms to be returned. Completed forms were then sent to the research team (ER, SC, SW and PD) at the University of Exeter, for analysis.

SC created an Excel database (Microsoft Excel 2013) for the numerical data, and transcribed the textual data. The textual responses were then ‘coded’ to reflect the main recurring concepts and their

frequency, using coding frames initially developed by ER and PD, based on a random 10% sample of the data. Several coding frames were used (see appendix 2) - for the problems that clients’ reported, the perception of healers on their clients problems, the type of experience reported by healers and for general comments. SC verified the coding frames by using them to re-code the 10% sample done by ER and PD. A ‘quantitative content analysis’ approach [23] was then used to ascertain the frequency of certain codes within the qualitative data, including health conditions of the clients, the type of healing used, and the changes experienced by clients.

3. Results

None of the pilot data was used for analysis. We had no way of knowing how many forms were distributed to how many healers by which of the 175 organisations, as we could only track those returned to us. A total of 281 completed forms were collected (an example of a completed form is shown in Appendix 1). Three concerned animal healing and were excluded from further analysis; the data presented below is from the remaining 278. Although the forms were usually filled in by the healers (as requested), in many cases they are clearly quoting directly from the words of their clients and in others, parts of the forms appeared to have been filled in by the clients themselves. There was a small amount of missing data (as noted below).

3.1. The healers and the consultation

Thirty-nine healers contributed forms (an average of 7 each, range 2–20); they comprised 28 women and 11 men, with an age range of 48–80 (mean 58 years). 31% of consultations were a first visit, i.e. the first time the ‘healee’ had seen that particular healer. Appointments ranged from 10 min to 2 h in length, with an average duration of 40 min. In 10% of appointments, a second therapist was present. Most people (191, 68%) made a further appointment, while 27% (77) did not, and 5% [10] of forms did not indicate whether another appointment was made.

In answer to the question ‘What type of healing practice was provided (e.g. Energy, Spiritual, Reiki etc.)’ 27 (69%) answered Spiritual, 6 (15%) Reiki, 4 (10%) Energy, and 2 respondents said Crystal healing.

3.2. The clients and their reasons for going to a healer

Over three quarters of clients (76%) were female. The ages of the clients ranged from 19 to 90, with an average age of 56. The average age was 55 among female clients and 60 among male clients.

One third (94) of people visiting healers were (according to the healer) seeking help for just one problem, while two thirds (187) had two or more problems they wanted to address, and many listed three, four or even five problems.

There was a wide range of problems listed. The coding frame used to group these is shown in Appendix 2, and a summary of the findings in Table 1. Mental health issues were by far the largest category. We have categorised issues listed as anxiety, depression, stress, emotional problems, work stress, and feeling low within the ‘mental health problems’

Table 1

The main issues identified by clients as their reason for seeking healing.

Issue	Male	Female	Total (%)
Mental health	23	109	132 (47%)
Pain	23	59	82 (29%)
Specific medical condition	11	39	50 (18%)
For ‘general healing’	8	22	30 (11%)
Fatigue	4	23	27 (10%)
Grief/bereavement	0	8	8 (3%)
Other/not specified	12	37	49 (17%)

Table 2
Reports of what happened from the healee's point of view.

Effect of consultation	Number
Relaxation	173
Improved wellbeing	141
Altered sensations	76
Less pain	40

(The total is greater than the number of respondents, because many people reported more than one effect)

box, and, as shown, such problems were more common in women than in men. We listed fatigue as a separate entity, and this category included ME (myalgic encephalopathy) as well as 'lack of energy'. Pain was another common complaint, one in five clients reporting musculoskeletal pain, and a further 10% reporting other types of pain, including unspecified pain and headaches. Several clients listed a specific medical problem (such as heart or lung disease, hypertension or cancer, and many others) as their reason for consulting with a healer. Several clients reported that they came for 'general healing', and in some there was no specific issue reported.

3.3. The effects of healing

Healers were asked if any immediate benefit was thought to have occurred (yes or no). In 93% of cases, the therapist reported that an immediate benefit had occurred during the healing session. Therapists were also asked to describe what benefits occurred, from the healee's viewpoint, and the overall results are shown in Table 2.

The category 'relaxation', experienced by over half of the clients (57%) included comments such as 'less stress' or 'more peaceful'. For example:

"Feeling of deep relaxation and peacefulness. Spiritual peace" (46 year old woman)

"Felt warmth from healer's hands and instantly relaxed" (48 year old man)

"I felt so relaxed and a sense of calm would come in waves throughout the session. I felt I could cope with everything and had a different outlook on life" (55 year old woman)

The category 'improved wellbeing' included many comments such as 'lighter', 'brighter' and 'energised'.

"Improvement in wellbeing, particularly mental health" (60 year old man)

Many people reported an easing of pain - for example:

"It felt like electrical energy easing the pain" (56 year old woman)

The altered sensations category included feelings of warmth and heat, seeing colours, and feelings of tingling or pressure. These were often tied to a sense of improved general wellbeing, for example:

"Felt very heavy within my body and an all over warmth. An intense warmth left side of face and magenta lights" (49 year old woman)

'Sensation of little bubbles rising up the back of neck and spine'. (53 year old man)

"I felt my body sink into the bed. The heat was amazing I drifted to a beautiful garden. I met my daughter, she was a small child. I felt a warmth throughout my body - I didn't want it to end" (52 year old woman)

"Thought of blue - saw red sunset (from happier times)" (Healer report on a 59 year old woman)

"Felt tingling during healing and saw colours, pinks, oranges, golds and peacock colours" (Healer report on a 32 year old woman)

3.4. General comments on healing

A final comments box on the form allowed therapists and clients to provide further comments. In 32% no further comments were supplied, but 57% added a positive comment, such as 'good', 'lovely' or 'beneficial'.

For example, one client reported:

"Healing is the most wonderful thing" (64 year old woman)

28% commented that healing offered them something different from that of mainstream medicine, but another 28% said that further, on-going work was needed to help them. 3% reported that they found the result unexpected. For example, one woman experienced a marked and unanticipated improvement from one session:

"I knew nothing about Reiki. A friend recommended it. I could not believe the heat and relaxation from it. My legs felt fantastic - my mobility improved, this was just one session." (82 year old woman)

A few other clients' comments suggested that they had been sceptical about healing beforehand, but had changed their minds following treatment:

"Client said she was not sure about healing, but as the sessions progressed, she said she could see colours and concluded that she could feel an immediate sense of relaxation" (Healer discussing an 80 year old woman)

"Thank you. Was very sceptical before but now completely open minded. Fabulous!" (35 year old woman)

No negative comments or adverse events were reported.

4. Discussion

This paper reports one of very few studies of healers' perceptions of the experiences of people who seek them out for healing. The main findings are that those seeking help from healers in the UK are predominantly older people, with women outnumbering men, that their main reasons for seeking healing are mental health problems, chronic pain, and fatigue and that the majority had more than one problem they wanted help with. Most people reported positively on the experience, with immediate benefits including a sense of relaxation, an improvement in wellbeing and relief of pain. In addition, nearly a third of healees reported that a sensory experience, such as seeing lights or sensations of heat or tingling, occurred whilst healing was being administered. Most healees made another appointment to see the healer.

Studies of many CAM interventions available in the developed world have shown that the most likely reasons for people seeking health advice other than conventional Western Medicine are mental health issues and chronic pain [3–5], as found here for healing. An interesting allied finding in this study is that the majority of clients had more than one medical problem (defined as multi-morbidity), an issue that has been shown to be something that western medical practice has difficulties with [24]. Another finding that accords with studies of other CAM modalities is that many clients report immediate benefit. Biomedical authors sometimes dismiss this as the 'placebo effect', although that neither explains what is going on nor negates the value of the treatment to the client [25,26]. It was interesting to note that a significant number of healees reported a specific medical disorder, such as diabetes, hypertension or cancer, as their reason for coming to a healer, indicating that they had been given a biomedical diagnosis, whereas others just came for 'general healing', and may have been using it for a 'treat' rather than treatment [5].

Conventional medical research, when considering CAM related

issues, is principally concerned with the question ‘does it work?’ Accordingly, many previous studies have addressed that question with regard to healing [14–17], reporting positively, and stressing symptom relief. We and others consider it as important to ask the question ‘what happens?’, as suggested by the healers themselves when we asked them about research priorities [12]. There have been some previous studies asking this more open question, and it appears that healing can result in many different outcomes, in addition to relief of symptoms, with issues like ‘engaging in life differently’ [9], ‘unstuckness’ [20] and transformational change [10] being reported, as part of healing journeys [9,11]. A striking finding in our study is that clients reported a number of unusual sensory experiences during or immediately after treatment. In addition to relaxation, they described sensations such as warmth, colours, tingling, and being energised, and many said that their general wellbeing had improved as a result of healing. When studying Therapeutic Touch as practiced by nurses, clients also reported relaxation, sleepiness, calmness along with warmth, tingling or other unusual feelings [27,28]. There is little evidence of similar changes occurring with other types of CAM intervention, which could indicate that some genuine transaction was taking place between healer and ‘healee’. Such an idea would accord with the narrative within healing literature that is about energy flow [9,13].

4.1. Limitations and strengths of the study

Limitations of the study include the fact that it is confined to the UK, and that only one healing session was being studied for each healee. The healers who responded to the request were dominated by spiritual healers, and we believe that this is because their member organisations were particularly proactive in sending out forms. Furthermore, we cannot be sure that those healers who did respond provided data on consecutive client encounters: they may have selected which clients to ask for help with this study. We obtained ethical approval from the Board of the CHO, and those taking part signed consent forms, but we did not think it was ethical to obtain any information from individual healers or their clients that could risk identification, so are unable to match the healer to the client. The fact that the reported responses of the clients were recorded by the healer, rather than directly, is clearly another potential source of bias. We are also aware of the ‘clash of epistemologies’ intrinsic to studies of this sort - where data is being sought about disorders within a positivist biomedical framework, and an attempt is made to capture the views and experiences of healers and their clients which are often based in a quite different, metaphysical belief system.

However, there are also considerable strengths to our study. It is relatively large, including data from 39 different healers and 278 clients. We asked open questions about the clients’ experiences, particularly when it came to the responses that occurred to healing. There was

also a lot of consistency within the codes that emerged from data analysis, indicating that many of the experiences reported were shared by large numbers of people. The analysis of the data was done by a multidisciplinary team who are independent of the healing organisation (CHO) that circulated the forms, and our study addressed an issue prioritised for research by healers themselves [12].

4.2. Implications

There are large numbers of self-identified healers working in the UK and other countries, but relatively little is known about why people seek their help or of what outcomes they achieve. Whether healing should be regarded as a form of CAM, or a component of both conventional and CAM medical practices is debatable, as it could be seen as an intrinsic part of all forms of intervention that are based on an authentic caring relationship, but healing is recognised as a specific form of CAM in the UK [7], so we believe that studies of this sort, that help throw more light on what is going on in healing encounters, are important.

The findings suggest that many people find the conventional help available to them for mental health disorders and pain are inadequate or inappropriate, but it was also striking that medical disorders and multi-morbidity were also commonly reported by the healees, perhaps because they too, are areas of relative weakness within the NHS [24]. This is one of a small number of studies addressing the question ‘what can healing achieve?’ rather than the very reductionist question ‘does it work?’, and we conclude that healing is usually a positive experience for clients, with a variety of outcomes, including symptom relief, improved wellbeing, and relaxation. Our data do not tell us whether such benefits are maintained over time. In conclusion, we believe that further, larger, high quality studies of healing’s effects are warranted.

Declarations of interest

SK is a healer and Chief Executive of the CHO that funded and helped conduct the study. No other author has a conflict of interest.

Funding

Funding for this study was provided by The Confederation of Healing Organisations (CHO).

Acknowledgments

We are grateful to The Confederation of Healing Organisations (the-cho.org.uk) for making this study possible, and to all of the healers and healees who took part in the survey. PD would like to acknowledge the support of The Institute for Integrative Health (TIIH.org).

Appendix 1. Sample form from the survey

HEALING PRACTICE SURVEY

The Confederation of
Healing Organisations

Advancing the practice of Healing

Date of appointment: 20/3/17		Is the client being seen for the first time? (Please circle as appropriate) YES NO	
Demographics of client and practitioner:			
	Client	Practitioner	
Age (years)	43	59	
Sex (M or F)	F	F.	
What are the main issue(s) identified by the client as their reason for seeking healing (e.g. pain, fatigue, anxiety, a specific medical condition etc.)			
Anxiety, fatigue, stress.			
What is the main issue identified by the practitioner (e.g. physical, mental, emotional or spiritual, others or a combination of issues)			
Mental, emotional & spiritual. Needing to ask for help. o not be afraid of speaking her truth o taking self-responsibility			
Type of healing practice provided (e.g. Energy, Spiritual, Reiki etc.)			
Energy therapy			
Was immediate benefit thought to have occurred? (Please circle as appropriate)		YES NO	
If YES please specify exactly what happened from the client's viewpoint			
Release through crying. Felt calm, "embalmed", cocooned.			
Approximate duration of appointment		20 minutes	
Was another appointment made? (Please circle as appropriate)		YES NO Demo.	
Any other comments?			
Wanted to keep my hands on her shoulders as she felt the compassion & unconditional love			

CHORSC002

Appendix 2. Coding frame used to categorise problems reported by clients as their reasons for seeking healing

code number	code
1	Mental Health Problems: anxiety, stress, depression, emotional problems, feeling low, panic attacks etc and other similar terms
2	Fatigue: ME, lack of energy and similar terms, as well as fatigue or chronic fatigue
3	Musculoskeletal Problems/Musculoskeletal Pain: arthritis, fibromyalgia, osteoporosis, osteoarthritis, back pain, sciatica and all joint localised things such as knee, shoulder, hip etc
4	Non-specified Pain: Pain and headaches
5	Cardiovascular Problems: Hypertension, high blood pressure, heart disease, heart failure, etc
6	Respiratory Problems: COPD, asthma, lung problems etc
7	Cancer: All forms
8	Grief and Bereavement
9	Other specific diagnoses/Conditions: Specific and clear diagnoses not fitting in categories 1–8 e.g. Menieres, IBS, Coeliac disease Also to include rashes etc
10	Pregnancy issues
11	Menopause issues
12	Healing related: e.g. 'general healing' or 'top up' or similar
13	Not Specified
14	Other
15	Employment Issues
16	Relationship Problems

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