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Stories of Sacred Healing in Adults Through the COVID-19 Pandemic

Kimberly D. Key
Walden University

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Walden University

College of Psychology and Community Services

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Kimberly D. Key

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Walden University
2023

Abstract

Stories of Sacred Healing in Adults Through the COVID-19 Pandemic

by

Kimberly D. Key

MA, University of Nevada, Reno 2005

BA, University of Nevada, Reno 1995

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Psychology

Walden University

July 2023

Abstract

The intersection of sacred healing and medicine was pronounced during the COVID-19 pandemic as researchers found that physicians experienced more difficulty during medical encounters when they did not understand and collaborate with patients' sacred healing beliefs. As such, the purpose of this narrative qualitative study was to gain an understanding of people's descriptions of sacred healing by asking participants to share their sacred healing stories at different stages of the COVID-19 pandemic. Antonovsky's salutogenic model was selected as the theoretical framework, as it described people with a higher sense of coherence tend to have higher health outcomes in the face of illness and threats; along with Mazumdar and Mazumdar's conceptual framework around sacred spaces in the home and Silva et al.'s sacred healing motivations framework when traveling to sacred sites for healing. Eleven participants were recruited, and their stories were captured and analyzed with a hybrid form of inductive and deductive analysis. Each participant described a significant sacred healing event, and a main narrative theme structure was derived from it along with themes found over the course of the pandemic. The main sacred healing story structure themes included a healing crisis followed by intercession by other and then the ascension of self, followed by spiritual study, transformation/purpose, sacred healing lifestyle, and reaching out to others. The positive social change that can emanate from this research is providing the medical community and people at large with a better understanding of sacred healing while also capturing historical documentation of people's sacred healing stories during a global pandemic.

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Dedication

This is dedicated to every being who has been hurt in some way and desires healing. You are not alone.

Acknowledgments

A project like this could not be done without help, or desire. I could not have accomplished this feat without my own personal healing crisis and Divine Intervention. I consider my chair, Dr. Ethel Perry, a huge guardian angel who shepherded me along (saving me more than once) and helped this “dream in my heart” become a reality. Another living angel is Dr. Silvia Bigatti, my second committee member, who has witnessed my tumult from the beginning after granite slabs fell on me. They are both exceptional teachers and powerful role models, and I have been transformed by their intercession and compassionate guidance. I also thank all of my teachers, fellow students, dissertation sisters and brothers, Walden University’s rich resources and support, all of the researchers who carved a path that I could follow, and the inspiring people who participated in this study. Finally, it should be acknowledged that although the stories in this research study are positive, COVID-19 has been responsible for the loss of almost 7 million Souls, leaving many in grief and feeling their loss. My heart and sincerest prayers are with them and everyone as we all grieve, heal, adapt, and move into our future together.

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Chapter 1: Introduction to the Study

Introduction

The COVID-19 pandemic brought great physical and emotional suffering to many as it escalated human deaths worldwide and brought prolonged grief, loneliness, and depression (Eisma et al., 2021; Kilgore et al., 2020; Wang et al., 2022), along with maladaptive coping (Lotzin et al., 2020), alcohol and substance abuse (Acuff et al., 2021; Daly & Robinson, 2021; Sarker et al., 2022), and increased suicide risk (Goto et al., 2022). Because people were confined to their homes during lockdown and self-quarantine episodes, the pandemic interrupted people's sacred healing practices by limiting their access and attendance at churches (Knight et al., 2021; Sulkowski & Ignatowski, 2020), along with impacting visits to sacred healing spaces and places like sacred sites (Silva et al., 2021) and therapeutic parks and forests (Beresford-Kroeger, 2013) at a time when sacred healing was most needed. Despite access challenges, some limited research has shown that people who found ways to engage in sacred healing practices during the pandemic reported decreased anxiety and more positive health outcomes (June & June, 2021; Lucchetti et al., 2021), yet little is understood about what constitutes sacred healing and how physicians can best collaborate with patients' sacred healing efforts.

More than 85% of people worldwide have reported a belief in and affiliation with a particular religion (World Population Review, 2022), including 80% of Americans (Knight et al., 2021). However, sacred healing extends beyond a religion, as it can also comprise concepts like self-healing (Chu et al., 2022; Doty et al., 2022; McSwan et al., 2021; Pimentel & Toldra, 2017), energy and vibrational healing (Goldsby et al., 2022;

Rubik & Jabs, 2017) Indigenous People's beliefs (Bautista-Valarezo et al., 2020; Gil & Romero, 2019), sacred design of a place and hospital room (Fournier, 2017; Schmock et al., 2009), and healing properties from sacred sites (Garrigou-Kempton, 2020; Silva et al., 2018). Therefore, I sought to better understand the multiple facets that underly sacred healing by analyzing the stories of adults who sought sacred healing during the different phases of the pandemic. The results from the study can provide therapeutic resources for healthcare practitioners while also helping healthcare professionals to better assess and collaborate with patients who practice sacred healing.

The following sections in this chapter contain additional background information on the healthcare industry's need to better understand sacred healing followed by the problem statement and purpose of this narrative study. The overarching research question—what are the stories of sacred healing in adults through the COVID-19 pandemic?—will be shared along with the sub questions used in this study. A brief description of the salutogenic theoretical framework and conceptual frameworks on sacred space and sacred healing motivations that guide this study will be provided. A discussion around the nature of this narrative study and the definition of sacred healing is given, along with the general assumptions made by the researcher in this study. The scope and delimitations of the study combined with the study's limitations is delineated. Finally, an explanation about the significance of studying stories in adults through the pandemic and a closing summary concludes this chapter.

Background

Knight et al. (2021) maintained that some physicians had a difficult time communicating with people of faith about medical protocols during the pandemic. The authors expressed that a better understanding of people's sacred healing values and beliefs was needed so that healthcare practitioners could better assess and collaborate with patients about general medical protocols and public health mandates like quarantines, masks, social distancing, and vaccinations. One of the challenges in allopathic medicine that Knight et al. touched upon concerned the hierarchical position of medicine, which made physicians overlook people's cultures and worldviews and set them up for defensiveness and reduced compliance.

This tension between physician and patient was found in a landmark study that compared biomedicine and sacred healing (Finkler, 1994). Finkler found sacred healers were more inclusive, positive, and holistic while allopathic doctors pathologized the body and often offended the patient with intrusive questions about sex and body emissions that were devoid of compassion or trust-building. Consequently, Finkler found patients were more resistant to medical interventions when delivered with callous and pathologizing narratives. Almost 30 years after Finkler's findings, Knight et al. (2021) asserted that modern healthcare workers needed to improve their understanding of sacred healing so they could conduct assessments and encounters in ways that collaborate with people's sacred healing beliefs in order to avoid treatment resistance.

The role of sacred in healing is vast and extends beyond religion by including Indigenous sacred healing practices, sacred sites, sacred design, sacred perceptions,

sacred thoughts, beliefs, and actions. Although more than 85% of people around the world identify with a religious faith (World Population Review, 2022) and research has shown that religion and spirituality has decreased anxiety and improved health and quality of life (Haney & Rollock, 2020; Peres et al., 2018; Saiz et al., 2021)—including during the pandemic (June & June, 2021; Lucchetti et al., 2022)—religion and spirituality studies have often overlooked diverse sacred healing components. These include sacred perceptions and beliefs in many Indigenous sacred healing practices (Gil & Romero, 2019), healing properties of sacred places (Garrigou-Kempton, 2020; Silva et al., 2018), design of sacred healing spaces (Fournier, 2017; Saymanlier et al., 2018; Staniewska, 2018), and sacred healing in birth (Ayers-Gould, 2000) and death (Delgado-Guay, 2018; Fournier et al., 2017).

Among some Indigenous Peoples, sacred healing practices have been shown to be the result of how Indigenous Peoples have uniquely perceived and communicated with the land (Gil & Romero, 2019). Gil and Romero explained Indigenous Peoples in Colombia have viewed Mother Earth as a living entity and are more in tuned with her guidance and instruction. Gil and Romero's findings about Indigenous People's special attunement with nature may be similar to Luhrmann et al.'s (2022) research that people (in the general population of diverse religious beliefs in several countries around the world) who had heightened and increased numbers of spiritual experiences rated higher in what they called absorption and porosity. The authors explained absorption is the measurement of a person's ability to be immersed in a task or moment and that porosity reflects having a porous boundary to spiritual and ethereal parts of life.

As Gil and Romero (2019) and Luhrmann et al. (2022) indicated that some people may have a higher attunement with sacred healing experiences and places, it is interesting to consider the separate aspect of sacred healing in relation to geography. For instance, some sacred sites, like the Sanctuary at Lourdes, have been cited as the source of thousands of miracle healings (Garrigou-Kempton, 2020). Other sacred sites around the world have attracted more than 300 million visitors annually for mood improvement, spiritual experiences, and attainment in sacred healing (Silva et al., 2018). Silva et al. explained sacred medical tourism is its own industry and urged that more research be conducted to understand people's sacred healing motivations. The researchers described that there is a complex relationship with sacred places that comprised variations of identity development, place attachment, belonging, aesthetic appeal, and spiritual, mystical, and religious experiences. It is worth pointing out that Turner's (2014) research that investigated spontaneous remissions (SR) in cancer patients around the world—and spawned a 10-part docuseries (Turner, 2020)—revealed varying contributions of sacred healing. While Turner did not investigate the influence of a sacred place on patients' SR, many of the places she conducted her research (Hawaii, China, Japan, Brazil, India, England, Zimbabwe, New Zealand) have been described as sources of sacred places (Silva et al.). The United Nations has protected many of sacred sites by designating them as World Heritage sites (UNESCO World Heritage Convention, n.d.).

Sacred healing has also been involved in the designs of a place (Saymanlier et al., 2018; Staniewska, 2018) for sacred healing in childbirth (Ayers-Gould, 2000) and requested as necessary for patients facing death (Delgado-Guay, 2018; Fournier et al.,

2017). Unfortunately, the pandemic caused great upheaval and left many people quarantined at home and only able to access their sacred worship services from online streaming (when available and for those with computers and internet). For those who had access to and used their computer to access church services, Bhambra and Tiffany (2021) reported the online streaming caused fatigue. The authors also explained that sacred places, like churches, enhanced vertical forms of worship (directly to God) whereas horizontal forms of worship involved the community and place connection and that the pandemic impeded both forms and obliterated the horizontal community relation aspect of worship. This may relate to a similar hampering of sacred healing that occurred during the pandemic while also making room for the possibility that other forms of sacred healing were heightened to compensate for the lack of access to the broader range of sacred healing options.

Miller et al. (2020) indicated that global religions, like Catholicism, Islam, Judaism, and Hinduism, were prohibited from observing holy days and religious celebrations at the height of the pandemic and that congregations worldwide were urged to enforce self-quarantine and social distancing, which resulted in unknown effects. Then, when people did attend church, it was deemed a COVID super spreader, as church members were found to have increased rates of COVID transmission (Knight et al., 2021; Miller et al., 2020; Vermeer & Kregting, 2020). The consequence of the stigma of church as a super spreader and its effect on people's later participation in church has not been fully investigated. Many churches in the United States began re-opening to in-person services in July 2020 and saw small steady increases of attendees for a year until capping

out in July 2021 with overall reductions in attendance (Nortey, 2022). Thus, the fatigue people experienced may have had long-term impacts on their sacred healing and/or shifted how people seek and use sacred healing. Research could reveal more.

While homes served as the new place of worship when streaming online worship services (when and if they were available), the enforced shift of many to work from home during the pandemic created multiple impacts on family life as boundaries between work and family were often lost, which led to increased tension among critical family relationships (Xiao et al., 2021). Adjustment disorders grew alongside the increased stressors (Lotzin et al., 2020), making the need for sacred healing more important and pronounced. Simple walks in the park that were previously shown to aid children's concentration who struggled with attention deficit disorder were also disrupted by the pandemic (Faber-Taylor & Kuo, 2009; Rucklidge, 2019). The long-term effects of working from home and having decreased exposure outdoors and with people during the pandemic are not fully understood as some people may have developed increased social anxiety and resistance to social interactions. For instance, Lim et al. (2022) found social anxiety increased as restrictions eased and that people under the age of 25 experienced higher levels of social anxiety, showing the pandemic impacted people differently based on their developmental life stage and may have similar implications on people's sacred healing.

Regardless of age, the relationship between nature and the self has biophysical components and plays an integral role in cultural and spiritual development (Pasca et al., 2017), which may explain another aspect of nature's influence in sacred healing.

Interestingly, one website that featured a live feed of the aurora borealis (also known as the Northern Lights, an atmospheric phenomenon in the northern hemisphere comprised of rainbow colored lights caused by charged electrons from the sun) revealed that online views during the pandemic were at their all-time highest (Fraser & Stemeroff, 2021). Perhaps this is evidence that something exists in people that drives them to seek the mysterious and ethereal, or sacred healing, powers of something bigger than oneself, whether it is through church or rare natural phenomena like the aurora borealis. It also reinforces a finding by Stellar et al. (2015) that feelings of awe result in reduced inflammatory cytokines, while general positive feelings have a neutral effect and negative feelings create an increase in inflammatory cytokines. Feelings of awe may comprise a component of sacred healing that get can induced by sacred sites, sacred phenomenon, sacred worship, sacred relationships, and sacred thoughts, actions, and beliefs. Again, researching the sacred healing stories of adults during the pandemic will serve to reveal more and offer essential knowledge for healthcare workers to better communicate and collaborate with patients who use sacred healing while also equipping them with additional sacred healing resources.

Problem Statement

Sacred healing practices like church attendance have been shown to have positive physical and mental health effects combined with decreased mortality rates, which can bode well for the more than 80% of Americans that identify as religious (Knight et al., 2021); yet the pandemic's lockdown restrictions followed by social distancing protocols disrupted the practices of churchgoers and sacred healing seekers in ways that are not

fully understood. Moreover, Knight et al. asserted that allopathic medicine tends to rely on scientific reductionism that ignores sacred healing practices which led to greater conflicts between medicine and religion in the pandemic. They explained that many physicians who ignored patients' sacred and religious views during the physician-patient encounter risked alienating patients and found that including religious and sacred assessments in the encounter could improve patients' adoption of medical treatments and public health recommendations. They urged that research be conducted around people's different religious beliefs and practices so that physicians can use the information to create assessments and medical treatments that are collaborative with sacred healing views as opposed to prescribing plans that may feel in conflict to one's sacred and religious beliefs.

Additionally, Silva et al. (2018) investigated sacred healing motivations in medical tourism and stated that more research on sacred healing needs to be conducted, especially around visits to sacred sites. Delgado-Guay (2018) also pointed to a missing need for sacred healing for people in palliative care. These studies combine to point out a gap that sacred healing needed further exploration. Additionally, while the use of complementary and alternative medicine (CAM) during the pandemic has been studied and may include components of sacred healing, CAM involves a wider array of healing modalities that fall outside of sacred healing (Umeta Chali et al., 2021), so focusing research on sacred healing in this study helped to better capture this understudied component of healing and leave health professionals equipped with more inclusive interventions so they can collaborate with people's sacred healing beliefs. To date, there

has also been no qualitative study around people's sacred healing stories during the pandemic, so this research addressed that gap by gathering and analyzing the themes of adult's sacred healing stories through the COVID-19 pandemic.

Purpose of the Study

The purpose of this narrative qualitative study was to gain an understanding of people's descriptions of sacred healing by listening to the stories of people who sought and experienced sacred healing before, during, and after the COVID-19 pandemic. It is important to clarify that healing does not necessarily mean absence of an illness, but rather absence of a dis-ease as described by Antonovsky (1987) in his salutogenesis theoretical framework that places health and dis-ease on a continuum. In other words, people may experience a form of sacred healing in their soul when dying and/or losing a loved one as Delgado-Guay (2018) described, or they may experience sacred healing in the form of spontaneous cures like those found at Lourdes (Garrigou-Kempton, 2020; Martins, 2020), or other sacred sites (Silva et al., 2018), or people may find sacred healing by cultivating a sacred and inviting space in their home (Mazumdar & Mazumdar, 1993), which brings positive feelings and associated well-being (Ramkissoon, 2021). The narrative qualitative approach allowed for the broader, ethereal descriptions of sacred healing that can often be missed in other more concrete measurements. Capturing the narrative stories provided an opportunity for people to give voice to something that feels essential to soul healing yet is often missed in the traditional medical literature (Delgado-Guay, 2018; Martins, 2020).

Research Questions

The main overarching research question (RQ) for this study was: What are the stories of sacred healing in adults through the COVID-19 pandemic? Additionally, because this is a narrative qualitative study, the main RQ was segmented along a timeline to identify changes through the pandemic phases:

Sub-question 1: What are the stories of sacred healing in adults before the COVID-19 pandemic?

Sub-question 2: What are the stories of sacred healing in adults during the lockdown phase of COVID-19 pandemic?

Sub-question 3: What are the stories of sacred healing in adults in the immediate post-lockdown phase of the COVID-19 pandemic?

Sub-question 4: What are the stories of sacred healing in adults in the post-restrictions phase of the COVID-19 pandemic?

Theoretical and Conceptual Frameworks for the Study

The theories and/or concepts that ground this study included Antonovsky's salutogenic model and sense of coherence (SOC) theory (Antonovsky, 1979, 1985). Two additional conceptual frameworks used in this study are Mazumdar and Mazumdar's (1993) sacred place attachment conceptual framework and Silva et al.'s (2018) place attachment and sacred healing motivations conceptual framework. While more information about the frameworks is provided in Chapter 2, a brief explanation about these frameworks and how they related to the study follows.

Antonovsky (1979, 1985) spent more than 30 years studying what factors contributed to health and developed a salutogenic model (*saluto-genesis* means origins of health as opposed to *patho-genesis* which looks at the origins of disease) based on his studies of female survivors of the holocaust during menopause. He wanted to understand why some women had better outcomes than others who experienced similar physical experiences and trauma history. He found the main differentiator was having a SOC—where they felt internally and externally supported via having a sense of meaning, comprehensibility about life, and overall manageability of life stressors. Antonovsky stated that SOC tends to decline over time and with an abundance of stressors. This is highly relevant, as the pandemic created a significant stressor for all people yet revealed great disparities. Antonovsky explained that healthy supports and positive psychosocial and environmental conditions—like those that can be experienced through church attendance and sacred healing practices—can lead some people to have higher levels of SOC, which he cited as the underlying component that leads one person to thrive and heal while another person with lower SOC who has been exposed to the same threats will succumb to disease states. Antonovsky’s salutogenic model and SOC theoretical framework is particularly fitting for research about people’s sacred healing stories during the pandemic in that it helps to explain how profoundly significant encounters, like consciousness-raising and the experience of nurturing love relationship(s) as found in church attendance and sacred healing practices, can shift a person’s pattern of experiences and raise their SOC and lead to increased healing. Please see Chapter 2 for more detail and related SOC research.

Two additional conceptual frameworks that relate to sacred healing stories in the pandemic involve sacred place attachment (Mazumdar & Mazumdar, 1993) and place attachment with sacred healing motivations (Silva et al., 2018). Because people were largely bound to their homes in the pandemic, Mazumdar and Mazumdar's conceptual framework that described place attachment in terms of sacred place making helps shed light on sacred healing practices in the home. Thus, it was conceptualized that people's sacred healing stories may involve sacred place making efforts in their home, such as creating a space for prayer or designing their place in a way that enhances their faith and sacred healing experiences. Additionally, Silva et al.'s conceptual framework was fitting as it accounts for the sacred healing motivations people have when visiting sacred places for healing and overall spiritual contentment. Hence, while people may have been initially stuck at home during the pandemic, some may have consciously chosen to visit sacred sites to experience physical healing and/or soul healing, which became part of their sacred healing story during the pandemic. More details about these frameworks and how they interrelate with each other are provided in Chapter 2.

Nature of the Study

To best understand the experience of sacred healing in adults through the pandemic, a qualitative study using narrative inquiry was chosen. Narrative inquiry helps study participants frame their personal stories and captures meaning and essences of experience often missed in numbers and other data collection methods (Clandinin, 2007). Moreover, Clandinin explained that imagination and kinesthetic experiences of memory can be essential ingredients in the person's story along with their temporal bounded

experiences, relations with others, actions, perceptions and beliefs, and additional layers of context. The rich complexity provided by narrative inquiry helped capture the multifaceted components that involved in sacred healing (e.g., sacred healing motivations, perceptions, actions, and beliefs and the influence of nature, sacred places, sacred spaces, and the relations with others and a higher power) while simultaneously illuminating aspects of people's SOC. Because narrative inquiry incorporates narratives in a temporal timeline, this research focused on people's sacred healing during different phases of the pandemic, including pre-pandemic, lockdown, immediate post-lockdown with restrictions, and removal of restrictions.

The study included 11 adult participants (five men and six women) who experienced sacred healing through the pandemic and were willing to share their stories about their sacred healing experiences through the pandemic. Study participants were recruited by advertising through Facebook (see flyer in Appendix A). Semi-structured interviews were conducted along with viewing any photographs, artwork, social media posts, written documents, and sacred spaces that subject participants wanted to include as part of their stories. This allowed for the opportunity to learn the person's interpretation of their sacred healing descriptions and any challenges they experienced through the pandemic while analyzing the construction of their framed narratives (Clandinin, 2007).

Live interviews were recorded and transcribed. A hybrid form of deductive and inductive narrative analysis was conducted to establish coding (Clandinin, 2007). Thus, transcripts and supplemental written documents and social media were inductively assessed for themes and coded while a second phase of analysis involved deductive

coding that fit within an overarching story structure of codes. Then a core narrative story structure was constructed. All participants received and signed a consent form via email and all research questions, recruitment, and research processes were conducted in accordance with the institutional review board (IRB) and Walden University guidelines.

Definitions

Sacred healing- Sacred healing can be highly personal and different for each person, yet for the conceptualization of this study, sacred healing can include having a sense of reverence and awe for something bigger like divine source (Sadeghi Habibabad et al., 2019) or for the totality of life and life's underlying sustaining principles (Shealy, 1999) and may be combined with a sense of belonging (Brace et al., 2006).

Assumptions

The assumptions made for this study—which comprise elements that are assumed true yet cannot be proven—included that I would be able to develop a good rapport with participants and be able to create a safe and trusting dialogue that does not create harm or trigger trauma in participants. Additional assumptions were that participants would be open to sharing in-depth information about their experiences and not adapt their stories to what they thought I wanted to hear. It was assumed that participants were not nervous and would be willing to share their stories and experiences about sacred healing. Additionally, I assumed that the sacred healing stories would be broad and diverse yet would reveal certain themes for this study. Final assumptions were that participants' confidentiality would be honored and maintained and that the narrative inquiry process

would be fruitful, professional, and result in an effective dissertation that fills a needed research gap and positively contributes to social change.

Scope and Delimitations

This narrative quality study was sought to reveal sacred healing perceptions, beliefs, and actions through adults' stories during the pandemic to provide insight to healthcare professionals for improving their assessment, communication, and collaboration in medical encounters, as Knight et al. (2021) indicated that healthcare workers needed to understand people's sacred healing to better coordinate how they communicate and prescribe medical interventions. The study also served to identify the broader range of sacred healing practices that fall outside of CAM and traditional religion and spirituality studies—and fostered a deeper understanding of sacred concepts that contribute to healing in life, through times of distress, and in confronting death. Due to budgetary limitations, translators were not hired, so this study was limited to English speaking adults in the United States. It was requested that study participants be of sound mind and body (Bouvier, 1856) and mentally able to participate along with having willingness and the ability to verbally communicate with the researcher. People that fell outside of these parameters or those who displayed aggression, threat, or some level of non-safety were excluded from the study (although this did not occur).

Because the phenomenon of sacred healing stories was studied, participants with diverse cultural backgrounds and faith beliefs were included in this study. It was not expected that participants' stories would include miracle healings or SR (although miracle healings and SR were part of people's stories), as the study was open to aspects

of sacred healing that gave people meaning, comprehensibility, and manageability (Antonovsky, 1979, 1987) along with comforting their soul (Delgado-Guay, 2018). As such, study focused on a combination of sacred healing experiences gained from differing sacred healing perceptions, beliefs, and actions. Parts of people's stories included sacred healing in sacred places, sacred alterations to one's home to provide sacred healing, sacred healing perceptions, actions, and beliefs, sacred healing lifestyles, and sacred healing when facing death. The transferability of the findings from this study can be potentially made to healthcare workers who want to augment their communication in ways that incorporate and/or are more sensitive to people's sacred healing beliefs. Transferability may also apply to other people who want to enhance their own sacred healing because of genuine interest or due to a health crisis or upon facing death.

Limitations

It was perceived that limitations to this study would include difficulty obtaining participants for interviews, yet the participants in this study were genuinely interested in sharing their stories about their sacred healing experiences. There was additional concern resistance to public health mandates around vaccines, masks, and social distance may arise in people's stories and/or cause them to not participate yet that did not occur. It was also not known how people would respond to the concept of sacred healing and if it would be confusing, yet the participants in this study seemed to have an intrinsic understanding of sacred healing and many added that they practice a sacred healing lifestyle. As a researcher involved in the process, I was mindful about remaining neutral

to people's sacred healing stories while also working through biases in my reflexive journal and via regular consultations with my chair.

Significance

This study helps to provide a better understanding of people's sacred healing practices and beliefs which can aid physicians to better assess and adapt their communication and medical plans in ways that collaborate with people's sacred healing beliefs for improving patient health and treatment adherence (Knight et al., 2021). Perhaps more important, this study helps illuminate ways that people can enhance their mental and physical health with sacred healing practices while equipping them with the meaning, manageability, and comprehensibility that Antonovsky (1979, 1987) found was integral in helping people move toward health, especially in crisis. This is significant because the pandemic restricted people to their homes—and inhibited critical access to life care essentials like healthcare, family, social networks, sacred places, and church services. When traditional and external supports to life and healthcare are restricted, it can be imperative to show people other avenues of healing that have been researched and shown to work for others, which can help people during times of extreme crisis and to enhance their quality of life during the best of times.

The positive social changes that can emanate from this study is helping allopathic medicine to overcome scientific reductionism that dismisses sacred healing practices and beliefs while simultaneously cultivating improved trust in patients who feel more heard and understood. Another positive social change is that this research may help isolated people connect to and/or reunify with sacred healing practices. Finally, this study can

also be valuable as it captured historical documentation of people's sacred healing stories during a global pandemic, which can help future researchers to assimilate the wider array of variables and experiences that occurred.

Summary

Sacred healing has vast components that influence people's perceptions, beliefs, and actions that can, in turn, shape the medical encounter when not understood or addressed. Knight et al. (2021) urged that more research be conducted around people's religious and sacred healing beliefs so that physicians can better assess, communicate, and collaborate with patients to avoid dismissal or competition with sacred healing beliefs and actions. Additionally, research has shown that sacred healing can provide health benefits and serve as protection from stress, anxiety, and depression (Haney & Rollock, 2020; Peres et al., 2018; Saiz et al., 2021), and that having feelings of awe (which make up a component of sacred healing) have reduced inflammatory cytokines (Stellar et al., 2015). The pandemic interrupted people's access to places of worship and sacred spaces and amplified stress, prolonged grief (Eisma et al., 2021), and heightened loneliness (Killgore et al., 2020; Wang et al., 2022), along with negative work and family impacts (Xiao et al., 2021).

This narrative quality study revealed the challenges, protective factors, and themes in the stories of people's sacred healing during the different phases of the pandemic. The information gleaned from this research can help healthcare workers to better assess, communicate, and collaborate with people who practice sacred healing. Additionally, the research themes can provide essential resources for healthcare workers,

palliative specialists, mental health providers, clergy, and spiritual practitioners to help people understand and utilize beneficial aspects of sacred healing.

Chapter 2 contains a more comprehensive description of the previously mentioned particulars involved in sacred healing along with an analysis that compares allopathic medicine and sacred healing. Main themes were derived from literature analysis so the reader can better comprehend and assimilate the complex components involved in sacred healing that involve religion and spirituality along with the different perceptions, beliefs, and actions involved in sacred healing. A discussion about Indigenous sacred healing practices and the role of perception will also be addressed along with the healing properties of certain places and the sacred spaces that have been cultivated in people's homes. Positive outcomes from sacred healing will be addressed along with risks and dangers in sacred healing and allopathic medicine. A conclusion will summarize the findings while reinforcing the need and benefits of this study.

Chapter 2: Literature Review

Introduction

Sacred healing practices like church attendance have been shown to have positive physical and mental health effects combined with decreased mortality rates, which can bode well for the more than 80% of Americans that identify as religious (Knight et al., 2021); yet the pandemic's lockdown restrictions followed by social distancing protocols disrupted the practices of churchgoers and sacred healing seekers in ways that are not fully understood. Moreover, Knight et al. asserted that allopathic medicine tends to rely on scientific reductionism that ignores sacred healing practices which led to greater conflicts between medicine and religion in the pandemic. They explained that many physicians who ignored patients' sacred and religious views during the physician-patient encounter risked alienating patients and found that including religious and sacred assessments in the encounter could improve patients' adoption of medical treatments and public health recommendations. They urged that research be conducted around people's different religious beliefs and practices so that physicians can use the information to create assessments and medical treatments that are collaborative with sacred healing views as opposed to prescribing plans that may feel in conflict to one's sacred and religious beliefs.

Additionally, Silva et al. (2018) investigated sacred healing motivations in medical tourism and stated that more research on sacred healing needs to be conducted, especially around visits to sacred sites. Delgado-Guay (2018) also pointed to a missing need for sacred healing for people in palliative care. These studies combine to point out a

gap that sacred healing (which encompasses spiritual and religious healing practices and beliefs) needs further exploration. Additionally, while the use of CAM during the pandemic has been studied and may include components of sacred healing, CAM involves a wider array of healing modalities that fall outside of sacred healing (Umeta Chali et al., 2021), so focusing research on sacred healing can better capture this understudied component of healing and leave health professionals equipped with more inclusive interventions that collaborate with people's sacred healing beliefs. To date, there has also been no qualitative study around sacred healing, so this research attempts to fill that gap by understanding the meaning of adults' sacred healing practices and beliefs by gathering and analyzing the themes of adults' sacred healing stories through the COVID-19 pandemic.

The purpose of this narrative qualitative study was to gain an understanding of sacred healing by listening to the stories of people who sought sacred healing during the COVID-19 pandemic. It is important to clarify that healing does not necessarily mean absence of an illness, but rather absence of a dis-ease as described by Antonovsky (1987) in his salutogenesis theoretical framework that places health and dis-ease on a continuum. Therefore, people can experience a form of sacred healing in their soul when dying and/or losing a loved one as Delgado-Guay (2018) describes, or they may experience sacred healing in the form of spontaneous cures like those found at Lourdes (Martins, 2020), or other sacred sites (Silva et al., 2018), or people may find sacred healing by cultivating a sacred and inviting space in their home (Mazumdar & Mazumdar, 1993), which brings positive feelings and associated well-being (Ramkissoon, 2021). The

narrative qualitative approach allowed for the broader and more ethereal descriptions of sacred healing that are often missed in other more concrete measurements. Capturing the narrative stories in this study provided an opportunity for people to give voice to something that feels essential to soul healing yet is often missed in the traditional medical literature (Martins).

The rest of this chapter will contain descriptions of research that has been conducted around sacred healing and how it contrasts with allopathic medicine. Research around the COVID-19 pandemic will also be discussed, as the pandemic prevented many people from being able to access sacred sites, sacred healers, and sacred places. The related anxiety, grief, and fear may have also bolstered some people's pursuit of sacred healing, so research around the pandemic context will be addressed. Some themes emerged from research that contrasted sacred healing from allopathic medicine, so those components of sacred healing have been divided into theme related sections and further explained. The conclusion will then reassimilate highlights from the research to reinforce the need for this study.

Search Strategies

The databases and search engines included APA PsycInfo, CINAHL, Medline, and Google Scholar, along with the Thoreau advanced search in the Walden Library for peer-reviewed articles. The keywords and phrases used included: *Religion attendance during pandemic, COVID and religion, pandemics and religion, faith and healing, faith and pandemic, sacred healing, sacred sites, healing places, sacred space and health, sacred health practices, sacred place, therapeutic landscapes, sense of place, place*

*attachment and health, religion and health, complementary and alternative health practices during COVID/pandemic, COVID and health, spirituality and health, place identity and sacred health motivations, impact of COVID on sacred healing, literature review, meta-analysis, sense of coherence, salutogenesis, Antonovsky, healing effects of place, heirophany, topophilia, quality of life and place, solastalgia, energy healing, ancestral healing, allopathic medicine, biomedicine and sacred healing, sacred**

Please note that the search terms were the result of an iterative search process that was extended after learning particular key words and phrases found in research articles. Articles were also searched for citations and a review of references in key articles was conducted. Additional research and citations from some media sources was also used to provide broader context when research was not available.

Theoretical Foundation

The theoretical foundation used for this study is Antonovsky's (1979, 1987) salutogenic model combined with Mazumdar and Mazumdar's (1993) sacred space and place attachment conceptual framework and Silva et al.'s (2018) sacred healing motivation conceptual framework. Combined, the theoretical foundation and concepts were used to craft open-ended narrative questions for gathering adult stories of sacred healing during different phases of the pandemic (before, during lockdown, immediate post-lockdown, and post-travel restrictions). Antonovsky's salutogenic model will be described in more detail followed by an explanation of the sacred place attachment and sacred healing motivations. A discussion of how the theory and concepts work together to form the research question development will conclude this section.

Salutogenic Model and Sense of Coherence

Antonovsky's (1979, 1983) salutogenic model departed from the pathogenic model of medicine and purported that allopathic medicine needed to better understand what contributed to health instead of solely focusing on what created the illness (salutogenesis means origins of health while pathogenesis is origins of disease). As such, Antonovsky suggested that health be viewed on a continuum—with dis-ease on one side and health on the other side of the continuum. Note that Antonovsky hyphenated dis-ease as he perceived illness, or dis-ease, as indicating an absence of health promoting conditions, which is powerful when considering his research that led to the development of his model.

Antonovsky (1979) was a public health researcher who became interested in investigating what sustained health after studying why some female Holocaust survivors had better health outcomes after menopause when others did not. He spent 30 years refining his research and developing the answer to his question. Antonovsky (1983) found that people with a strong SOC had better health outcomes. While he created a scale to measure SOC, this qualitative research study will not use his quantitative measurement of SOC, yet SOC concepts can be used to inform some of the open-ended research questions.

To understand Antonovsky's (1979, 1983) SOC, it is important to convey the essential nature of its origins. Again, Antonovsky viewed health on a continuum and believed dis-ease set in when people had a higher number of generalized resistance deficits (GRDs). GRDs are somewhat similar to saying someone's immune system is

compromised, but Antonovsky believed that immune defenses were based on a broader combination of internal and external conditions. Moreover, he suggested that early negative experiences and cumulative negative experiences would accentuate the GRDs and thus lead to illness and earlier deaths. He also found people with early life traumas and people living in poverty had higher GRDs and dis-eases.

Antonovsky's (1979, 1983) observations about GRD vulnerabilities have been reinforced through recent research that found children who experienced early deprivation displayed brain alterations as adults despite later enriched environments (Mackes et al., 2020). Another example are female children who experienced sexual abuse showed significantly higher rates of endometriosis, marked by pelvic pain, depression, and fatigue (Liebermann et al., 2018). Adults with histories of adverse childhood experiences (ACEs) had reduced lifespans, more illnesses, higher rates of depression, and higher maladaptive coping, which authors purported continued through the generation via intergenerational transmission and rivaled all other root causes of disease (Zarse et al. 2019). Additionally, the pandemic revealed similar discrepancies where people in lower socioeconomic groups, marginalized groups, older people, people of color, and people with mental and physical health conditions were more at risk when infected with COVID-19 and its variants (Rami et al., 2022).

With the understanding of GRDs and vulnerabilities, Antonovsky (1979, 1983) found SOC to be a significant mediator that enhanced health or that led to more vulnerabilities. His SOC scale is divided into three sections of comprehensibility, manageability, and meaning. A simple definition of SOC is feeling that one's internal and

external environment are ordered and predictable (comprehensibility), and that one has internal and external resources to meet life's demands (manageability), and that life feels worthy of the demands it makes (meaning). SOC is particularly relevant for this study, as the pandemic led to increased stressors that could influence people's sense of comprehensibility, manageability, and meaning. Additionally, people's sacred beliefs and practices may have been bolstered and served as a source for framing comprehensibility, manageability, and meaning.

While Antonovsky's (1987) SOC and salutogenesis model was not based around a faith or sacred healing belief, people of faith may derive a sense of comprehensibility, manageability, and meaning from their faith and feel internally and externally supported by a grand creator and divine healer. For instance, Rangmar et al. (2015) conducted a quantitative study on adults with fetal alcohol syndrome and compared their SOC scores to a control group of adults without fetal alcohol syndrome. While the authors found the control group had higher SOC scores in manageability, the meaningfulness and comprehensibility were equal. It is worth noting that 12-step groups that support alcoholics and families of alcoholics promote confessing to unmanageability and surrendering to a Higher Power for meaning and comprehensibility (Al-Anon Family Group Headquarters, Inc., n.d.; Alcoholics Anonymous World Services, Inc., 2022).

The use of incorporating religion and spirituality to enhance a person's SOC and their treatment outcomes has been found in older studies, such as helping parents through their children's illness and hospitalization (Kloosterhouse & Ames, 2002) and even helping to induce SR in cancer (Turner, 2014; Ventegodt et al., 2004; Vendegodt &

Merrick, 2004), so it is not surprising that Fries (2020) found 432 studies have been conducted since 1990 that incorporated salutogenesis and SOC. More recently, *The Handbook of Salutogenesis* (Mittelmark et al., 2017) was published combined with the creation of the Global Working Group on Salutogenesis by the International Union for Health Promotion and Education, and the formation of the Center on Salutogenesis at University West in Sweden (Fries).

Another aspect of the salutogenic model and incorporation of SOC in medical care is how a medical care team's understanding of a person's sacred healing needs and addressing treatment in ways that appeal to people's sense of meaning, manageability, and comprehensibility can have in their health outcomes. Kitzmüller et al. (2019) found empathic care and listening to people's stories who suffered from a stroke led to post-stroke patients having higher SOC scores and improved recovery. The patients in the study emphasized feeling heard and understood was important yet also felt that having healthcare workers visit them in their homes may have helped them the most.

Researchers speculated the familiarity of the home environment may have contributed to the effectiveness of empathic caregiving. This sheds light on potential difficulties people faced in the pandemic when people could not receive visitors from family, friends, and spiritual people that provide various levels of sacred healing—which leads to the discussion about the conceptual frameworks for sacred space and place attachment (Mazumdar & Mazumdar, 1993) and sacred healing motivation (Silva et al., 2018).

Sacred Space and Place Attachment and Sacred Healing Motivation

Mazumdar and Mazumdar (1993) developed a conceptual framework around sacred space and place attachment that connects the concepts of place attachment to sacred spaces and place attachment to homes into one framework. They built the framework around the design of the traditional Hindu house and explained how original Hindu architectural designs made space for prayer and religious practices, which aided in identify formation, socialization, and religious connection. They suggested that modern designs that subtract the prayer room and sacred space areas can have negative consequences on the residents that impede their faith connection, religious practices, and even their relationships with each other as people are denied from essential spaces that give rest and meaning. When considering Antonovsky's SOC, one can see how sacred spaces in the home and positive place attachment may relate to one's sense of comprehensibility, manageability, and meaning since Mazumdar and Mazumdar describe its influence on identity, socialization, and religion.

Additionally, Ramkissoon (2021) studied the effect of place attachment in adults during the COVID-19 pandemic and found places that were aesthetically pleasing and incurred positive feelings resulted in positive health and well-being whereas negative place effects were found to be more harmful to health. Ramkissoon's findings on negative place effects and health are similar to Antonovsky's (1979, 1983) observations that people in poverty with less hospitable housing options had lower SOC and higher rates of dis-eases. Ashfar et al. (2017) also found older people fared better mentally and physically when they had higher levels of place attachment. While Ramkissoon suggested

that promotion of positive place attachment could enhance health and wellbeing, Mazumdar and Mazumdar's (1993) elucidation of the need for sacred spaces in the home may highlight the aspects of sacred healing and how sacred spaces in the home may have provided healing and wellbeing to people during the pandemic. Conversely, people may have experienced more harmful effects during the pandemic, similar to Ramkissoo's findings, when they did not have sacred spaces in the home, or access to sacred places outside of the home (like churches and natural spaces that are sacred to people).

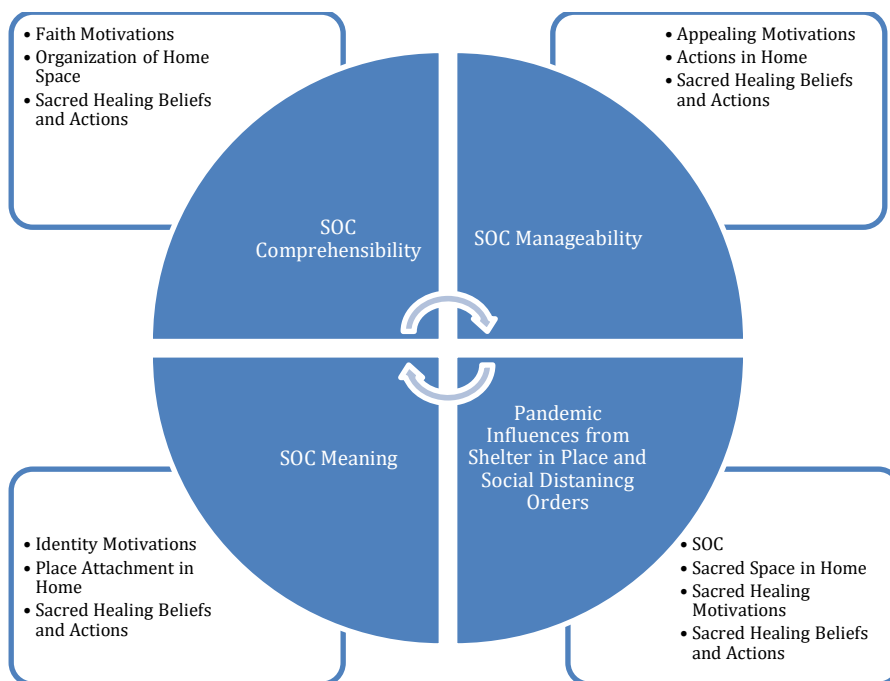
Silva et al. (2018) illuminated the sacred healing motivations of people seeking healing in sacred places in their conceptual framework. The authors explained that place attachment involves a combination of place identity and place dependence, where people have particularly strong preferences for certain places which can provide psychological and emotional benefits along with strong attachment bonds when feelings cannot be transferred to another place. The authors combined place attachment and tourism motivations to develop a sacred place motivation scale (SPMotiv Scale) that could be used as a basis of understanding sacred healing motivation for the sacred medical tourism industry. They segmented the motivations into three categories—faith, identity, and appealing.

Within Silva et al.'s (2018) SPMotive Scale, faith represented concepts like feeling spiritually and emotionally involved and engaging in associated spiritual and sacred rituals and experiential activities at sacred places. The identity component involved meaning, learning, peace, and development. The appealing aspect of the framework comprised of urges to visit a sacred site and/or to partake in sacred

pilgrimages. Antonovsky's (1979, 1983) SOC scale is somewhat similar to the SPMotive Scale categories as *comprehensibility* connect to dimensions of *faith* while *manageability* offers the actionable behaviors as described in *appealing*, and *meaning* has some commonalities with *identity*. These concepts guided the research question that asked, "What are the stories of sacred healing in adults during the COVID-19 pandemic?" Thus, open-ended questions that were used in the narrative study drew from Antonovsky's SOC's meaning, manageability, and comprehension with the guiding idea that sacred healing beliefs and practices help people to have meaning, manageability, and comprehension. The questions also incorporated Silva et al.'s sacred healing tourist motivations and Mazumdar and Mazumdar's (1993) sacred space design in the home during different phases of the pandemic. Please see Figure 1 to view how the theoretical foundation and conceptual frameworks relate and overlap.

Figure 1

Connections Between Sense of Coherence (SOC), SPMotiv Scale, and Sacred Spaces for Studying Sacred Healing During the Pandemic



Literature Review of Key Concepts and Studies

Sacred healing practices like church attendance have been shown to have positive physical and mental health effects combined with decreased mortality rates which can bode well for the more than 80% of Americans that identify as religious (Knight et al., 2021); yet the pandemic's lockdown restrictions followed by social distancing protocols disrupted the practices of churchgoers and sacred healing seekers in ways that are not fully understood. Knight et al. asserted that allopathic medicine tends to rely on scientific reductionism that ignores sacred healing practices which led to greater conflicts between medicine and religion in the pandemic. The authors urged that sacred healing beliefs and practices need to be researched so that physicians can better understand, assess, and collaborate with patients' religious and sacred views in their medical care. Additionally,

Miller et al. (2020) emphasized the importance of world religious leaders learning ways to work effectively with healthcare workers so that people of faith could observe their religion(s) with practices that are personally meaningful while also being safe for the public.

Sacred Healing and Modern Medicine Defined for This Study

The tension between modern medicine and religious and sacred healing practices rose when scientific practices perpetuated the dualist split between the body and the soul and overlooked the interconnectedness of medicine, spirituality, religion, and faith (Singh & Ajinkya, 2012). Moreover, modern medicine can be difficult to describe as homeopathic physician Joseph Hahnemann's labeling of *allopath* in the 1800's (to depict the tendency to treat symptoms of a disease instead of finding the underlying cause) was initially rejected by mainstream practitioners and is now sometimes adopted by complementary and alternative practitioners (Oppel, 2010). One of Oppel's suggestions was to categorize medicinal treatment options into naturopathic medicine, homeopathic medicine, allopathic medicine, Native healing, and Eastern medicine. The distinctions of Native healing, Eastern medicine, spirituality, religion, and faith can overlap, begging for a clarification of the definitions of medicine and sacred healing as used in this study.

Since this study is focusing on sacred healing, the references to modern medicine will be used in the original definition of allopathic medicine as coined by Hahnemann (Oppel, 2010) and described by Knight et al. (2021). Modern medicine may be used interchangeably with allopathic medicine, Western medicine, biomedicine (Finkler,

1994) and pathogenic medicine (Antonovsky (1979, 1983) with the view that these forms of medicine typically rely on the scientific method and treat symptoms, disease, and illness within the body as opposed to the soul or spirit (Singh & Ajinkya, 2012). It should be noted that it is understood that the definitions of medical practices can be complex as they are influenced by the identities of those who adopt and use the terminologies, and the cultural nuances instigated by educational institutions, medical organizations, professional associations, and geographies. Therefore, the simplistic definition of modern medicine and the synonymous use of allopathic medicine, Western medicine, biomedicine, and pathogenic medicine is not meant to diminish, alienate, or stereotype the professional practices of modern medical practitioners.

Sacred healing can be highly personal and different for each person yet for the conceptualization of this study, sacred healing can include having a sense of reverence and awe for something bigger like divine source (Sadeghi Habibabad et al., 2019) or for the totality of life and life's underlying sustaining principles (Shealy, 1999) and may be combined with a sense of belonging (Brace et al., 2006). It should be noted that traditional CAM touches upon some dimensions of different spiritual, religious, and sacred healing approaches (Umeta et al., 2021), yet does not capture the broader totality of larger religious and sacred healing beliefs and practices. As such, this study will define sacred healing as inclusive of spiritual healing, religious healing, energy healing, faith healing, prayer healing, mystical healing, soul healing, sacred place healing, sacred space healing, miracle healing, mystery healing, meditative healing, divine healing, and Indigenous healing. The faith and cultural religious practices are purposely broad to

include all possible aspects involved in sacred healing. It should be noted that concepts like energy healing and meditative healing may be practiced by atheists and scientists that embrace more ethereal notions of healing and are also included in sacred healing as they represent non-physical healing that is not addressed by allopathic medicine (Dispenza, 2017; Doty, 2017; Lipton, 2005; Turner, 2014). Moreover, such non-religious meditative and energy healing may be considered faith based as a level of belief in a non-physical form of healing is required (Dispenza; Doty; Lipton; Turner).

Overview of Sacred Healing Themes in Medicine

Finkler (1994) conducted a landmark qualitative study of 800 traditional medical encounters and 1,212 sacred healing practices to explore the differences between sacred healing and biomedicine in Mexico. She described sacred healing as being synonymous with spiritual healing and referred to biomedicine as secular healing. She explained sacred healing was widespread in Mexico and still continued despite the introduction of the French scientific medical model in the 19th century and later adoption of the U.S. biomedical model after World War II. Finkler stated that most of the sacred healers were women and found a particular defining difference between biomedical and sacred healing practitioners was their education. Modern medical doctors obtained years of formal education with certifications from secular organizations and scientific institutions while the sacred spiritualist healers gained their education by being recruited and trained after surviving their own illness from a sacred healing encounter. Thus, the sacred healing involved a personal and experiential component that was passed on to others.

Additionally, Finkler (1994) observed variations in how biomedical doctors and spiritual healers assessed, treated, and related to patients, and noted that biomedical doctors tended to cross perceived boundaries by intrusively asking about sex, talking about bowel movements, and demeaning one's body due to weight while spiritual healers did not blame or shame and framed health problems as caused by external and spirit issues. Finkler described the biomedical encounter as a drama filled with tension that seeks to reorder how a person views their body whereas the spiritual healer was found to solve existential contradictions beyond pain while restoring one's relationship with God, re-ordering the person's life, and enhancing their relationships. Moreover, Finkler cautioned that the patient-physician relationship is not the missing ingredient to increasing effectiveness in biomedicine and that the role of the individual healer (biomedical or sacred) has less influence than the solving of contradictions in ways that include the patient in their recovery, which is similar to Knight et al.'s (2021) observations of patients during the pandemic.

Adelstein (2018), a family practitioner of modern medicine, shared descriptions of sacred-infused healing that echo the spiritualist healers Finkler (1994) studied in Mexico. For Adelstein, creating a sacred space in the examination room and doing things to create a sacred encounter with patients was considered important to patient healing. She defined sacred as something that cultivated transcendent experiences which allowed a person to feel connected to something greater than oneself, yet she did not decorate her office or do anything that appeared religious or spiritual. Her office, located in an inner-city health clinic, was described as plain, austere, and like most examination rooms. Yet it was her

demeanor, attitude, and interactions with patients that created the sacred space where people could feel deeply heard, seen, and safe. She removed the power hierarchy and viewed herself as a participant in their healing and in their life, emphasizing that she also taught them how to access their own internal sacred healing source. Her overall attitude and approach mirror the spiritualist healers Finkler studied as she engaged with the patient in ways that helped them re-order their life, find existential meaning by accessing their own internal sacred healing source, enhanced familial relationships, and shepherded them through each life stage.

Comparing Finkler's (1994) sacred healing and biomedicine findings to Adelstein's (2018) modern use of sacred healing as a family practitioner in an inner-city health clinic, several themes emerge that require further exploration and will be addressed in the following italicized categories. First, the *pandemic* will be addressed due to the context of this study. Then *place* will be discussed. Finkler's sacred healing occurred in a specially arranged place and although Adelstein suggested the surroundings did not matter, her clinic was still described as safe and consistent. The experience Adelstein and Finkler's sacred healing practitioners provided also highlighted the role of patients' *perceptions*. Finkler's sacred healing experiences relied on some of the patients transitioning into the role of healer while Adelstein pointed out that a level of self-healing occurs in patients, which reflect the nature of *beliefs and actions* that occur in sacred healing. *Positive outcomes* included transformed relationships, a re-ordering of one's life, and resolution of the disease/complaint while finding *new meaning* occurred to resolve confusion. Finally, it cannot be overlooked that treating illness and disease from any

orientation can involve *risks and dangers*, so a section on risks and dangers posed by traditional medicine and sacred healing efforts will be addressed. Please note these categories dovetail with Antonovsky's (1979, 1983) salutogenesis and SOC's meaning, comprehensibility, and manageability along with Mazumdar and Mazumdar's (1993) sacred place conceptual framework and Silva et al.'s (2018) SPMotive Scale.

The Backdrop of the Pandemic

At the time of this writing, there have been 595,219,966 confirmed COVID-19 cases and 6,453,458 deaths (World Health Organization, 2022) in a world with more than 7.9 billion people (Worldometer, 2022), resulting in a respective 7.64% of confirmed COVID cases and .083% COVID cases. In contrast, the United States (U.S.) has had 27.8% of confirmed COVID cases (92,479,086) and .31% COVID deaths (1,030,224) (World Health Organization, 2022). These U.S. totals represent a 363.9% increase over the global totals of confirmed COVID cases and a 1,033% increase of COVID deaths over the reported global COVID deaths. The larger percentages of U.S. totals may be due to better reporting than other countries who may underreport, yet the U.S. totals may also be underreported as well.

Regardless of percentages, the population around the world was impacted by the COVID-19 pandemic as people were forced to shelter in place, were prohibited from travel, forced to social distance, don varying personal protective equipment (PPE), and left many with prolonged grief disorder (PGD) and complex bereavement disorder (PCBD) who lost loved ones during the pandemic (Eisma et al., 2021; Izadi-Mazidi & Riahi, 2020). Many people developed anxiety, adjustment disorders and post-traumatic

stress disorder (PTSD) (Lotzin et al., 2020). People were prohibited from visitations to parks and green spaces, which have been shown to help ease ADHD symptoms in children (Faber-Taylor & Kuo, 2009; Rucklidge, 2019). Women with health issues were found to experience heightened pain during some points in the pandemic (Arigo et al., 2022).

Those who survived COVID-19 after hospitalization were found to have reduced quality of life, economic losses, anxiety, and internalized stigma (Wu et al., 2021). Depression and excessive alcohol use significantly increased during the pandemic (Acuff et al., 2021; Daly et al., 2021) along with opioid usage and impeded access to treatment for opioid addiction (Sarker et al., 2022). There was a marked increase in suicide risks (Le et al., 2020) and while suicide rates were not found to increase during the first 9-15 months across 33 countries (Pirkis et al., 2022), there was an increase in youth suicides during the pandemic during the first 12 months which may have been amplified by family issues during lockdown, conducting school online instead of in person, and overall disrupted socialization (Goto et al., 2022). Lim et al. (2022) also found that youth and younger adults displayed more social anxiety after restrictions eased, showing age related adjustment vulnerabilities. Healthcare workers also faced extreme distress, depression, anxiety, and sleep disturbances (Ranganathan & Ramakrishnan, 2022) including moral injury to oncologists and cancer patients (Rashi et al., 2021).

These citations only highlight some of the global health and mental health impacts from the pandemic yet do not include the vast repercussions to health, relationships, family functioning, careers, economic effects, rates of homelessness, violence, abuse,

discrimination, social unrest, and other systemic stressors as that would necessitate a lengthy detour that falls outside of the scope of this study. However, what has been made apparent is that the pandemic resulted in significant stress and the imposed isolation and social distancing left people unable to participate in many of their sacred healing activities or attend places of worship. For instance, it has been documented that many people affiliated with the major global religions like Catholicism, Islam, Judaism, and Hinduism were prohibited from observing holy days and religious celebrations at the height of the pandemic as congregations worldwide were urged to enforce self-quarantine and social distancing (Miller et al., 2020). When people did attend church, it was deemed a COVID super spreader as church members were found to have increased rates of COVID transmission (Knight et al., 2021; Vermeer & Kregting, 2020). While many churches streamed their services online to provide safe access to members, although Bhambra and Tiffany (2020) cited the online church services caused fatigue. Many in the U.S. began re-opening to in-person services in July 2020 and saw small steady increases of attendees for a year until capping out in July 2021 with overall reductions in attendance (Nortey, 2022). It is unclear what has caused the decline in attendance compared to pre-pandemic numbers yet is worth noting that people identified with the Republican party showed higher church attendance rates than people identified as Democratic (Nortey) and may represent political ideological differences combined with complications from COVID stressors.

Before transitioning to sacred healing places, it is worth conveying that quarantining (“quaranta” means forty in Italian) has been around for centuries and it was

the act of the Village of Eyam in England, heralded by the church Reverend William Mompesson, that saved surrounding counties from the bubonic plague by closing its borders and church in 1665 to 1666, although it resulted in the loss of 80% of Eyam's residents (Romero-Reveron, 2020). This tragedy along with other historical plagues is part of the collective narrative history (and collective unconscious) which could have cast added layers of fear in the COVID-19 pandemic. Even if people were not aware of the specifics of previous plagues, the stories of mass deaths in a plague and by being quarantined could have triggered unconscious fears, panic, and potentially increased the search for alternative and sacred healing solutions. Moreover, the search for eternal life and viewing tragedies like plagues as a battle between good and evil spirits has been consistent through previous plagues and captured by an array of artists, including great Italian artists commissioned by the Catholic Church to entice people to meditate on religious themes, the temporariness of life, and afterlife (Hilloowala, 2020). Since the Catholic Church and other Abrahamic religions espouse the concept of hell (Sarkissian & Phelan, 2019), it is not surprising that people in a pandemic may search more fervently for sacred healing—to heal their body and, perhaps, to save their soul for a more heavenly destination. As such, it is interesting that Fraser and Stemeroff (2021) found worldwide record online views of the Northern Lights when the pandemic began. The next section will address place as a source of sacred healing.

Place as Sacred Healing

Some places may feel more special by eliciting awe, joy, healing, and/or through instigating a spiritual transformation. Buddha was said to have experienced a state of

heightened consciousness (Nirvana) under a Bodhi tree and pilgrims to this day visit a variety of sacred sites, stupas, that contain his ashes for similar experiences (Patheos, n.d.). Perhaps one of the most famous accounts of a place getting designated as sacred is when God instructed Moses to remove his sandals because he stood on holy ground (*New International Version Bible*, n.d., Ex. 3:5). Then there are places that have become famous for sacred healing miracles, like the 7,200 claimed spontaneous cures at the Sanctuary of Lourdes with 70 of the cures officially recognized by the Catholic Church (Martins, 2020). Garrigou-Kempton (2020) studied narratives around Lourdes miracles and explained how literature has been saturated with Lourdes stories, including medical debates, historical investigations, clerical research, media and journalist stories, and novels, which further cemented the quest of people seeking sacred healing.

Other famous pilgrimages to sacred sites that have been investigated for their sacred healing include places like Fatima in Portugal, Santiago de Compostela in Spain (Silva et al., 2018), Osun Oshogbo Sacred Grove in Nigeria (Woosnam et al., 2018), ancient sites dedicated to Greek Gods (Yiannaki et al., 2020), and a range of sites around Scotland (Perriam, 2015). A commonality among the experiences of people who visited ancient sacred sites for sacred healing was the accompanying spiritual experience that brought a transcendent sense of peace and meaning (Perriam, Woosnam et al., Silva et al.), which further reinforces Antonovsky's (1979, 1987) SOC's meaning, comprehensiveness, and manageability as sacred healing seekers sought actions, experiences, and viewpoints that could have arguably increased their SOC and associated health. A similar finding between SOC and sacred healing was found in Turner's (2014;

2020) spontaneous remission (SR) of cancer research that took place in Hawaii, China, Japan, New Zealand, Thailand, India, England, Zambia, Zimbabwe, Brazil, and the United States.

While Turner (2014; 2020) studied an array of sacred healing modalities in different global locations in her SR research, such as traditional Kahuna healing in Hawaii, Traditional Chinese Medicine in China, Kampo healing in Japan, Ayurveda and Yoga healing in India, Maori healing in New Zealand, African Traditional Medicine in Africa, Spiritualism in Brazil, and Complementary Medicine in England, it is interesting to note that her research did not investigate that potential healing components of a particular site. Whereas the pilgrimages to sacred sites are specific to the location due to the potent healing properties of the water, like in Lourdes (Garrigou-Kempton, 2020; Martins, 2020) or via a spiritually transformative and medicinal experience gained by walking on sacred ground like at the Santiago de Compostela in Spain (Silva et al., 2018), or engaging in sacred healing rituals where the a deity is said to reside, like the Osun Oshogbo Sacred Grove in Nigeria (Woosnam et al., 2018), or to request healing at specific ancient Greek sites dedicated to Asclepius, the ancient Greek God of healing and medicine (Yiannaki et al., 2020). Perriam (2015) maintained that certain sacred stones, natural earth formations, and pools of water in Scotland provided different healing properties on top of spiritual edification, with some places being better equipped for mental health problems while other locations were used for health and still others for life issues.

Places like Sedona in Arizona have also been considered as sacred destinations for spiritual seekers because of the vortexes in the area that are purported to have spiraling healing energy (Crockford, 2018). Hild (2006) provided an extensive review of sacred places that are enriched with healing properties and suggested that new technologies can help researchers better understand how ancient sacred sites have cultivated healing and spiritual experiences. For instance, he pointed to pilot navigational equipment that failed when flying over an ancient sacred site in Alaska and that the legendary warnings of not spending too much time in the healing Serpentine Hot Springs (because of its healing potency) was found to have geomagnetic differences that need more investigation. He cited the piezoelectric charge in some crystal rock formations along with heightened infrasound, ultrasound, and ionizing radiation at ancient sacred sites as possible causes that foster healing experiences in living creatures along with increasing the therapeutics of medicinal plants in the surrounding areas. When considering radiation, it is interesting that the Alaskan Indigenous People warned against spending too much time in the Serpentine Hot Springs. Perhaps the Alaskan Indigenous People intuitively and/or experientially knew that the Serpentine Hot Springs water was contaminated (possibly with radionuclide contaminants) which posed carcinogenic and other health risks in certain concentrations (Donne et al., 2021; Madzunya et al., 2020) but provided health benefits at reduced levels (Vaiserman et al., 2018). Thus, the Alaskan Indigenous People may have had ancient knowledge about proper exposure to the Serpentine Hot Springs that enabled healing while avoiding health risks.

Ancient knowledge versus modern science and modern religion seems to be a recurring issue in the literature around sacred places. Gil and Romero (2019) and Bautista-Valarezo, et al. (2020) described ancient Indigenous People had a better knowledge of telluric currents in the earth and where and how to access them for sacred healing. Unlike modern science that might use equipment to measure geomagnetic and geotechnical phenomena in the earth, Gil and Romero explained that many ancient Indigenous Peoples, including the Indigenous Peoples of Colombia, view Mother Earth as a living entity, so their relationship with Mother Earth and Ancestors was nurtured in ways that gave Indigenous Peoples an attunement that could feel, hear, and receive messages from her. Moreover, they perceived themselves as one with the land. Consequently, they treated Mother Earth with reverence and heightened attention in ways modern societies disregard. Maori culture has called this intimate and spiritual relationship with the land *wairuatanga* (Sharley, 2012) and Kremer (1995) coined the term, *dissociative schismogenesis*, to reflect modern culture's loss of attunement with Mother Earth.

Modern religions may have added to the cultural shift away from relating to the land as a spiritual and living entity as Gil and Romero (2019) pointed out that much of the ancient, shamanic, and cosmological wisdom among Indigenous cultures was taken over by and reinterpreted by the Judeo-Christian movement. Similarly, many ancient sacred sites were seized by the Catholic Church and re-consecrated with new Biblical and Saint narratives (Hild, 2006). Since Sharley (2012) described the Maori culture relied on narratives derived from the sacred relationship to the living land, the reinterpretation of

narratives of modern societies may have resulted in overshadowing phenomenological experiences around sacred healing. It is also possible that sacred healing experiences with particular areas of the land may have decreased as cultural norms have been shown to influence spiritual experiences like miracle healings (Luhmann & Weisman, 2022; Luhmann et al., 2021).

Another potential effect of modernization on sacred places that provide healing is the impact of deforestation as deforestation has been shown to reduce ocean health, aquatic health, and soil health, along with disrupting human and animal health (Beresford-Kroeger, 2013). Beresford-Kroeger, who has studied cancer and impacts to environmental health, explained many trees emit neurochemicals and molecules that can treat depression and cancer and trees and that their loss has human health impacts. One tree in particular, the water ash or *Ptelea trifoliata*, was referred to as The Sacred Tree by Aboriginal People in Canada and is high in ellagic acid and marmesin that treat cancer but now the Sacred Tree that once populated the area is rare. Beresford-Kroeger also pointed to the Sacred Tree in Japan called the Sugi as it produces taxodine that treats cancer. She said Japanese people still practice forest bathing for its healing properties, which may be an example of ancient sacred healing practices that have survived modernization. Beresford-Kroeger's evidence about the specific synergistic biochemicals in trees and plants that now comprise chemotherapeutics may offer measurable scientific evidence of how sacred places can be therapeutic. However, trying to justify the sacred healing properties of a place with measurable scientific data can inadvertently overlook, and potentially pathologize, narratives around sacred healing in sacred places.

Fortunately, the United Nations Educational, Scientific and Cultural Organization (UNESCO World Heritage Convention, n.d.) has protected 1154 properties with many ancient sacred sites included among the 897 cultural sites, although some are in danger. UNESCO's commitment to protecting areas as world heritage sites has helped legitimize many Indigenous People's cultures and practices while educating the broader public about different ways people have related with the land. Unfortunately, being deemed a world heritage site has not prevented development around the area. For instance, at the time of this writing, the area around Mount Sinai where Moses was instructed by God to remove his sandals because it was holy ground (*New International Version Bible*, n.d., Ex. 3:5) is undergoing development (Middle East Eye, 2022). The development project, called The Great Transfiguration, has experienced a backlash of complaints by local residents who were appalled by the bulldozers tearing up sacred areas and having concrete buildings that will obliterate views of ancient sites (Middle East Eye). Although the author reported that the aim of the project was to link a number of sacred sites along with constructing a new spiritual shrine that is considered important to the world's three major religions (Judaism, Christianity, and Islam).

Whether an ancient sacred site has remained untouched, redeveloped like the Mount Sinai project (Middle East Eye, 2022), taken over by newer reigning cultures like the Roman empire or religions like the Catholic Church (Phillips, 2011), it is fascinating that sacred sites have continued to be revered through cultural and religious change. Do these sites provide amplified healing properties or is it the perception people have about

these sites that facilitate healing? The next section will look at the role of perception in sacred healing.

Perception in Sacred Healing

In an extensive three-year mixed-methods study by multidisciplinary researchers that investigated the experience of spirituality among people with different cultural and religious beliefs in the United States, Ghana, Thailand, China, and Vanuatu, Luhrmann et al. (2021) found that people who had spiritual experiences had higher levels of absorption and porosity. The authors cited that absorption was measured using the standard Absorption scale, which captures a person's ability to be fully immersed in a moment and in an activity, while porosity was a word they used to convey a person's level of boundedness. In other words, a person with a strong sense of boundedness demonstrated a preference toward reality as comprised of the observed tactile experience while a person with a more porous boundary was found to be more open to unexplainable, ethereal, and spiritual phenomena as part of reality (Luhrmann et al.; Luhrmann & Weisman, 2022). The authors explained that absorption tended to be more a character trait while porosity was more culturally reinforced. Thus, higher porosity was found in evangelical churches and cultures that tended to embrace more spiritual explanations for life experiences.

Luhrmann et al.'s (2021) and Luhrmann and Weisman's (2022) research is powerful as it lends credence to people's sacred healing experiences and may even help to explain how some Indigenous People have been able to perceive the land as a living entity as described by Gil and Romero (2019) in the previous section and know where

sacred spaces for healing exist. Whereas prior leading research on personality and health (Friedman & Kern, 2014) has condemned stories about miracle healings and attempts at using laughter and mood enhancement to improve health as quackery and often comprised of wayward thinking. Moreover, what Luhrmann et al.'s and Luhrmann and Weisman's research and previously cited research on sacred healing have touched on is that there may be a third element of healing that extends beyond the mind-body dualism argument by bringing in a spiritual component to healing that has been largely overlooked in the literature—which may be because research on sacred healing has not previously differentiated research participants through their porosity and absorption. Luhrmann et al.'s and Luhrmann and Weisman's research also sheds light on how people with lower porosity and absorption may be more dismissive of other people's stories about their ethereal, spiritual, and sacred healing perceptions and experiences and dismiss it as irrational and magical thinking. This is not to say that dangers and risks have not occurred with sacred healing (or allopathic medicine)—which will be covered in the risks and dangers sections—yet is shared as a way to identify possible factors that may be related to sacred healing.

A less controversial aspect involved in sacred healing is the purposeful design of sacred architecture that induces awe, which could contribute to sacred healing as feelings of awe were shown to be good for health by reducing inflammatory cytokines while general happy feelings had a neutral effect (Stellar et al., 2015). Prior to their research, Schmock et al. (2009) conducted a pilot study that found statistically significant benefits for creating sacred space in operating rooms which included nursing behaviors and

Ayers-Gould (2000) argued similar benefits for having birthing rooms designed as a sacred space. Saymanlier et al. (2018) emphasized the importance of designing a space that meets the sensory experiences of the person and their particular needs and focused their research on designing a sense of sacredness at a coffee house that met the needs of disabled people and the way they would use and experience the place. The authors conveyed that disabled people who went to a place they could not effectively use would have a bad experience and that would carry over into their perception of the place. Conversely, a well-designed place that blended the landscape and interior and had easy access for all people would be better at capturing a positive and more sacred experience.

It is interesting to note Saymanlier et al.'s (2018) reliance on nature and landscapes as an essential component of sacred design as Pasca et al. (2017) emphasized the biophysical components that are mutually involved among nature and humans—and that nature served an important role in cultural and spiritual development. Heimsath (2014) described that images of mountains and beams of light were the one consistent imagery portrayed by church design workshop attendees who were told to draw images of something sacred. Leibrich (2015) provided a personal narrative account that described how mystery and miracles intersect to create a sanctuary which is largely comprised of a person's own internal sanctuary. Thus, other forms of sacred spaces, or sanctuaries, made space for one's internal sanctuary to be felt. Leibrich cautioned, however, that a person's sense of sanctuary needed to be protected which highlights another aspect of a porous perspective boundary that may be involved in sacred healing.

Meanwhile Sadeghi et al. (2022) relayed the important role tranquility played in a person's perception and experience of spirituality and healing. Using a using quantitative electroencephalography wave recorder device, the authors analyzed brain wave pattern responses toward colors to identify which colors evoked a sense of spirituality and found viewing colors in the yellow, red and black spectrum decreased alpha, beta, and theta waves which suggested an increased state of stress while turquoise, green, and blue colors increased theta and alpha waves which authors interpreted as increased states of euphoria and tranquility. The authors based their research on prior findings that indicated how maintained religious practices tended to activate areas of the brain referred to as the religious cross of the brain, which include the amygdala, hippocampus, limbic system, temporal anterior lobe, frontal orbital lobe, prefrontal dorsal and lateral cortex (Majidzadeh et al., 2018). Because other research revealed that maintaining a spiritual practice over the long-term, such as via focused meditation and sustained prayer, activated the frontal lobe (Soufian, 2011), Sadeghi et al. focused their research on brain wave measurements (delta, theta, alpha, beta, gamma) combined with activation of the prefrontal cortex and belt gyrus (cingulate). What is interesting is that they were able to rank the colors in order of facilitating a spiritual sense for mosque architecture designs which resulted in turquoise as highest followed by green, then blue, white as fourth, red and yellow as fifth, and black in its own category. Because the research was conducted in Iran around Islamic mosque design, there could be a cultural component to their findings yet the color effect on spiritual feelings and related sacred healing (for those who can see

the full color spectrum range) reinforces the limited research data for understanding the complex perceptual factors involved in sacred healing.

Beliefs and Actions in Sacred Healing

Perception can be intricately interwoven with beliefs and actions, so it can be difficult to make grand distinctions among the components. While perception may be involved, what this section addresses is the role beliefs and actions can take in sacred healing. With that shared, there appears to be three main types of beliefs drivers in sacred healing. The first is religious faith. The second is more psychologically based as it involves modifying one's thoughts and beliefs. The third extends into energy healing where there is a mixture of faith in a grander consciousness combined with a belief in self-directed energy healing. Associated actions occur with these belief drivers, which will be described in more detail in the next sub-sections.

Religious Faith Belief Drivers in Sacred Healing

Religious faith drivers in sacred healing indicate the belief of a grander creator and can often provide meaning for people as they think about the afterlife. While 85% of people around the world have identified with a particular religion, like the 2.38 billion people that were reported to follow Christianity, 1.91 billion that practiced Islam, 1.16 billion that were Hindu, 507 million that identified as Buddhists, and the 14.6 million that aligned with Judaism in 2020 (World Population Review, 2022), there are vast beliefs among people in their identified religion and a confluence of belief drivers that have led people to have faith in something bigger, cosmic and/or undefinable. Rosa et al. (2017) described the emergence of a caring science approach in medicine over the past thirty

years that acknowledges that humans have a greater belonging to an infinite energy source and therefore have a sacred life circle. They explained that medical practitioners can use this universal sense of belonging and connectedness to help people in their journey toward death, or rather toward “no-death” (p. 59). Delgado-Guay (2018) referred to it as soul healing and found palliative patients also fared better and had a more dignified death when their medical teams supported their spiritual needs. It is important to note that Lau et al. (2020) referred to a sense of connection with the divine as separate from religion because they asserted the sense of spirituality was innate and that religious beliefs were socially constructed, so the argument made here is that a belief in something bigger has provided a belief driver that may comprise a key component in sacred healing.

One example of the potential mediating influence faith belief drivers can have in sacred healing, is the finding that African American Christians who regularly attended church services before the lockdown phase of the COVID-19 pandemic exhibited significantly less anxiety and worry (June & June, 2021). Meanwhile, Wang et al. (2022) described that people who experienced anxiety, worry, and depression before contracting a COVID variant infection were more likely to experience a cluster of long COVID symptoms. The authors did not investigate the research participants faith beliefs or practices, yet it is interesting to note that most of their participants (96.5%, n=53,047) were White (other COVID risks like age and pre-existing health conditions were not addressed). In contrast, June and June’s focus on African American Christians comprised a population that was deemed more vulnerable to COVID complications, although COVID risks like existing health conditions and age were not revealed. Another finding

June and June shared was that worry and anxiety went down as daily prayer increased and many people in their study reported that they increased their prayer and spiritual practices in the pandemic. Such practices included recitation of Biblical passages, Bible study and church attendance online, meditation, and maintaining a close connection to Jesus and God along with fellow church members. Thus, these daily spiritual practices appeared to increase faith belief drivers which aided sacred healing by decreasing worry and anxiety.

Members of the Hindu faith have had a strong history of creating special prayer rooms in their homes and designing their homes in a way that houses family, faith deities, and fosters religious identity and faith (Mazumdar & Mazumdar, 1993; Mazumdar & Mazumdar, 1999). One Texas Hindu family emphasized the importance their healing prayer room provided when losing a family member to a freeze that occurred during mass electrical and gas outages responsible for hundreds of deaths alongside COVID (Buchele & Webber, 2022). Their acute grief combined with the betrayal felt from the energy crisis that led to freezing conditions that killed their mother—and was then exacerbated by hospital visitation restrictions due to COVID—was probably similar to the hundreds of thousands of people that have been cited to have acute and prolonged grief from losing loved ones to COVID (Eisma et al., 2021). Thus, it was interesting that the Texas family took the time to describe their sacred healing space in their home during their story about losing their mother, which may reveal the added layer of protective coping sacred healing beliefs can provide in face of extreme trauma and tragedy.

While many people may not have had dedicated prayer rooms in their homes before the pandemic, COVID-19's lockdown, self-quarantine, and overall social restrictions led many to change how they used their home space. Large numbers of people began working from home and reported great mental and physical distress as the work and home boundaries blurred (Xiao et al., 2021). Additionally, church and home boundaries also blended as churches closed their doors and often transitioned to online services into people's home and many times from the home of the presiding church minister (Bryson et al., 2020; Sulkowski & Ignatowski, 2020) even though cyber sacred practices began emerging a decade before (Knight, n.d.). As such, it is interesting that a *New York Times* article published a report about the increased creation of sacred spaces in people's homes during the pandemic (Estrin, 2021). The report described people's sacred places in their home included altars for lost loves ones, prayer and meditation places with religious altars, and were created to offer gratitude, find enlightenment and meaning, sing and study with family or alone, and to find soul and sacred healing. Taken together, faith belief drivers may have increased during the pandemic with actions that included prayer, faith study, and home alterations, yet more research is needed to better understand the faith belief drivers in sacred healing.

Psychological Based Belief Drivers in Sacred Healing

Another aspect around sacred healing involves belief drivers that are more psychologically based. Examples are self-healing and cognitive restructuring. Perhaps one of the most influential accounts of self-healing involved the experience of Phineas Quimby, argued as the founder of the New Thought movement, who had suffered from

tuberculosis as a child and did not do well with allopathic medicine (Dresser, 1921; Dresser, 1922). Quimby noticed that he experienced cessation of pain during heightened experiences of joy, such as found when riding his horse and explored ways to increase states of joy. He was inspired by a lecture of French mesmerists and began using self-hypnosis to effect his own cure in the 1840's. Dresser (1922), who taught at Harvard University and was close with father of American psychology, William James, frequently discussed Quimby's findings and pointed out that several leading Christian and Christian science movement founders attended Quimby's free talks and used his self-healing prescriptions in their religions.

130 years later in the 1970's, Louise Hay was diagnosed with cervical cancer after her husband of 14 years left her—she chose to forgo allopathic medicine and opted to heal herself with daily positive affirmations that were inspired by the First Church of Religious Science (Famous Authors, 2020; Louise Hay, n.d.; Oppenheimer, 2008; Smith, 2017). Not only was Hay successful in healing her cancer, she went on to write a “Heal Your Body” pamphlet that morphed into multiple books and was followed by building a huge \$100 million self-help media enterprise that has published legendary authors like Deepak Chopra, Wayne Dyer, Joan Borysenko, Marianne Williamson, and Christiane Northrup (Oppenheimer; Louise Hay). In one of her books, Hay (2004) did not emphasize a religious point of view in her healing affirmations yet appealed to trusting the universe and life. She also contended all diseases emanated from unforgiveness and that both diseases and unsatisfactory life experiences could be cured with forgiveness and self-loving thoughts.

Both historical accounts are shared because they have had an immeasurable influence on the psychological belief drivers behind the positive affirmation self-help movement. They also describe the cross-pollination with religious driven beliefs. With that stated, the self-healing movement has evolved over time and now includes a variety of psychological and lifestyle modifications to foster health, including the reduction of catastrophizing thinking as one component that has helped lessen musculoskeletal pain (McSwan et al., 2021). Self-healing has also been used to give voice to and process the pain experienced with a disability (Lourens, 2019), incorporated in treatment of musculoskeletal pain (McSwan, et al., 2021), reduced symptoms in breast cancer patients who had posttraumatic stress disorder (PTSD) and chronic stress (Offidani et al., 2017), and people who suffered from domestic violence (Czerny et al., 2018; Zarean et al., 2022), and in women with husbands who had substance addictions (Zarean & Latifi, 2020). One repeated theme is self-healing involved the tuning in to the self and intuitive part of the self that set boundaries, felt peace, and allowed healing to flourish. This intuitive nature of self may be comprised of the spiritual part of the person and could explain aspects of sacred healing.

Energy Belief Drivers in Sacred Healing

Energy healing could be considered as similar to faith belief drivers and the concept of self-healing but appears to be more cloaked in a scientific rationale in its explanations of how sacred healing occurs. Energy healing also bridges the self and places as it posits that all life (humans, earth, living creatures, and living systems) contains an individual and systemic energy field—also referred to as a biofield—that is

comprised of electric, magnetic, and electromagnetic fields (Rubik & Jabs, 2017). An interesting finding from Rubik and Jabs' research was that people who practiced energy healing work (where they used their hands with intention to provide healing in a similar method to Reiki and the laying of hands during religious prayer) had reduced biophotons measurements (ultraweak light from the body) after they provided the healing. An observer might have concluded that the healers donated some of their energy to the sick person, much like one who supplied a charge from a live battery to a dead battery via jumper cables. Additionally, the authors found that heightened biophotons would occur in particular areas of the body before the healing that were unique to each healing that took place.

A thought-provoking side note in Rubik and Jacob's (2017) research was that one of the energy healers who reported not feeling well that day showed reduced levels of biophoton emissions, begging the question of where and how energy healers—and all people—receive their recharge of biophotons when it is not facilitated by another person. The authors did cite, “Where mind goes, *qi* (energy) flows” (p. 244) yet it is curious that energy healers have reduced biophoton emissions after a healing and need time to refill, or heal when they are ill, to provide healing. This time of recharge could indicate aspects of sacred healing that are not understood.

Understandably, many people may bristle at the notion of God and religion in discussions about healing, even though it has been cited that more than 85% of people worldwide believe in a God and religion (World Population Review, 2022), including more than 80% of Americans (Knight et al., 2021). Because of that, Dispenza (2017)

argued people are drawn to scientific explanations of the seemingly mysterious powers that underlie healing. His research attempted to solve the sacred healing mysteries by explaining quantum physics of energy healing and meditation. Like Sadeghi et al.'s (2022) research on EEG responses to color schemes for mosque designs, Dispenza (2017) showed that people who could reach deeper meditative states were able to cross into brain wave states that mimic sleep (from alpha to beta to theta to gamma to delta) and attained relief from numerous health ailments. He argued these deeper meditative states induced the pineal gland and parasympathetic nervous system for restoring healing and decreasing inflammation and toxins like sleep does. Dispenza also maintained that having a balanced brain wave state with heart and brain coherence in wake states provided the optimal healing state—and provided unexplainable abilities to manifest desires. He appealed to these balanced states as higher consciousness, which again invokes an appeal to a more ethereal part of the self that some may call the soul. The phenomenon of observing these energetic experiences of the self in certain induced meditative states may constitute facets of sacred healing.

It might help to acknowledge that meditation does not necessarily imply energy healing as there are many forms of meditation. Oh (2021) provided a rich description of Buddhist meditation and emphasized the nature of meditation was to reach a middle road that involves a place between the self and the no-self. He explained there are many types of Buddhist meditations and that one of the main aims of meditation was to deconstruct desire so the person could release their attachments which were said to be the cause of suffering. Please note how this differs from Dispenza's more energetic based meditation,

although both may produce healing for different and similar reasons. Unfortunately, there has not been much research that has compared meditation types and it may be that researchers are unaware that different energetic states could be reached in meditation. For example, Doty et al. (2022) conducted a meditation study to reduce anxiety in antepartum patients and found their anxiety did not decrease yet the participants expressed they enjoyed the experience. Their meditation instruction was based on being present and did not appear to address a goal of reaching a deeper brain wave state or higher consciousness that energy work and sacred healing has seemed to involve.

Another form of energy healing has been the use of sound to stimulate deeper brain wave states for healing. Goldsby et al. (2022) conducted an observational study that relied on self-reported questionnaires before and after participants were exposed to 60 minutes of music comprised of Tibetan singing bowls, quartz singing bowls, and a mix of small bells and cymbals. The authors explained the vibrational frequency of this particular form of music aided in deeper brain wave states that facilitated healing which is why it has also been called vibrational healing. They found that people aged 20-40 reported positive spiritual well-being after music exposure. People aged 31-40 had the most decrease in depression while people aged 51-60 reported both decreased tension and depression. Their findings in age differences may highlight different levels of stress, pain, and health related issues that can get exacerbated at different life stages, yet the authors did not report on health conditions. It also reveals that people in different age groups and with health vulnerabilities may differ in their stories in how they seek out and/or respond to sacred healing.

While Goldsby et al. (2022) recommended that hospitals, clinics, and other community services incorporate singing bowl vibrational healing music for patients, the use of music for healing is not new. Meymandi (2009) explained 39 books in the *Old Testament* and 27 books in the *New Testament* are saturated with references to music and that ancient Greek physicians frequently used flutes, lyres, and zitters when treating their patients. He described classic (and now illegal) 1950's research on death row inmates that revealed classical music diminished aggressive responses when the ventral nucleus of the hypothalamus was probed with 70 millivolts of electricity whereas the inmates without the paired music flew into a rage. While he also referenced studies by Ohno (1970) that identified similarities between musical note repetition and deoxyribonucleic acid (DNA) sequencing that created classical sounding music when DNA was matched with musical notes, Meymandi's comparison of music to a mother's comforting love is poignant. The search for understanding people's stories of sacred healing may be similar to his observation about music.

Finally, another component of energy healing has included sexual energy as a source of vitality. Plancke (2020) conducted an ethnographic study on women who attended tantric retreats to heal physical and psychological conditions by forming a new relationship with their body that included drawing energy from their sacred and divine sexual energy center. The coaches of the retreat, who were trained in bioenergetics, reflexology, body coaching, and tantric techniques, employed meditation and ritual practices focused on helping the participants feel the energy of Mother Earth and then the different energy centers of their bodies and their womb. The description of strengthening

the participants' intense focus on energy centers in self and Mother Earth may have also served to increase their porosity and absorption as found in Luhrmann et al.'s (2021) study. Although Plancke described a combination of exercise, massage, dance, meditation, and chants, and role playing type exercises was instrumental for accessing *kundalini* energy and *shakti* energy.

Not only has energy healing been described in scientific terminology, please note how the concept of energy has had different names in different cultures and religious practices, such as *qi* in Traditional Chinese Medicine (Matos et al., 2021) and the *kundalini* and *shakti* energy described in Plancke's (2020) research. *Kundalini* and *shakti* has roots in ancient India and yoga and has been described as a snake like coil of energy that encircles the spine and has five to seven main chakras (energy centers) (Nyske, 2020). Interestingly, *kundalini* has been described as a feminine energy yet was reported to be accessible to all people. However, the notion of feminine energy may indicate a potentially gendered account in people's sacred healing stories. It should also be noted that Nyske compared the *kundalini* awakening experience to reports of Christian Holy Spirit intercessions and found striking similarities, including being led by a humbled religious leader, playing of music, connectedness and touch with fellow congregants, the use of a repetitive prayer or chant, banishment of lower (or evil) energies, and an almost hypnotized state of receiving the sacred healing energy. Thus, the language used in people's sacred stories may differ while also revealing core similarities.

Positive Outcomes From Sacred Healing

While many positive outcomes from sacred healing have been previously described in the above sections in more normal conditions, the pandemic was a harbinger of unprecedented stress and amplified illness, isolation, grief, and death anxiety in ways that cry out for the incorporation of sacred healing coping mechanisms. Lucchetti et al. (2021) studied the effects social isolation people in Brazil during the beginning stages of the pandemic and found the use of religion and spirituality resulted in better health via reduced fear, increased hope, and decreased worry and sadness. This is a similar finding to June and June's (2021) finding among African American Christians. Both studies pointed to the phenomenon that catastrophic events like the pandemic often increase people's search for spiritual help and sacred healing and both studies connect increased religious and spiritual practices with decreased worry, fear, and increased positive mood—which have been found to train the immune system and deter inflammation and disease (Slavich, 2020) and could be argued that it contributes to enhanced immunological memory in vulnerable older populations which has also been shown to boost vaccine responses (Bulut et al., 2020). Practicing religion and spirituality may also be involved in sacred feelings as the practices can promote feelings of awe, which have been shown to reduce inflammatory cytokines (Stellar et al., 2015).

Prior to the pandemic, other research showed religious and spiritual practices aided recovery from persistent mental health disorders (PMDs) (Saiz et al., 2021). This is particularly relevant as the pandemic increased mental health disorders (Charles et al., 2021; Wang et al., 2022), loneliness (Killgore et al., 2020; Wang et al., 2021), tension

and physical pains from working from home under poor conditions (Xiao, 2021), and heightened substance and alcohol use in vast numbers of the population worldwide (Acuff et al., 2021; Daly & Robinson, 2021). Thus, it is interesting that Saiz et al.'s positive research outcomes in PMDs were based on people focusing on religious themes of gratitude, compassion, inner peace, and feeling a sense of connectedness to all of life, which indicates the powerful effect sacred healing can have when fear and stress is compounded by events like the pandemic.

New Meaning From Sacred Healing

Saiz et al.'s (2021) research can be applied to finding new meaning from sacred healing. Participants with PMDs learned to access a broader connection to life and experience states of gratitude, inner peace, and compassion. Peres et al. (2018) found similar differences in people who engaged in religion and spirituality and summarized the changes as meaning, peace, and faith. They acknowledged meaning, peace, and faith were shared with increases in positive emotions of optimism, life satisfaction, and happiness. Meanwhile, Haney and Rollock (2020) conducted a quantitative study that investigated intrinsic and extrinsic religiosity, religious doubt, personality characteristics, and demographics with a range of mental health and life satisfaction outcomes and found religious doubt was least protective and had reduced outcomes. The authors noted that some people with religious affiliations also displayed religious doubt and that the participants who scored higher on intrinsic religiosity had better outcomes. It was suggested that having a religious framework for viewing the world may be one of the reasons people fared better, which is in line with the meaning, comprehensibility, and

management found in SOC. While the authors addressed religiosity, sacred healing experiences can extend beyond a particular religion, so people's sacred healing stories may include new meaning because of their varied experiences.

Risks and Dangers in Sacred Healing and Allopathic Medicine

The natural fallibility of humans can extend into the systems and healthcare practices they employ. As such it is easy to find examples that create risks and dangers around sacred healing and allopathic medicine. For instance, a challenge people faced during the pandemic was attending church services in close spaces and sometimes in proximity with others which led to the spread of the COVID-19 virus and resulted in churches being deemed super spreaders (Vermeer & Kregtig, 2020). Some church attendees became suspicious of COVID vaccinations, making it difficult for them to believe in public health messages to practice social distancing (Knight et al., 2021). Many churches and church members, including the Catholic Church, have had an infamous history of human rights violations with reports of sexual abuse and spiritual abuse (trying to take mastership over one's soul and/or perversely use authority to control and intimidate) that have persisted to present days (Demasure, 2022). Additionally, sacred places like the Ganges River in India, which is believed to be a Goddess of healing, has been frequently visited by thousands who perform bathing rituals, drink the water, and release deceased loved ones even though the water is considered one of the most polluted rivers in the world and has led to arsenic poisoning, cancers, and a host of other illnesses and deaths (Chakraborti et al., 2018; Paul, 2017).

Perhaps one of the biggest differences between sacred healing and allopathic medicine lies in the underlying death anxiety that many allopathic physicians may not have explored. Draper et al.'s (2019) systematic review of death anxiety in physicians found unprocessed death anxiety resulted in patients having longer hospital stays, reported difficulty of physicians speaking to patients about their preferred palliative treatment desires, physicians gave more inaccurate assessments, and physicians who avoided communication with patients altogether. This is particularly relevant as hospitals and healthcare workers worldwide were exposed to greater deaths and experienced trauma and burnout and greater levels than ever seen before (Cumberland et al., 2021) along with moral injury in oncologists whose cancer patients care was hijacked by COVID restrictions and heightened risks (Rashid et al., 2021). Additionally, allopathic medicine has had a history of reliance on many invasive and pharmacological treatments for pain treatment that contributed to the opioid crisis with multiple deaths by overdose, along with negative impacts on families, children, and communities (Dash et al., 2018; Saloner et al., 2018; Winstanley & Stover, 2019). In other cases, allopathic medicine has made successive egregious errors during a birth delivery that resulted in multiple injuries and PTSD (Beal, 2020). The worst evidence of risk in allopathic medicine was the finding by Makary and Daniel (2016) that reported medical errors made up the third leading cause of death in the United States—which may have increased after the exorbitant strain and stress placed on healthcare workers during the pandemic.

Conclusion

As descriptions in this chapter have shown, sacred healing can be as vast as the people and cultures that populate the planet. However, there appears to be some similarities and themes that can benefit people and the healthcare workers that treat their conditions. The themes found in Finkler's (1994) and Adelstein's (2018) research on sacred healing—which comprised the role of place, sacred perceptions, sacred beliefs and actions, and positive outcomes from sacred healing—were expounded on with further research. The context of the pandemic and its costs was also addressed. Risks and dangers in sacred healing and allopathic were given. One recurring issue is that allopathic medicine does not understand or incorporate sacred healing. As such, it can risk inadvertently invalidating and pathologizing and many sacred healing perceptions, beliefs, and actions.

As Knight et al. (2021) put forth, allopathic medicine needs to do a better job of understanding people's religious and spiritual beliefs so that assessments and communication during encounters can be done in ways that foster collaboration with patients. Allopathic medicine misses an important opportunity of improving cooperation and compliance when it maintains a mechanistic view of the body and prescribes fixes with language and methods that are misaligned with people's sacred healing beliefs, values, and actions. Fortunately, research like Stellar et al.'s (2015) findings that feelings of awe reduced inflammatory cytokines while other positive feelings had a neutral response provide some scientific evidence that sacred healing has some impact on the body. While Gil and Romero (2019) highlighted that Indigenous People have a different

attunement with the land and experience Mother Earth as a living being that directly communicates with people and offers guidance that can heal, Luhrmann et al. (2021) substantiated sacred healing attunement through their research that revealed some people have higher absorption and porosity than others, which allowed them to have more spiritual experiences. Such experiences, along with sacred healing, may be increased when acknowledged and practiced.

People who practiced their faith have been shown to fare better mentally and physically (Haney & Rollock, 2020), yet it is interesting that the people hospitalized in the pandemic who had healthcare teams attend to their spiritual and faith needs reported feeling better, especially when they were confronting their own death (Lucchetti et al., 2021). Researchers have echoed that sacred healing of the soul needs to be attended to the person dying (Delgado-Guay, 2018; Rosa et al., 2017). However, sacred healing in allopathic medicine should not be used as the last resort when the body can no longer be fixed. Instead, allopathic medicine—and people in general—can benefit from sacred healing through the lifespan. To do so would mean having a better understanding of what sacred healing entails. This narrative qualitative study gave voice to people's sacred healing stories. Moreover, this study revealed the depths of sacred healing at a time when the world stopped and was forced into their homes during a pandemic with death, grief, and anxiety at a record high.

The next chapter will provide the details of the narrative research design used for this study. It will describe the number of participants, the sampling procedure, the narrative methodology, and the open-ended questions that were asked for each pandemic

phase (before pandemic, during quarantine, after limited release with public health mandates, after travel allowed and public health mandates reduced). The data points and data analysis will be described along with software and tools used. Informed consent, participant confidentiality and protections, and IRB protocols are given along with descriptions of invitations that were used for recruitment and informed consent.

Chapter 3: Research Method

Introduction

The purpose of this narrative qualitative study was to gain an understanding of people's descriptions of adult's sacred healing experiences during the COVID-19 pandemic by listening to the stories of people who sought sacred healing during the different phases of the pandemic (pre-pandemic, lockdown, immediate post-lockdown with restrictions, post-restrictions). As previously indicated, healing does not necessarily mean the absence of an illness but could represent the soothing of a soul in illness and during death. It can also represent the absence of a dis-ease as described by Antonovsky (1987) in his salutogenesis theoretical framework that places health and dis-ease on a continuum. Thus, people can experience a form of sacred healing in their soul when dying and/or losing a loved one (Delgado-Guay, 2018; Fournier, 2017; Rosa et al., 2017), or they may experience sacred healing in the form of spontaneous cures like those found at Lourdes (Garrigou-Kempton, 2020; Martins, 2020), or other sacred sites (Silva et al., 2018; Yiannaki et al., 2020), or people may find sacred healing by cultivating a sacred and inviting space in their home (Mazumdar & Mazumdar, 1993) that brings positive feelings and associated well-being (Ramkissoon, 2021) and/or using home to gain access to sacred practices like church attendance (Bryson et al., 2020; June & June, 2021). The narrative qualitative approach used in this study allowed for the broader, ethereal descriptions of sacred healing that are often missed in other more concrete measurements. Capturing the narrative stories provided an opportunity for people to give voice to

something that feels essential to soul healing yet is often missed in the traditional medical literature (Delgado-Guay; Martins) and in quantitative research (Clandinin, 2007).

This chapter will provide the details of the narrative research design used for this study. It describes the rationale behind the number of participants that were sought, the sampling procedure, the narrative methodology, and the open-ended questions that were asked for each pandemic phase (before pandemic, during quarantine, after limited release with public health mandates, after travel allowed and public health mandates reduced). The data points and data analysis used are described along with the supporting software and tools that were used. Informed consent, participant confidentiality and protections, and IRB protocols are also given along with a description of the invitation that were for recruitment and informed consent.

Research Design and Rationale

Research Questions

The main overarching RQ is: What are the stories of sacred healing in adults through the COVID-19 pandemic? Additionally, because this is a narrative qualitative study, the main RQ will be segmented along a timeline to identify changes through the pandemic phases:

Sub-question 1: What are the stories of sacred healing in adults before the COVID-19 pandemic?

Sub-question 2: What are the stories of sacred healing in adults during the lockdown phase of COVID-19 pandemic?

Sub-question 3: What are the stories of sacred healing in adults in the immediate post-lockdown phase of the COVID-19 pandemic?

Sub-question 4: What are the stories of sacred healing in adults in the post-restrictions phase of the COVID-19 pandemic?

Phenomenon of Study and Research Tradition Used

To best understand the experience of sacred healing in adults through the pandemic, a qualitative study using narrative inquiry was chosen for this study. Narrative inquiry helps study participants frame their personal stories and captures meaning and essences of experience often missed in numbers and other data collection methods (Clandinin, 2007). Moreover, Clandinin explained that imagination and kinesthetic experiences of memory can be essential ingredients in the person's story along with their temporal bounded experiences, relations with others, actions, perceptions and beliefs, and additional layers of context. The rich complexity provided by narrative inquiry helped capture the multifaceted components involved in sacred healing (e.g., sacred healing motivations, perceptions, actions, and beliefs and the influence of nature, sacred places, sacred spaces, and the relations with others and a higher power) while simultaneously illuminating aspects of people's SOC. Because narrative inquiry incorporates narratives in a temporal timeline, this research focused on people's sacred healing experiences during different phases of the pandemic, including pre-pandemic, lockdown, immediate post-lockdown with restrictions, and removal of restrictions.

Role of the Researcher

As Clandinin (2007) described, narrative inquiry involves a change in the relationship between the researcher and the person(s) being researched, where words are used for data in lieu of numbers and that the focus of the research moves from a universal focus to a more specific and local focus. Clandinin also references that varied approaches to narrative inquiry may examine “experience” from different philosophical lenses. My approach and role as a researcher could be classified as an observer-participant. I used Clandinin’s pragmatic philosophy and engaged with research participants in objective ways that earned their trust and allowed them to share their stories. My role was hands on throughout the process of this dissertation project (from conception to completion) and augmented by guidance from my chair, committee, university research reviewer (URR), the International Review Board (IRB), and Walden University policies and procedures.

In recruiting participants, I ensured participants met eligibility criteria (as set forth in the methodology section). I understood that my therapist training, education, and personal experiences with sacred healing could have brought potential conflicts of interests, biases, and power differentials to the encounter (Patton, 2015). As such, I was cautious and mindful about my word choices so that I avoided jargon and language that sounded confusing, intimidating, and/or that created a power differential and bias. I was also careful about my intonation, facial expressions, and body language to reduce bias and/or leading the participant to telling a story that they perceived I wanted to hear. My approach throughout the process was to create a calm and safe atmosphere with attentive listening and objective interest so that participants’ narratives could fully unfold.

Additionally, to ensure biases were tracked and addressed, I maintained a diary to document my thoughts and feelings that emerged through the interview process (before, during, and afterward). This process of reflexivity through journaling has been shown to reduce bias as it forces the researcher to examine their subjective lenses via their thoughts, feelings, worldviews, and overall subjectivity of the relational experience (Patton, 2015). The journaling process helped to serve as a check for identifying biases that emerged and how I addressed them. Striving for openness and listening was key, and maintaining consultation with my chair helped to reduce common blind spots that can occur during the interview process and data analysis stages.

Methodology

Participant Selection

The study included 11 adult participants who experienced sacred healing through the pandemic and were willing to share their stories about their sacred healing experiences through the pandemic. The selection of six (minimum) to 12 participants was chosen as it is in accordance with the narrative inquiry methodology described by Clandinin (2007), where smaller sample sizes are considered more generalizable due to the in-depth data derived from deeper probes into the narratives which offer rich descriptions. Saturation is a key concept that can change the sampling size (Guest et al., 2006). While saturation appeared by the fifth interview—where concepts and themes that emerge in people’s stories become stabilized, or saturated—recruitment ended after interviewing the eleventh participant and verifying that saturation was met with my chair.

The specific eligibility criteria of research participants were verbally confirmed with interested participants who responded to the study announcement (please see Appendix A for recruitment flyer and interview protocol). Confirmation of eligibility included the following eligibility criteria:

- Participants were legal adults of sound mind and memory (Bouvier, 1856).
- Participants spoke English and were able to read and write so they could sign consent forms.
- Participants had stories to describe their sacred healing experience(s) during the pandemic, with the onset of such experience(s) occurring before and/or at some point during the researched phases of the pandemic.
- Participants were available for a minimum of one 50-minute interview and open to follow-up questions and confirmation of transcript details.

The sampling strategy was purposive criterion sampling to ensure participants met the criteria of having experienced sacred healing during the pandemic (Patton et al., 2015). Study participants were recruited by advertising through social media (see Appendix A for flyer and interview protocol). Recruitment efforts were continued until the minimum participants and data saturation were met.

Instrumentation

Semi-structured interviews (please see interview questions and interview protocol in Appendix A) were conducted along with incorporating any journals, photographs, artwork, observations of altars and/or areas deemed sacred spaces, letters, and social media posts that participants wanted to include as part of their stories. This allowed for

the opportunity to learn the person's interpretation of their sacred healing descriptions and any challenges they experienced through the pandemic while analyzing the construction of their framed narratives (Clandinin, 2007; Riessman, 2008). It was critical for the researcher to remain objective and systematic in the interview process and analysis to increase the reliability and validity of the findings and that the researcher and person(s) researched was bounded and outside of time (atemporality) to increase objective conditions (Clandinin). However, because this narrative inquiry study sought sacred healing stories through the pandemic (before, lockdown, immediate post-lockdown with restrictions, and immediate post-restrictions), some historical archival data were used, such as photos, writing, and artifacts as it supported or reinforced people's narrative descriptions.

Data Collection Instruments

Because this is a qualitative study using narrative inquiry, the primary data collection instruments stemmed from the interviews and journal notes (please see Appendix A for interview questions in the interview protocol). Clandinin (2007) emphasized the rich meaning and contextual data derived from people's stories, which can be encouraged through prompts that reveal the deeper meaning and inferences in the stories about their experience (please see Appendix A for interview questions in the interview protocol). Additional data collection instruments used in this study included REV audio recordings and transcription services. A reflexive journal was also used to record notes and observations.

Data Analysis Plan

This narrative inquiry explored the timeline of the people's sacred healing stories through the pandemic, which included stories about their sacred healing experiences before the pandemic, during lockdown, immediate post-lockdown with protection masks and social distancing, and immediate post-restriction when protection measures were voluntary and travel was allowed. Looking at the timeline of people's stories provided an arc to understanding emergent themes that were used to develop a broader narrative and story structure that connected people's stories (Clandinin, 2007; Riessman, 2008). To accomplish the data analysis, transcriptions from interviews, notes, and journal entries were analyzed for codes and themes, using a combination of coded words and phrases which were segmented via color-coding in Microsoft Word and by hand. A hybrid form of deductive and inductive narrative analysis will be conducted to establish coding (Clandinin, 2007; Riessman, 2008). Thus, transcripts and supplemental written documents, social media, and artifacts were inductively assessed for themes and coded while a second phase of analysis involved deductive coding that fit within an overarching story structure of codes. Then a core narrative was derived and assembled. All participants received and signed an informed consent form (see Appendix A), and all research questions, recruitment, and research processes were conducted in accordance with the IRB and commenced after committee and IRB approval. Please note, discrepant cases were sought to increase trustworthiness and occurred through a combination of reflexivity, chair consultation, respondent validation, and through purposeful seeking of contradictory data during the thematic analysis (Booth et al., 2013).

Issues of Trustworthiness

Trustworthiness

While seeking discrepant cases in qualitative research can increase trustworthiness (Booth et al., 2013), there are additional procedures that can be employed to increase trustworthiness. Merriam and Tisdell (2016) explained authenticity and trustworthiness relates to the validity and reliability of research and compared credibility to internal validity, transferability to external validity, dependability to reliability, and confirmability to objectivity. The following sections will expound more on how each of these were sought in this study. Additionally, it should be noted that trustworthiness was increased by recruiting participants who are volunteers and ensuring they meet the criteria of the study. Trustworthiness was also enhanced by creating an authentic atmosphere that allowed participants' conveyance of their genuine experiences. The researcher also communicated about what had been heard for verification and authenticity (Clandinin, 2007). Each participant was also asked the same set of questions. All participants were given an informed consent and agreed before interviews took place. All interviews were also conducted in accordance with the ethical guidelines put for by Walden University (please see Appendix A for interview questions and informed consent in the interview protocol).

Credibility

Internal validity through credibility was sought through prolonged engagement, persistent observation, triangulation, peer debriefing, and member checks (Merriam & Tisdell, 2016). In this study, I took the time to build trust with participants and deeply

understand their cultural and sacred views about their sacred healing stories. I continued to gather research until emergent themes became saturated while also ensuring that deviant data were explored. I maintained a reflexive journal to maintain objectivity and bias checking. I used triangulation by using multiple sources of data such as recordings, notes, journals, and artifacts, along with exploring the data for inconsistencies and biases. I consulted my chair about the findings during our weekly meetings. Member checking was also conducted by confirming the data and findings with research participants about their respective stories.

Transferability

External validity through transferability was sought through rich and descriptive data (Merriam & Tisdell, 2016; Riessman, 2008). Additionally, while narrative inquiry generally involves similarity of participants (Clandinin 2007; Riessman, 2008), this study incorporated a variety of sacred healing stories from people of different faiths and cultural backgrounds. As such, the depth of their stories, context, background, interest in participating in the study, questions, and detailed processes added to enhancing transferability.

Dependability

Reliability through dependability was sought via a mixture of triangulation, peer examination, stating the investigator's position, and creating an audit trail (Merriam & Tisdell, 2016). As described above in the credibility section, triangulation included using a mix of recordings, notes, journals, and artifacts, along with exploring the data for inconsistencies and biases. A notebook binder and Excel spreadsheet was used to

organize the research process from recruitment, to interviews, to data collection and assessment, and research findings combined with the reflexive journal, notes from peer feedback, committee feedback, and responses received during member checking. Codes will be explained in Chapter 4 and defined along with themes and methodological notes that contrast themes with the theoretical and conceptual frameworks used in this study. A discussion of disparate findings and deviant cases are also addressed in Chapter 4. Separate raw archival data will be stored to protect confidentiality of participants.

Confirmability

Objectivity through confirmability was established through some of the aforementioned processes above, like having an audit trail, using a reflexive journal (Merriam & Tisdell, 2016) and searching for discordant data to offset the tendency to find similarities during synthesis (Booth et al., 2013). Clandinin (2007) explained objectivity is paradoxically reached when the researcher learns they are not able to fully detach from the research yet still aim to employ rigor, integrity, and trustworthiness. Clandinin emphasized the researcher is not helped when they have hidden thoughts of control and prediction and that they must take on a systemic role that understands the circular relationship between the researcher and the researched. Thus, the reflexivity journaling process aided confirmability when adding the relational level of reflection that occurred during interviews—which Clandinin described as enhancing objectivity even though objectivity is unattainable.

Ethical Procedures

Josselson (2007) described free and willing consent of participants in research is at the heart of ethical codes and practices. She added that narrative researchers have differed in their approach to ethics and have navigated ethical dilemmas without one common ethical practice. However, she recommended the researchers take responsibility for the interpersonal relationship, avoid harm, maintain privacy and dignity of participants, and interpret data with scholarly rigor, professionalism, and authenticity—while taking into account the dual role of the researcher and the explicit and implicit content conveyed through the process. With this in mind, ethical procedures were followed in strict accordance with IRB protocol and procedures. An IRB application was submitted and approved (with approval number of 02-27-23-1039723) and training through the Collaborative Institutional Training Initiative (CITI) was completed before research with participants began.

Informed consent (see Appendix A) was obtained after participants were deemed as meeting the criteria for this study. Confidentiality was maintained and a safe atmosphere was created. I was mindful of potential triggers and power differences and sought to ameliorate them (although it did not occur) during the entire process with the participants (from recruitment to informed consent to description of research to interview to follow-up). The interview protocol (see Appendix A) was followed. Additionally, the nature of this study sought adults' sacred healing stories through the pandemic and was presented in a forthright manner. Thus, participants were not misled about the nature and purpose of the study, which aided in ethical transparency (Josselson). Research records

were confidentially coded and securely stored. Records will be held for a minimum of five years to comply with federal regulations (Protection of Human Subjects, 2022) and may be destroyed five years after dissertation completion unless otherwise granted by the participant.

Summary

The contents in this chapter have described the purpose of studying adults' sacred healing stories through the pandemic and provided a rationale for conducting this study with a narrative inquiry approach using Clandinin's (2007) pragmatic philosophy. The role of the researcher was addressed along with the recruitment strategy, interview protocol (see Appendix A), research methodology, and data analyses that will be conducted. Issues of trustworthiness and ethical concerns were also addressed. The next chapter will provide the results from the study. An introduction will precede information about the research setting and study participant demographics. A more thorough description of the data collection and data analysis is provided with details of codes, themes, sub-themes, micro-stories, and overall narrative story structure. An explanation of how trustworthiness was sought is provided. Then rich descriptions and sacred healing stories are shared in the results sections followed by a summary of the research findings.

Chapter 4: Results

Introduction

The purpose of this narrative qualitative study was to better understand adults' sacred healing experiences through the COVID-19 pandemic by listening to their stories during different stages of the pandemic (before, during, and after). These stories can familiarize medical professionals and people-at-large with commonalities found in people's sacred healing experiences—and could inspire healthcare professionals to address people's sacred healing needs and abilities during their encounters.

One recorded interview was conducted with each participant, lasting approximately 30 minutes to an hour and a half. Participants were consulted a week to 10 days later to verify data and provide an opportunity to add any additional details. The main overarching RQ used in this study was, “What are the stories of sacred healing in adults through the COVID-19 pandemic?” The RQ was further segmented into a timeline around the pandemic with the following sub-questions:

Sub-question 1: What are the stories of sacred healing in adults before the COVID-19 pandemic? [*Pre-pandemic*]

Sub-question 2: What are the stories of sacred healing in adults during the lockdown phase of COVID-19 pandemic? [*Lockdown*]

Sub-question 3: What are the stories of sacred healing in adults in the immediate post-lockdown phase of the COVID-19 pandemic? [*Masks & Restrictions*]

Sub-question 4: What are the stories of sacred healing in adults in the post-restrictions phase of the COVID-19 pandemic? [*Travel Allowed*]

Details about the research setting for this study follow along with a description of the demographics (although they were not formally taken), data collection methods, and data analysis. A thematic narrative analysis is described along with the overall sacred healing story structure and themes that were found in this study. How issues of trustworthiness were addressed in this study are given. Then the last sections include the research results and sacred healing stories—organized by overall sacred healing and then the stages of the pandemic—and a closing summary of findings.

Setting

The research took place approximately one to two months before May 11, 2023, the date the U.S. government announced rescinding the COVID-19 declarations of national and public health emergency (Executive Office of the President, 2023). Restrictions were not in place during the research and phone interviews took place in the safety and privacy of participants' homes. One interview was conducted at a participant's home in a room wholly designed with items that reflect spiritual meaning. Trauma and grief could have been triggered since questions delved into people's experiences throughout the pandemic; however, the enthusiastic recall of stories around their sacred healing experiences appeared to ameliorate any feelings of grief, trauma, and/or anxiety. Because narrative inquiry is relational and the researcher needs to understand their own responses during interviews (Clandinin, 2007; Riessman, 2008), I took time to pay attention to how visiting these timelines may have conjured up memories of my challenging experiences and grief that occurred through the pandemic yet overall found that listening to people's sacred healing experiences was inspiring. More about this will

be addressed in the trustworthiness section and my feelings did not pose an abnormal threat in data analysis.

Demographics

Eleven people who met the eligibility criteria—being aged 18 years or older, being of sound mind, and having had an experience with sacred healing—participated in the study. While demographic information was not solicited in this study, some demographic information was presented during interviews and is presented in Table 1. All participants resided in the United States with nine participants living on the U.S. mainland with two who emigrated from India and South Africa, and two who resided on Maui and Oahu in the Hawaiian Islands. Faith beliefs are shared along with professions as some participants became healers as a result of their sacred healing experience. Specific types of healing connected to the person’s sacred healing experience has also been categorized by near-death experiences (NDE), spontaneous remission (SR) of cancer, rapid or miraculous healing experience (RMH).

Table 1

Demographic Characteristics of Participants

Demographics	Faith	Profession	Race	Gender	Type of healing
Participant 1	Christian	Retired teacher	White	Female	SR
Participant 2	Christian	Media owner	White	Male	NDE
Participant 3	“Religious skeptic”	Photographer	White	Male	NDE

Participant 4	Christian	Minister	Black	Male	RMH
Participant 5	Kriya Yoga	Ayurvedic healer	White	Female	RMH, HP
Participant 6	Spiritual Self-Realization	Healer/author	White	Female	SR, HP
Participant 7	Metaphysical Ascension	Energy healer	Japanese	Male	HP
Participant 8	Spiritual Astrological Ascension	Holistic healer	White	Female	RMH, HP
Participant 9	Science and Christianity	Retired investor	Mixed	Female	RMH
Participant 10	Hindu and “Philosophy of Religions”	Surgeon	Indian	Male	HP
Participant 11	Diverse and Native Spirituality	Native healer/Kahuna	Mixed	Female	HP

“Type of healing” has been categorized as near-death experience (NDE) defined as participants’ report that physician stated they had “died” for a period of time; spontaneous remission (SR) of cancer; rapid or miraculous healing experience (RMH); and/or being in the healing profession (HP) as a physician or sacred healing practitioner.

Data Collection

After IRB approval on February 26, 2023 (approval number 02-27-23-1039723), participants (n=11) were recruited through Facebook with a posting of the recruitment flyer (see Appendix A) along with direct emails (see Appendix A) to people in various faith groups and people who advertised a service with “sacred healing” in the description or via a hashtag (#sacredhealing). Interviews were scheduled after people were deemed eligible (being aged 18 years or older, being of sound mind, and having had an experience with sacred healing). Because this narrative study involved understanding people’s subjective experiences with sacred healing through their storied accounts, no formal definition of “sacred healing” was given and language in the flyer delineated that there is “no right or wrong answer, just personal experience.” Thus, people’s assertion they had a sacred healing experience was sufficient for eligibility.

One interview with each person took place and recorded using REVS recording and transcription services with participants’ permission. I also took notes throughout the interview and later documented my reflections in my reflexive journal. Semi-structured interviews lasted approximately 30 minutes to an hour and a half and took place after receiving email agreement to the Consent Form (see Appendix A for Consent Form and Interview Protocol). Ten interviews were conducted by phone and one interview took place at the participant’s home per their request because they wanted to show their sacred space. The person was a 77 year old woman who lived nearby and was known to others and felt safe. The live interview was also recorded via REVs recorder app on my phone. All participants were given a week to 10 days with a follow-up to verify information and

add anything that may have come up after the interview. Two participants shared photographs of a place they visited or from their yard that they had described as sacred in the interview.

No variation in the data collection took place from the original plan described in Chapter 3 except for the removal of the \$25 thank you gift card and posting on the Walden Participant Pool. I received two inquiry emails immediately after IRB approval and the simultaneous posting of the study. The emails were suspect as the person would not answer questions and only expressed a rush to interview. It was learned from a consultation with my chair that the email names appeared consistent with other “scamming” inquiries into other dissertation studies that displayed gift cards, so the \$25 gift card was removed via a change request with IRB along with removing the announcement from the Walden Participant Pool. Fortunately, the Facebook announcement was not posted until after the change request, so people who responded to the study on Facebook had not seen the \$25 gift card and were more likely to have a sincere sacred healing experience that was not motivated by obtaining a gift card.

Data Analysis

A hybrid form of deductive and inductive narrative analysis was used to establish coding as described by Clandinin (2007) and Riessman (2008). Some of the a priori analysis was derived from the themes from Finkler (1994) and Adelstein’s (2018) research that organized the literature review in Chapter 2 (such as, place, perceptions, beliefs, actions, and transformation). Additional deductive analysis stemmed from the frameworks used in this study: Antonovsky’s (1979, 1987) salutogenic theoretical

framework (meaning, manageability, and comprehensibility), sacred place creation in the home per Mazumdar and Mazumdar's (1993) conceptual framework, and Silva et al.'s (2018) conceptual framework around traveling to sacred places for healing. Thus, codes were notated as people shared their sacred healing descriptions during the interview. Additional code notations were made when participants emphasized or repeated aspects of their story. Attention was also given to pauses and what was not said (Riessman). Observations and a review of notes and coding was notated in a reflexive journal after the interview.

Inductive coding took place by re-reading transcripts and notes and going back and forth in a recursive fashion to annotate new narrative codes and micro-stories that emerged. Then a comparison was made to the prior analysis, notating certain consistencies and making efforts to attain better objectivity by observing where my preconceived coding biases may have interfered and/or obscured the data. Categories and themes emerged from the micro-story codes and were then further refined by themes across participants' stories, which helped in identifying when saturation was met.

Careful attention was also made to keeping the integrity of people's stories and micro-stories so essential meanings were not lost during the "cutting" phase of thematic analysis (Clandinin, 2007). This included identifying themes that connected to an overall sacred healing story structure that was found in people's personal significant sacred healing events along with a more macro sacred healing story through the pandemic. These main sacred healing story structure themes include:

Theme 1 – Healing Crisis

Theme 2—Intercession by Other

Theme 3—Ascension of Self

Theme 4—Spiritual Study

Theme 5—Transformation/Purpose,

Theme 6—Sacred Healing Lifestyle

Theme 7—Reaching Out to Others

Several micro-storied themes also emerged from larger themes and often intersected in ways that were essential aspects of the participants' sacred healing experiences yet were not included in the story structure themes. For instance, each participant described a significant sacred healing event that involved some type of miraculous healing and were categorized under "type of healing event." The associated healing event sub-themes are NDE, SR of cancer, and RMH. Five additional themes—"relationship with death," "faith," "creativity," "sacred space," and "nature,"—were found and were expounded upon along with "sacred healing lifestyle," and "reaching out to others" sacred healing story structure themes. See Figure 2 which displays story structure themes and pandemic stages.

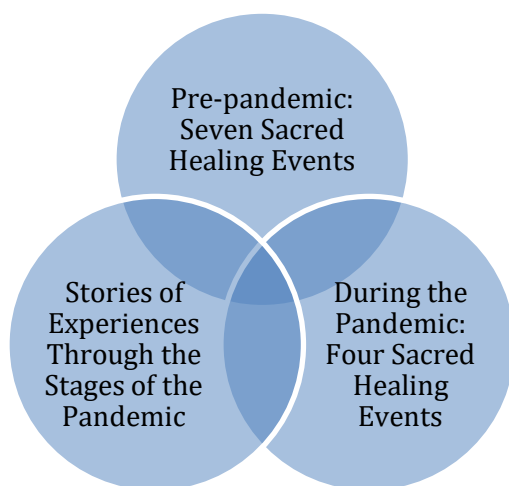
Figure 2*Themes at a Glance*

An important aspect of this study is that it elicited people's sacred healing experiences through stages of the pandemic (before, during lockdown, immediate post-lockdown with masks and restrictions, and after travel was allowed). As such, two larger themed parallel stories co-occurred that described sacred healing experiences with the additional overlay of what it was like to live through different stages of the pandemic and then participants would reconnect the latter experiences to sacred healing survival. Thus,

the sacred space in the home theme served a dual purpose in that it shared how people use their home space to experience God, or a Divine Creator, yet it also served to demonstrate how their faith practices and created sacred spaces in their home may have served to support them during a global pandemic when people were forced to quarantine at home. An additional component of the analysis of stories involved themes around the healing itself. Therefore, the analysis would zoom out and zoom into certain themes and categories to capture the macroscopic and microscopic layers of events and timeline influences in people's stories, which is depicted in the Venn diagram in Figure 3.

Figure 3

The Shared People's Sacred Healing Stories and Experiences During the Four Stages of the Pandemic



Research Question – What are the Stories of Sacred Healing in Adults Through the COVID-19 Pandemic?

Sub-question (SQ) 1 – What are the stories of sacred healing in adults before the pandemic? [*Pre-pandemic*]

SQ2-What are the stories of sacred healing in adults during the lockdown phase of COVID-19 pandemic? [*Lockdown*]

SQ3- What are the stories of sacred healing in adults in the immediate post-lockdown phase of the COVID-19 pandemic? [*Masks & Restrictions*]

SQ4- What are the stories of sacred healing in adults in the post-restrictions phase of the COVID-19 pandemic? [*Travel Allowed*]

Discrepant Cases

Before the pandemic (pre-pandemic), the shared stories of sacred healing included seven participants who experienced their personal sacred healing event before the pandemic. During the pandemic, the shared stories of sacred healing included four participants with two healing professionals (HPs) that described a sacred healing event in their patient and client. There was incredible consistency in people's stories despite their varied backgrounds and beliefs. No real discrepant cases were found in the experiences of sacred healing stories. Discrepant experiences during the pandemic include a heart surgeon who experienced COVID with heightened difficulty while others in this study described lockdown serving as a time of rest.

There were also some differences in how people approached travel at the height of COVID, with the surgeon being afraid to travel along with a Hawaiian Kahuna who was equally afraid yet had to travel to another island where her partner needed surgery and passed. Another Hawaiian healer did not desire to travel while everyone else in the study traveled as soon as possible, with many of them visiting the ocean and other nature experiences. Another potential discrepant viewpoint was that one participant made a complaint about mask mandates along with a subtle comment about politics. Her comment was not explored as stories about how the pandemic was managed were not the focus of this study. It was also easy to keep the interview with her focused on her sacred healing experiences through the pandemic were particularly striking and plentiful in her case.

Evidence of Trustworthiness

Seeking discrepant cases can help to increase trustworthiness in qualitative research (Booth et al., 2013) and, as previously described, no real discrepant cases were found in this study. However, other methods that have been shown to improve authenticity and trustworthiness in qualitative research (and their corresponding associations with validity and reliability in quantitative research) (Merriam & Tisdell, 2016) were employed. This included making sure all participants were volunteers (which was fortuitously enhanced by the deletion of the \$25 thank you gift card) and verifying they met the eligibility criteria. All participants were also asked the same questions and an atmosphere was created that fostered trust and nonjudgement to enhance authenticity and participants' willingness to share genuine accounts of their sacred healing stories (Clandinin, 2007; Riessman, 2008). This was particularly essential as one Hawaiian Kahuna explained that "sacred means secret," so it was a privilege to have earned enough trust to hear her and other participants' sacred healing stories. Additional trustworthiness methods used for this study are described in the following paragraphs that address credibility, transferability, dependability, and confirmability.

Credibility

Internal validity through credibility was sought through authentic engagement, persistent observation with deep listening, triangulation, peer debriefing, and member checks, which has been found to increase credibility in qualitative research (Merriam & Tisdell, 2016). Building trust began by being present and immediately responding to participant inquiries. I ensured they understood the research and informed consent while

making sure I took time to gain a better understanding of and pay sensitive attention to cultural differences and sacred views. The process of explaining the informed consent, interview process, and requesting that the interview be recorded all helped in building rapport and trust and was continued through the interview.

Triangulation was achieved by reviewing transcripts (which were transcribed through REV's) and comparing notes and any supporting archival data and/or photos. I also took time to reflect and re-read. I used a reflexive journal to document notes and my personal experiences and feelings to identify and reduce bias. Member-checking was accomplished through follow-ups with participants, which also served as an opportunity to let them share new information and simultaneously enhanced trust as they knew I would check back with them. Additionally, peer-debriefing and weekly consultation with my chair aided credibility.

Transferability

External validity through transferability can be enhanced when rich and descriptive data is obtained (Merriam & Tisdell, 2016; Riessman, 2008), so delving into the depths of people's sacred healing experiences helped to cull rich and descriptive data, especially as it included influences from a global pandemic. An additional aid to this study's transferability are the varying faiths and belief systems of participants. Because this was a narrative study, the varied details of people's stories combined with some striking consistencies and participants' genuine interest in sharing their sacred healing experiences can help foster transferability of these findings (Clandinin, 2007; Riessman, 2008). However, sacred healing and spiritual experiences can be highly personal, yet the

findings from this study may provide additional evidence to support healthcare professionals in addressing people's sacred healing needs. More details will be provided in the Results section of this chapter along with the Limitations of the Study and Recommendations in Chapter 5.

Dependability and Confirmability

Reliability through dependability and objectivity through confirmability includes some of the aforementioned processes used like triangulation, using a reflexive journal, using a mix of recorded transcripts, notes, and artifacts, and member checking (Merriam & Tisdell, 2016). Additional measures used included organizing information in a computer and through a binder from start of research process to completion. All data has been stored confidentially and participant names were replaced with codes and their obvious details of their identity have been obscured. The reflexive journaling and peer-debriefing also helped in processing my personal experiences as I revisited the timeline of the pandemic as Clandinin (2007) explained knowing one's memories that emerge can paradoxically increase objectivity while also recognizing the researcher can rarely fully detach.

Results

The results are presented with the listing of the overarching research question with supporting data around the themes from the sacred healing story structure and five additional themes found. Two themes—"sacred healing lifestyle" and "reaching out to others"—are repeated in the sacred healing story structure themes and additional themes due to their dual and more complex role in people's personal sacred healing stories and

through the pandemic stages. A discussion about them and the other five themes— "relationship with death," "faith," "creativity," "sacred space," and "nature"—will be provided after the results from the research sub-questions. Thus, participant's stories about their significant sacred healing event with associated story structure themes are presented first and followed by participant's experiences during different stages of the pandemic and then a discussion section of how the themes from people's significant sacred healing events overlaps with healing through the pandemic stages is presented. Because "reaching out to others" has been an important component to people's sacred healing stories, a final section includes brief takeaways of the sacred healing advice that participants wanted to share. Please note, due to the sensitive nature of trying to convey the sacred essences in people's sacred healing stories, every effort has been made to present people's stories as intact as possible so as not to lose essential meaning that can often get lost when dissecting quotes into thematic segments (Clandinin, 2007). Please see Figure 4 that depicts the presentation and relationship of the results.

Figure 4

Presentation and Relationship of Results



Overarching Research Question: What are the Stories of Sacred Healing in Adults Through the COVID-19 Pandemic?

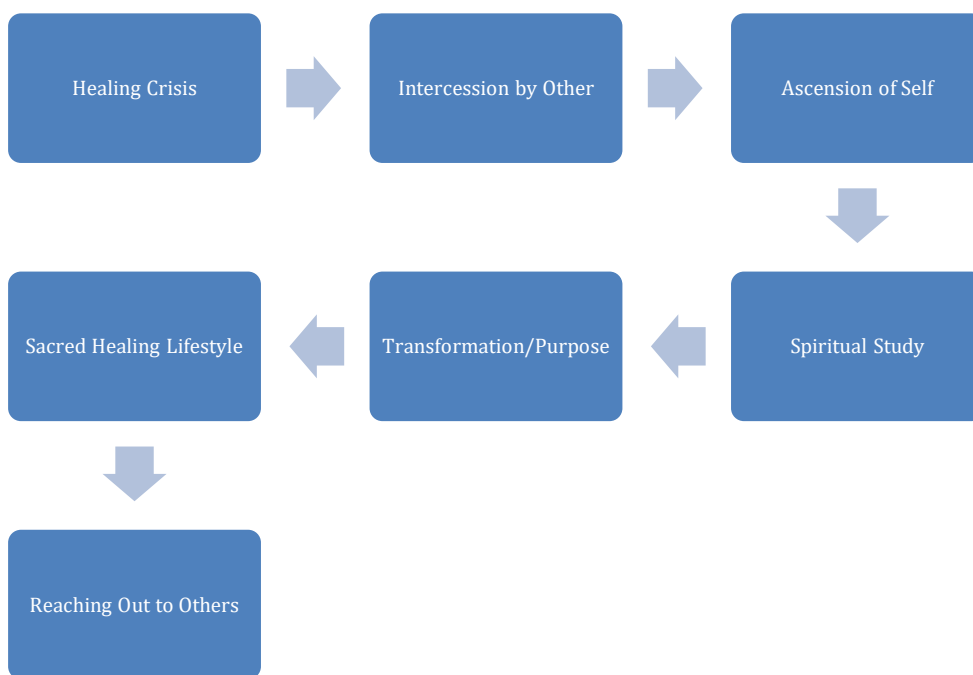
While this study sought to understand people's sacred healing stories through the COVID-19 pandemic, participants were enthusiastic about sharing a significant sacred healing story which involved a near death experience (NDE), spontaneous remission (SR) of cancer, or a rapid or miraculous healing event (RMH). Seven of the participants described a significant sacred healing event that occurred before the pandemic while four participants' stories about their significant sacred healing event happened at the beginning of the pandemic and are presented in research sub-question 2. Similarities across all participants' stories quickly emerged and revealed the following consistent story structure themes (Displayed in Figure 5):

Theme 1: Healing crisis,

- Theme 2: Intercession by other,
- Theme 3: Ascension of self,
- Theme 4: Spiritual study,
- Theme 5: Transformation/purpose,
- Theme 6: Sacred healing lifestyle, and
- Theme 7: Reaching out to others.

Figure 5

Sacred Healing Story Structure Themes



Pre-Pandemic: Stories of Sacred Healing and Type of Healing Events

Research Sub-Question 1: Stories of Significant Sacred Healing Events Before the Pandemic

To address research sub-question 1, (What are the stories of sacred healing in adults before the COVID-19 pandemic?), the first interview question asked participants,

“Before the pandemic, did you have any experiences with sacred healing or were there things you did that felt like sacred healing?” All the participants described having had some type of inquiry or experience with spiritual or religious studies prior to the pandemic. One self-proclaimed “religious skeptic” described his NDE before the pandemic while another woman shared her SR from her third bout with cervical cancer after returning to her spiritual faith. One man described his RMH that occurred while he was attending seminary while another lifelong sacred healing practitioner explained details of how she facilitated her RMH. Still others explained their role as a healing professional (HP) or physician and how they have worked with others on sacred healing. Another HP described how her RMH also served as a wake-up call for Soul healing.

Type of Healing Events

Subtheme 1A: Near Death Experience (NDE)

One self-proclaimed “religious skeptic” described his near-death experience (NDE) before the pandemic with specific detail on the date and some nervous laughter while also conveying the frightful burden placed on daughter and ultimately feeling that people’s prayers and love are what healed him:

On February 13th of 2018 I had heart failure. I had started a new company and I started my first gig and came home and proceeded to die, and I laugh when I say that because that’s the only way I can deal with it, but I came home and had heart failure and I died a couple times actually, during the process of getting me back together. I had open heart surgery, and it was touch-and-go for many, many days, and I think I told you in the email they gave me a 6% chance of surviving, and

they spoke with my daughter and they told her 20% to begin with, then 30%, and they came back later and said, “We are too optimistic. We don’t think he’s going to make it,” so she started having to think about my funeral and pulling the plug and all the things that go along with that.

So, the spiritual healing part comes in with a massive amount of people praying, sending me their love and support and good vibes...the healing came, I believe, from prayer and outreach. And when I came out of it, I, it’s like my mind and body were reset back to a healthier me and more creative... I believe there is an energy in the world that is good...I always felt like if the more people you have in so-called in your corner, the people that love you, and if they send good feelings towards you and they have good feelings and they say good things about you, I think that’s a very, very powerful and spiritual in itself...as far as my spirituality goes after that, it grew deeper, but not necessarily in the Bible.

He went on to describe that he felt people who were negative, including family, and toxic workplaces can negatively impact health. He said he had to eliminate a lot of negative people from his life and focused on nurturing relationships with the positive people in his life and spending more time with his daughter. He also left a high-stress job and focused more on what fed his heart and soul, while taking advantage of the new creative energy he felt flowing inside him.

Subtheme 2A: Spontaneous Remission (SR)

Another woman described her sacred healing experiences began in childhood with answered prayers and a sense of a benevolent presence with her. She said she had

unquestionable faith and was often telepathically guided on what to do. She described a traumatic memory of being visited in the evenings by something unseen with loud and slow breathing that felt like it engulfed the entire room and every molecule. She was so frightened that eventually demanded the spirit leave and never visit her again. After focusing on career and marriage in adulthood, she was diagnosed with cervical cancer. She shared that she used Western medicine to treat it and that it returned three years later, and she used Western medicine again. Then it came back a third time:

And the third time it came, I realized that my life was so out of kilter, I needed to address my spiritual life. And I realized my spiritual life had been put on the back burner, getting caught up in all the things we get caught up in, living our lives, our physical lives. I was in an abusive marriage at the time, continually asking myself how, being known as the wise one was, how did I ever end up in a situation like that? I was also working in a toxic, negative office environment. And the fact that I was diagnosed twice with disease told me that I needed to take my spirituality off the back burner and put it in the front.

So, I went to Santa Fe seeking some alternative healing. I didn't know what it was, but I walked around the town, familiarizing myself with the town. And this one evening I was walking along and a telepathic message came into my mind, my brain, and all it said was asparagus root.... And as I continued to walk, the tempo became a little faster, until finally the tempo was like "Asparagus root, asparagus root, asparagus root,"... So, without knowing it, I had stumbled into a Chinese herb shock. I spoke with them there. And as it turned out, asparagus root

is one of their remedies for cancer. . So, from there, I realized I needed to finalize my divorce. I had already quit my job, and I was in the process to follow my instruction, which was to get back to my spiritual life... I followed my guidance with persistent practice. I found the secret. And as I went within, more guidance came.

Her guidance led her to deep meditation, eating watermelon, and to withdraw from the world as much as possible and only read spiritual books. She said it was a purification process that also led to bursts of creativity and writing. The cancer left and never returned in the 25 years+ since. She explained, “Once you have transformed through divine realization, the old you is left behind and illness falls away. The new you is exactly that. The disease that once held residence in the old you no longer has a home.”

Subtheme 3A: Rapid or Miraculous Healing (RMH)

One minister also believes that he has had, and witnessed, many sacred healing opportunities throughout his life, yet had a particular significant sacred healing event two years before the pandemic while he was attending seminary school as a major career change. He was hospitalized for 20 days after being sent to the emergency room while visiting a church parishioner. He explained he did not know what went wrong and added he did not have any medical insurance. He felt the sacred healing for what was later surmised as an unknown infection occurred through God and others:

I really believe that just in the course of the days that I was there, that the healing took place, yes, because of some medical interventions. But also, the healing took place because of the interactions that I had with doctors, and nurses, and

parishioners, and friends, and colleagues, and family, and all the people who rallied around me during that period of time. I felt God's love. I felt God's protection. And also, during that time, I had several dreams, and the dreams were that you're not going to die and that there are other things I need for you to do.

He described the other miracle was that he never had to pay a hospital bill. It was a public for-profit hospital that was not faith-based. He explained donations were not given and that the hospital took care of his expenses:

It was through the hospital itself and the infectious disease physician who attended to me was, we had many, many, many talks about his faith and he had just lost his father. And so, I was kind of the chaplain in the room that he came to see. And because of that, I believe along with just the benevolence of the hospital itself, the bills were paid. And I was told fairly early on, after a couple of conversations with the doctor attending me that, "Don't worry about the bill."

Another RMH story involves a lifelong sacred healing practitioner. She described living a sacred healing lifestyle and having experienced sacred healing experiences most of her life. She gave an example of her first husband dying when she was 20 years old and that she healed through a lot of meditation, and also sent healing heart healing energy to him. Her most "profound" sacred healing event was four and a half years ago when a garden wall collapsed under her and resulted in three breaks on her pelvis. The next day her husband passed away and described it as an "intense need for healing" both physically and emotionally:

What I discovered was, laying in the hospital without being able to move whatsoever and in severe pain, was that, if I called in the divine and started working with the macrocosm and the microcosm, the macrocosm being the divine and the microcosm being the cells and atoms of my body that were in stress, I was able to do a lot of visualization and connection to the sentient beings of the cells of my body and ask them to heal me both physically and emotionally.

The doctors told me that I probably would never be out of pain when I was walking, and that it would take me probably about six months to walk again and about a year to heal the majority of it. I was walking in two months. I have no memory at all, my body has no memory at all, of being broken. I have no pain. I dance and walk beautifully because I think it's all because of the sacred healing.

Connection of Sacred Healing Events to Sacred Healing Story Structure Themes

Notice how each preceding story included a “healing crisis” that was treated by the “intercession by other” through prayer, love (self and others), and accessing God or some sort of Divine guidance. It also appears that each person’s experience required some type of physical withdrawal, or “ascension of self,” as some experienced momentary death with the feeling of connecting to something higher and/accessing something higher through concentrated meditation and/or prayer. Many experienced life change after the event (“transformation/purpose”) that resulted afterward, or during a life transition as in the case of the student minister. This transformation often resulted in the adoption of a “sacred healing lifestyle” (which includes faith, gratitude, maintenance of

meditation and prayer, and living in a state of love and peace) and “reaching out to others” (which will be echoed through the stories during the pandemic).

For instance, one healing professional (HP) woman said she a major endocrine crisis in 2012-2013 that “changed the trajectory of (her) life.” She experienced weight gain and a deep depression and was advised to attend yoga by a naturopath which led her to visiting an Ashram and changing her path. She became a yoga and meditation instructor and ayurvedic healer and now helps others. She credits deep meditation and a sacred healing lifestyle for her recovery. She advises people in a healing crisis to, “Take a sabbatical. You’ll get some healing. The universe will find a way if you really, really want an answer.”

Another HP’s found his answers through study and his experience as a heart surgeon. He explained that he is from the Brahmin caste in India, which is the highest echelon in the caste system—above kings and priests—and that the Brahmin caste gave guidance to the kings and priests. Perhaps because of his lineage, he studied many religions in depth, including Christianity and Islam along with his Hindu faith of origin. He stated, “You need to graduate yourself from the practice of religion to the philosophy of religion.” He went on to describe that he believes there is something bigger and that he prays before every surgery and prays with patients and urges them to find peace with “God, (a) higher authority, nature, whatever you got, if you believe in God or not.” He went on to describe one patient’s NDE before the pandemic:

I did surgery on him. He was an older guy. And then he was a very, very arrogant guy, to the nurses, and to me. He was recovering and he went through heart and

renal failure. Then he had a cardiac arrest for some time, cardiac arrest. He was revived and he got better. And the second day when I went to see him after his cardiac, he said, "Doctor, sit down. I want to tell you something." I said, "What?" "I guess I was almost dead." I said, "You were dead for some time. We had to revive you and you came back." And at that moment he said, "Doctor...I always worshiped my dad. He came to my dream. He came and he said to me, change, be nice to people." He was so nice afterwards.

Oh, you know what he did when he came back to my clinic? He bought me a pair of boots worth about \$600. He said, "This is not for you doing surgery or whatever you did. My dad came when I was almost dead." And I said, "You were dead, your heart was not beating."

"That was the time my dad came." You see he respected his dad as if he was God himself. Then he said, "And I'm a changed man."

You will not believe how this guy changed. Even talking to the nurses there after that. He became so nice. And his wife was surprised. She said, "He's never been like this before."

Another HP from Hawaii has been providing sacred energy healing for over thirty years and also described living a sacred healing lifestyle. He expressed that he had been on his own for many years before the pandemic and said, "It seems like the universe, or my higher self, was already preparing me for things that were about to happen." He said his journey to being a sacred energy healer occurred in 1987, which he said was the year of the Harmonic convergence. He left Hawaii to receive his Master's degree in

educational technology in Arizona and the program disbanded, so he found a related program in San Diego. He shared his sacred healing transformation occurred after receiving his Master's degree:

Back then it was all about me and academia, academics. And I wasn't really delving into my spirituality. That I was in a way sort of spiritually asleep, but things didn't really go well for me. And I was sort of facing challenge after challenge and going through a lot of heartache and wondering why, why me? What's going on?

He said that he started visiting different people for readings to find answers. He felt many of them were "not beneficial" and that they were telling people what they wanted to hear. He reflected, "And I admit that that was where I first started this journey into, I would say the esoteric, things not seen by our visual eyes." Then he met some people at a fair from a psychic institute and he observed that they were so happy and filled with peaceful contentment that he made an appointment for a reading at the institute. He described the event:

So, it took me about three times circling around the block thinking, should I do this? Should I do this? Before I finally ventured to park my car in the long driveway and walk up the steps and knock on the door. And that in essence was the beginning of me fully embarking on my sacred healing journey. Because in the course of that reading, this is what struck me as I look back after all these years. I sat on a sofa in the living room and there were about three or four chairs lined up in front of me and people walked into the room and they all sat in the

chairs and they closed their eyes. And I was thinking, wow, what's going on here? And then with their eyes closed, the person sitting directly in front of me said, "Hello." And I'm thinking, wow, what? What's going on? And he said, hello again. And I still didn't respond until finally after the third hello, I said hello back. And I realize now that that was my first spiritual hello...(They) were looking at me clairvoyantly and they were seeing my spirit, my aura, and were giving me a spiritual hello....after the reading, they recommended that I sign up for their meditation classes, which I did. And that was the beginning where I really started to learn about spirituality and meditation and sacred healing and how to read clairvoyantly. So mainly it was on me discovering or remembering that I'm more than just my physical body. I'm a spiritual being with a physical body.

He said he went on to learn how to do a formal healing from many teachers and explained that "a healer is a facilitator" that helps the person access "their own healing power" while working with spiritual "healing masters" who plug into his "hand chakras" which he uses to clear blockages in order to "allow the healing to flow in whatever way that the person receiving the healing is able to give themselves." He added it is very in depth process and difficult to explain.

The next section addresses research sub-question 2 and shows continued sacred healing story structure themes. Some sacred healing story structure themes are repeated on a macro level as the pandemic represented a global "healing crisis." However, it is worth noting that the people who experienced sacred healing prior to the pandemic often

appeared to fare well (which will be further addressed in Chapter 5 in the theoretical framework section).

Lockdown: Sacred Healing

Lockdown Part I: Stories of Sacred Healing and Type of Healing Events

Research Sub-Question 2: What are the stories of sacred healing in adults during the lockdown phase of COVID-19 pandemic?

To address research sub-question 2 (What are the stories of sacred healing in adults during the lockdown phase of COVID-19 pandemic?), the interview questions asked participants, “After the pandemic began and we were in lockdown, or sheltered-in-place, what did you do for sacred healing? How did the lockdown change your sacred healing views? Where did you find strength?” Three people experienced their significant sacred healing event during the pandemic and one HP described facilitating a sacred healing for someone else that coincided with the onset of the pandemic. Additional experiences of lockdown in the other participants who had previous sacred healing events will follow the sacred healing stories that occurred at the onset of the pandemic.

Type of Healing Events

Subtheme 2A: Near-Death Experience (NDE)

One man said he has practiced the power of prayer for decades, adding that he came from a long line of preachers, teachers, broadcasters, and politicians and that the “power of prayer is a big part of that.” When the lockdown occurred, his friends who owned a spa were impacted (because people could not visit to receive spa services), so he used the spa location to broadcast his live radio programming (music, news, and

community news) and would interrupt the broadcast every day at 4:00 pm with prayer (“power of prayer”) for people in lockdown until he was sent to the hospital with COVID. He developed pneumonia and fluid in his lungs. He described his sleep that turned out to be a NDE:

I had this white cascading dream. It lasted for hours. It was a religious experience for me. They referred to it as the... death tunnel, that’s what it was. I had entered the death tunnel, and if the nurse had not woken me up, and she struggled to wake me up to sign the consent form, I might have just gone right on through it. A lot of people did. A lot of people during COVID did not make it through that process... They told me it took 20 or 30 minutes to get me to come around. My vital signs were gone, and I moved into the death tunnel, but they brought me back.

When I’m telling Dr...about that, he was telling me that this typically happens when the human soul enters the death tunnel. You flat line....I was a goner, they said, basically experienced the death experience... as I’ve processed it, I take that as being the presence of Jesus...the presence of Jesus was in that room that day, and He was either there to protect me, or He was waiting in the wings to deliver me to pearly gates. I take that as a really good sign that my work on Earth is not finished, and there wasn't room for a radio broadcaster in heaven right now. I had other things to do on Earth, but I’ll be ready when my time goes.

Another aspect of his story was that the travel nurse who woke him that he kept crediting for saving his life was unknown to the doctor and staff and there were no records of her presence. There was speculation that she may have been an angelic

presence who saved his life along with prayer from his doctor and his perceived contact with Jesus when he flatlined. He said the entire experience changed him by deepening his faith even more, increasing his patience, and eliminating anger, “I had a hair trigger anger. I’d fuel it through sports, especially baseball, and I’d get angry a lot. I don’t seem to do that anymore.” He proceeded to continue his service work to others, remain close with his family, and work in his orchard.

Subtheme 2B: Rapid or Miraculous Healing Experience

Another woman who has lived with inherited chronic kidney disease underwent a liver transplant during the height of COVID after having five surgeries in the three years that led up to the pandemic, which included kidney transplants, liver failure, and extensive surgeries for surgical complications “where they essentially roto-rooted my guts.” She described what she learned from the five prior surgeries:

I can actually classify all kinds of pain now, from the kind of pain where you howl like an animal, and you just cannot even think straight, you’re just screaming an animal in its death throws, to surgical pain, which it’s so painful, you can’t really scream, all you can do is cry.

COVID hit in the middle of her liver failure (caused by and risking her kidney transplants), so she had been on the waiting list for a liver. She explained that she was able to cope because she has a rational and scientific mind and took refuge in reading medical journals and delving deep into the science. She said she wanted to be a doctor when she was young and added:

Little did I know that that sort of inkling for healing and science would be the thing that helped me to rationalize what I've been through and to be able to deal from a logical level and not from an emotional level. Because from an emotional level, the confusion, not understanding, the fear, the fear will kill you.

She then described having her MRIs for the liver transplant in January of 2020 and traveling in London when COVID began and flying back to the U.S. just before lockdown. She received a positive score for her liver transplant on March 1st and then received a call that a liver was available. Important aspects of her story are that she detested pain medications and the brain fog they gave her and explained a "liver transplant is like an autopsy." While she cited many 'miracle' experiences that led up to the surgery (such as, getting the positive score, being alive, getting the liver), her sacred healing account occurred after her surgery. She emphasized that prior surgeries resulted in waking up screaming and crying in horrific pain. This time, she said:

And this time, and this is my sacred experience, they said, in the ICU, because you're in the ICU from this one, that I had this huge smile on my face. And what I was seeing as I came to was, I was looking down on my own face in black and white, almost like an art deco realm in black and white. And I see my face, or my head and my face, and my head is laying against the arch of a wing, like an angel's wing covered in down. And there's whole bits of down coming down, just sort of floating in the air. And I'm surrounded by perfect love. And as I came to, I just felt like I was touched by God and the angels. That makes me cry thinking about it.

I took sort of an inventory of my body. I had arterial lines stuck in both arms. In your artery, so it's like they're deep into your arms. I had an arterial line stuck in my neck on both sides of my carotid arteries. I had tubes in my stomach, I had a Foley catheter stuck in me. And I'm just laying there thinking about, "Just put ice on me, put ice on me." They're like, "You need drugs, do you need drugs?" "The TV was blasting in there. I said, "I need to turn off that TV." And I said, "Pack me in ice. You don't want drugs? No, just pack me in ice." So they pack me in ice, my whole torso. And then I said, "Now put quilts on me so my extremities are warm."

She went on to describe in detail all the things they had to remove along with the little hairs that get stuck when removing adhesives and explained how hospitals and these procedures are like "violent invasions to you." Two hours after her surgery, she asked to sit up and was walking with a walker by four hours post-surgery. She was able to go home on the third day after demonstrating that she could walk up three flights of stairs (far sooner than the 10 days they expected her to stay). Sometime after her recovery she volunteered at the Veteran's Administration hospital to administer COVID vaccinations to veterans because she said she was gifted to be one of the first people to receive the vaccine.

Subtheme 2C: Spontaneous Remission (SR)

Another story about sacred healing is from a woman in her late 70's with a deep Christian faith who experienced a combination of sacred healing episodes. Her complex journey started when she was hospitalized at the start of COVID with pneumonia that

was caused from a mold infestation in her condominium. She described the five days in the hospital as a traumatic experience. She said she never had COVID and “after three days they (medical staff) didn’t have to wear their extra clothing...I just remember that you feel like why, I don’t have cooties, you know, I knew I didn’t have COVID.” Not only did she heal from the pneumonia, but several months later her oncologist discovered that the small cancerous tumor on her kidney was gone. A spontaneous remission.

While she felt the hospital experience was difficult, she shared she had unwavering faith that God was constantly guiding her and putting the right people, medications, and prayer in her life. She also described how God helped her mind:

I won’t call it a coping, I’ll call it God sheltered me in my mind, so I didn’t panic...I’m coming to realize it as an attitude which prevails in order to get sacred healing. An opening of your heart, an opening of your mindset for the sake of healing to flow. And I don’t understand it, but I can say I experienced it.

Subtheme 3C: Rapid or Miraculous Healing (RMH) by a Healing Professional (HP)

One HP, a Kahuna in Hawaii, described a lifetime of faith and studying the world religions along with sacred Lakota teachings from her grandmother and under the tutelage of many elders and the highest Kahuna in Hawaii. She explained sacred means secret and shared that so much of her healing and guidance came from spending hours in deep meditation and going inward where she can access God and the Holy Spirit. She also explained that she also works with nature as it is alive and a potent healer because everything is connected. She described a particular sacred healing event that she

facilitated through a “blessing ceremony” with an infertile couple that flew to Maui to see her one month before the pandemic began:

I did a Hawaiian fertility blessing and sacred healing on a woman with her husband. And she, very sadly, had miscarried four times and they still had not given up. They had so much love, they wanted family so much, and they had great devastation, I can't imagine. And they saw doctors, many kinds of doctors did everything that they could and just could not help with what was happening. So, they searched and searched and searched, and they found me. So, I did this blessing of her womb in February 2020, and I took them to a secluded location in nature. It was a very beautiful ceremony. But through that ceremony, the beautiful part is that she conceived in March, right after the pandemic...And she kept me updated and texted photos of her belly growing...I had also given some homework to the husband of something he needed to heal within himself.

I felt it was important too, in working with her, to help strengthen her faith and not allow the fears really to take over. Because now it's the fear of losing a child four times and then you're in the pandemic as so many mothers and fathers were going through this. And in this to really focus on the love, the great love and feeding her womb that positive thoughts and that God's omnipotent love is just flowing... I was so happy to help her and...the magic of it all, talk about sacred healing, was that in 2022, they returned... I got to meet him, that little boy and do a Hawaiian ceremony just for him, a Hawaiian blessing and baptism. I felt really

great joy, and I still do, whenever I think of this, I feel so much joy because it's such a sacred healing.

Lockdown Part 2: Participants' Experiences of Lockdown Who Had Sacred Healing Events Before the Pandemic

Research Sub-Question 2: What are the stories of sacred healing in adults during the lockdown phase of COVID-19 pandemic?

There was a continuation of sacred healing story structure themes through the pandemic as people experienced it as a time of healing. The lockdown phase of the pandemic provided some positive experiences for participants who previously experienced sacred healing, including feeling a sense of connectedness in the shared experience, having increased empathy and compassion for others (like a global "ascension of self"), and delving deeper into "faith" and maintaining their "sacred healing lifestyle" with prayer and meditation. People described "nature," "creativity," "sacred space," and "reaching out to others." Moreover, some observed it as a time of healing for the planet.

One HP said, "Well, actually, I don't say this around many people because it might be taken wrong, but I found the whole COVID lockdown thing a very empowering thing for me." She explained it as a type of wakeup call for people to see how everything in nature is connected throughout the planet and that people need to learn to live in a state of homeostasis and balance. She felt another lesson was "need(ing) to live in harmony with the viruses and the bacteria, not in fear of, that they are part of who we are, and it's because we have become so separate from nature that they have a negative effect on our

bodies.” Another healer articulated by saying she focused on being positive to contribute to “the healing energy on the planet as a collective species.”

Another person said, “I always jokingly said that I always wanted to find that crime that gets you under house arrest because I just wanted to stay home. And that happened during Covid.” He went on to share that it was healing personally, “It was really, really healing for me to just stop and have the time to heal. It was very, very important.” He found the time enhanced his creativity and felt like it reset his body and mind (much like his previous description with his NDE). He added that he it gave him more time to spend with family and that he was able reestablish old friendships, including reaching out to others which he found helped him: “I thought that I was calling her (mother’s friend) to make her feel better because she was alone a lot, but honestly it did more for me than it did her.”

The experience of enjoying lockdown is continued in another account, “I found great strength in lockdown because for me, for about four to five years, I was just running, running, running.” He explained the forced rest and freedom from having to go anywhere “was extremely important and a part of spiritual healing for me.” He found ways to reach out to church members online, through mailers, and via a podcast. He wanted to emphasize, “Spiritual practices of getting up early in the morning, taking walks, praying intensely was part of that entire period as well.”

One woman shared that the lockdown did not invoke self-pity, only empathy, and that her daily spiritual practices and sacred healing lifestyle were protective and grounding, “We weren’t going out, we weren’t suffering distractions. We were just being,

B-E-I-N-G, a lot of the time.” Another healer echoed, “It allowed me to empathize or feel what humanity was going through.” He added:

A lot of people I feel were in resistance, some were in shock, some were very unhappy. And it just made me observe how people have a hard time being alone, alone with themselves, to really find out who they are as a spiritual being. So, it allowed me to get out of judgment and to be more in compassion and have empathy because I could relate, because I’ve been there. Been there, done that. Seeing everything happen or unravel as it did didn’t really put me into shock or discomfort. But I felt for what people many, I guess, in most parts of the world were going through.

One Kahuna said she had to keep “going in” through deep meditation and prayer while asking, “What can I do? What can I do? God, show me the way. I can’t see it right now. What’s changing?” She described working with Lakota tribes in North Dakota and South America to perform a healing ceremony with the construction of tobacco bundles tied with long fabric, sage, sweet grass, and flat cedar with prayers that the pandemic would end. She added, “Going with really helped me and my faith and my strength...and our collective energies...made it stronger because we were all suffering together even though we never knew each other.”

The experience of one’s home and surrounding natural elements was also addressed as people described how they created a “sacred space” that included “nature.” One man who survived his NDE explained how he returned home and made his office in an enclosed deck area that peered out onto his vast orchards. He said he felt God in nature

and found it healing to work from there. Another HP described a similar deck area that is surrounded by the forest. She explained the power of nature and how healing it is for people to be in nature and realize that everything in life is connected. She also decorated her space with healing crystals and sacred elements. Another HP explained that a sacred space becomes more potent the more one conducts their prayer in same space as it gets imbued with the higher energy.

Masks & Restrictions: Participants' Experiences in the Immediate Post-Lockdown Phase of the Pandemic

Research Sub-Question 3: What are the stories of sacred healing in adults in the immediate post-lockdown phase of the COVID-19 pandemic?

To address research sub-question 3 (What are the stories of sacred healing in adults in the immediate post-lockdown phase of the COVID-19 pandemic?), the interview questions asked participants, “Then after people were first let out of their homes yet told to wear masks and social distance, can you tell me what you did for sacred healing then? Were there any changes?”

After being in lockdown, it may not be surprising that reaching out to others was a dominant theme at this stage of the pandemic, especially as people were allowed to see each other yet were confined to social distancing and wearing masks. The “creativity” theme took on a new twist at this stage of the pandemic as people described having to find more creative ways to “reach out to others” while “nature” continued as a theme. Stories were similar and sacred healing lifestyle practices like prayer and meditation

continued as people's commitment to their "sacred healing lifestyles" and "faith" beliefs became reinforced by the pandemic.

A minister said his prayer routine and walks in nature continued yet contact with church members for their sacred healing had to be more creative. He described visiting people while they had their windows open and leaving communion on front porches. He said, "I think those visits to people who had not had that close contact with a spiritual leader were important, and vital, and life sustaining for all of us." Another example of creatively reaching out to others was a healer who would paint rocks with "words of joy and inspiration" and leave them on the side of the road so people could find and gather them.

The woman who underwent a liver transplant felt COVID protective measures mimicked what she had been doing for years, like wearing masks and sanitizing everything around her. She said her reaction was, "Welcome to my world." She maintained that she learned how to navigate the world with a "heightened sense of cleanliness" long the pandemic due to her kidney disease and did not let it stop her from living and felt the same about COVID. Calling herself a "very social person," she invited friends over for lunches in her backyard where they could be in nature in a socially distanced fashion. She and her husband went to outdoor restaurants, and she found creative ways to continue and expand her charity work.

Another HP said she went straight back into work wearing a mask and that her clients wore masks. She felt it was important to continue her work to help others. She said no one ever got sick. She explained, "I just didn't let the fear and the paranoia grip

me and no one ever got sick.” The Kahuna in Hawaii also developed creative ways to continue her work of helping others because people could not visit the island. She shared that she had a vision three years before COVID that instructed her to purchase large boxes of N-95 masks that had sat in her garage. After the pandemic, she created mask drops and healing oils and combined these items with the N-95 masks to sell along with expanding her blessing work with new populations and via the internet .

Another person who had survived his NDE said he continued to do a lot of soul searching asking why he was still here and questioning his purpose. He described himself as a very social person yet remained “a little bit in lockdown mode” for his health and only went to the grocery store. He explained, “Part of that is just me being more in touch with myself.” He added that he viewed the experience as positive for others as well, “But it's just like everyone, during Covid, it was a spiritual awakening.”

Travel Allowed: Participants’ Experiences in the Post-Restrictions Phase of the Pandemic

Research Sub-Question 4: What are the stories of sacred healing in adults in the post-restrictions phase of the COVID-19 pandemic?

To address research sub-question 4 (What are the stories of sacred healing in adults in the post-restrictions phase of the COVID-19 pandemic?), the interview questions asked participants, “Once restrictions were lifted and travel was allowed, what did you find yourself doing that provided sacred healing? Looking back at this timeline, how would you say the pandemic shaped your beliefs and actions around sacred healing?”

What advice would you give to others about sacred healing? Is there anything else you would like people to know?"

Travel was a consistent pattern, and "nature" became the dominant theme as many described visiting places in nature that provided healing. Some mentioned the idea that some places are sacred and have more healing energy. A majority of the people described visiting the ocean. However, two people that experienced COVID related deaths firsthand expressed apprehension to traveling in the beginning of this pandemic travel allowance stage due to fear of getting COVID. However, they both described having sacred experiences in places which follow. Other people said they purposely avoided fear and traveled at the beginning. Concepts around "faith," "sacred spaces," and "sacred healing lifestyle" continued.

One healer said, "I took a big risk when COVID was at its high...I went to a music yoga retreat in Baja, California...I decided I just can't live in this paranoia and fear. I'm going to go to a high vibration place and enjoy the ocean." Another healer echoed the same sentiment, "Yeah, as soon as they lifted the restrictions, I started traveling again and doing things again. I don't believe in living in fear." She went to Hawaii and on a Jam Cruise, adding, ". I believe that music and sound vibration is one of the most healing and powerful sacred tools th't we have available to us."

A minister said they took a trip to the coast' "The opportunity to spend time near the ocean, to see people, to go to a good restaurant and get a nice meal, that was healing and again, life sustaining." He added his gratitude this his parishioners funded the trip

“because they got that this was an intense time with lots of things going on, and that it was worthwhile for me and for them to take some Sabbath.”

An NDE survivor who had happily stayed sheltered-in-place said he visited the ocean at a particular spot that he described as “one of the most sacred places.” He added, “And then just being in on any beach, I think we all kind of feel a depth of something spiritual with the water crashing into the shore.” Another NDE survivor said he and his family went to their second home on the beach and found it very healing. A woman who experienced SR said she and her husband had a motor home and visited the Sequoias and drove along the entire Washington coastline. She said they loved nature and hiked the rainforest and visited a local beach several times, saying it is “another form of nature” that allows one “to walk on the sand” and “to walk along the water.”

The woman who had a liver transplant has been a lifelong traveler for business and pleasure and quickly returned to travel. She resides at the beach and said she takes long walks to the beach every day. Her first travel was a road trip to Park City, Utah four months after being hospitalized for septicemia and six months after her transplant when travel bans were just lifting. Not long after that, she resumed her travel and took numerous trips around the United States, Mexico, Hawaii, and several European trips to Portugal (where she visited sacred sites like Fatima and other UNESCO world heritage sites), skied at the Swiss Alps, and toured Germany to name a few. She described having strong relationship with her transplant team who have steadily communicated with her through her travels.

A surgeon said he kept his travel to a minimum and did not travel at first. He explained:

I was very scared of COVID and I was scared of what I could see. The whole hospital was filled up with COVID patients. I could not do heart surgery because there were no beds for patients to be taken care of. There were no ventilators. And here I am having a patient who needs heart surgery, I'm fighting with the management all the time to get a nurse to look after my patient, it was difficult times.

When he did travel, his first trip was to the mountains in Aspen, Colorado and later to St. Peter's in Rome. He said Aspen "wasn't particularly sacred" and just represented something different. He then explained what felt sacred to him. Growing up, he made a pilgrimage every year with his family to a sacred temple in the hills of India. They had to fast for 42 days before they went. He then compared the experience of visiting the temple alongside 180,000 other devotees as similar to his visits to St. Peter's in Rome, saying, "I love the place...and I (always) feel a little bit of serenity...a lot of mystique in all of it." He added, "At moments, (you feel) connected to a higher being, whatever way you call him. You can call him Jesus or like my God's, Ganesha or Shiva, or Mohamed, or God, or whatever...you just connect sometimes."

Only one person did not travel. He was the healer in Hawaii and said he was happy to remain in "his cocoon...being in my own space in my sanctuary." He said, "we are our sacred space, our being-ness...I think if you're on a level of enlightenment, it wouldn't matter (where you are)," yet acknowledged, "I'm not there yet...in my current

situation, I have nature all around me. I do yard work, which is like meditating out in my yard with the plants and the trees under the blue sky, the warm sun...and the ocean.” He explained, “(There are) sacred locations around the world that have powerful healing energies (like Hawaii). And I’ve been to several of those (around the world), and I can attest...but at the same time it’s not totally necessary (if you are enlightened enough).”

The Hawaiian Kahuna said she had to fly to Oahu with her partner who was hospitalized and died. She said:

I did not want to travel to other places because I didn’t want to get sick. But when I had to because of him having surgery and life was on the table, it didn’t matter to me about it. I knew I would make it through whatever it is, but I needed to be there for him. I had to go.

She described a sacred ceremony of scattering his ashes by canoe outside the church, saying he had become part of the ocean and was part of everything where her mom was scattered and “where I will be scattered and live my days being free, being part of this island in Hawaii.” She made a video of his ceremony so that others could see it who could not travel. She also talked about a YouTube video she helped put together of a sacred Hawaiian prayer to end coronavirus that “held manna, we call it spiritual energy...that spiritual energy we have in Hawaii.” She added it was important to have compassion and gratitude for life while knowing God will give strength to endure the difficulties and that they will not last, recommending, “Walk into the forest and know that the same spirit of God that’s breathing into them is breathing into all living things...watch the ocean. See it vibrating...it’s always changing.”

The woman in her late 70's who was hospitalized with pneumonia from a mold infestation at the beginning of pandemic and had an SR of kidney cancer was in a new home by this stage of the pandemic, where she created a sacred space. She called the "Royal Room" and only filled it with items that were connected to God, like spiritual books, paintings, and items that symbolized God, Jesus, and the Holy Spirit. It was in this room that she "got the knowledge from God" to visit Scotland "before the elections." So, she took her trip six months after the pandemic began when COVID was still high and she had to self-quarantine for two weeks in a hotel before she could visit the area. She said the entire experience was divinely guided and gave her many blessings because no one was traveling:

And I didn't hesitate to go when many people were frightened to travel...I found out no tours were being offered because of COVID...so I called downstairs...and they talked around and around and found somebody to personally drive me. So, it was even better than a tour company.... It was truly the time for me to be there. No doubt in my mind. It was providential... For healing. Maybe it would just be healing of my urge to go where my father was born. Healing of the desire that I had to do that before I died.

She went on to describe her trip in detail. Every person she met and place she visited filled her with excited delight. She described the people as "heartwarming" and everything she did was "the best experience" saying, "Something would happen at each place that wasn't part of what you think of when you wake up that morning." Her stories were abundant, exclaiming every experience was "serendipity. It was God...it was

healing...And I was like, wow.” She later opened her new home many times to fellow church members and neighbors and gave tours of her Royal Room and described her trip to Scotland. Her minister also posted her SR testimonial story in a church newsletter.

The preceding sacred healing stories are filled with unusual experiences of miracles and resilience. Each of the participants experienced a significant healing crisis personally and via the pandemic. Many represented vulnerable, or at-risk, populations to COVID due to health conditions, age, and/or ethnicity yet none of the participants addressed that concept nor did they seem to identify with their body as their identity. Instead, their narratives surrounded an identity of their Soul with concepts of healing that emanated from God. The next section provides a discussion that connects themes through the pandemic to the sacred healing story structure themes.

Connecting Additional Themes from Healing Events & Pandemic Experiences to Sacred Healing Story Structure Themes

Two broader healing stories have overlapped shared in these results— participants’ significant sacred healing event combined with healing through a global pandemic. The sacred healing story structure themes included a healing crisis followed by some type of intercession by others (e.g., God, angels, prayers, blessings) that led to an ascension of self (via a death threat and/or through deep meditation and prayer). A transformation/purpose was experienced combined with some of spiritual study. People often adopted and/or had their sacred healing lifestyle reinforced while reaching out to help others.

A more macro view of the sacred healing story structure found across the pandemic stages includes the onset of COVID-19 representing a global “healing crisis.” The “intercession by other” story structure theme can be observed in participants’ descriptions of lockdown as a time of great personal and planetary healing, with some describing it as a “reset” similar to NDE descriptions. All of the participants shared they spent time in deep prayer and meditation like the “ascension of self” story structure theme. An interesting aspect of the “spiritual study” story structure theme was that many participants described more experiential learning as they observed the impact the pandemic had on nature and people and witnessed the interconnectedness of all living things. Many described having to dig deeper into their purpose (“transformation/purpose sacred healing story structure theme”) and creativity to improve how they “reached out to others.” Maintaining a “sacred healing lifestyle” was frequently mentioned and was reinforced for participants during the pandemic. Moreover, many began sharing more of their sacred healing outreach to others and prayed for people worldwide along with the planet.

Connecting Relationship with Death Theme to Sacred Healing Story

Structure Themes

An additional theme that arose in people’s sacred healing stories was resolving their fear of death. People who had a death scare from a healing crisis or temporary death experience via their NDE reported feeling more alive afterward and experienced a closeness with God or something bigger. They felt transformed and had a sense of purpose that there was still something for them to do in life, like helping others, because

they were still alive. Many repeatedly cited doing extra “spiritual study” and also cited they were more comforted by death because they experienced and/or felt that life did not end when the body dies.

The relief from an unspoken death anxiety appeared consistent. The heart surgeon who confronted numerous deaths during COVID said he fought hard to save lives and when they passed, he prayed and reminded himself that each person is born with a certain number of heartbeats in their physical body yet believed they will return in another life. The woman who underwent a liver transplant during COVID said years of spiritual study gave her peace about death along with a sense of comfort that God was not purposely allowing evil to happen in the world and believed an afterlife in Heaven exists without evil.

Connecting Faith Theme to Sacred Healing Story Structure Themes

It may seem obvious that faith played a dominant role in each person’s story. Participants repeatedly expressed having faith in God or something bigger. They also displayed faith via a deep conviction that all is and would be well. Faith appeared to bolster participants’ confidence and resilience. Faith also played a role in people’s prayer and meditation (ascension of self) and spiritual study and they experienced guidance from God or a higher power. The Kahuna repeatedly described the need to “go in deeper” in meditation to hear what God was telling her to do (intercession by other). The woman who went to Scotland said God told her to go to Scotland and not only guided her throughout the trip but guides her in her daily life (sacred healing lifestyle). Each person

needed faith to listen and trust the instructions they believed were from God or a higher power.

Connecting Creativity Theme to Sacred Healing Story Structure Themes

As previously mentioned, creativity had two meanings in people's stories. One was feeling more after surviving their healing crisis and experiencing a closeness to God and their higher self (ascension of self). For instance, one SR survivor explained, "Creativity just went crazy. It just burst out. I like to write, so I was just writing, writing, writing." Another pre-pandemic NDE survivor echoed, "And when I came out of it, I, it's like my mind and body were reset back to a healthier me and a more creative." He wrote songs, improved his photography, and also reached out to others through a podcast.

Additionally, participants described needing to find more creative ways to reach out to people during the pandemic. A minister discussed the challenges the pandemic posed on church attendance and said it "positively allowed for, I believe, the creativity that God wants us to have anyway." He added, "And with that creativity it meant that we worshiped God (and) sought healing in a different way." The Hawaiian Kahuna emphasized that she had to get more creative to reach out to people and learn new ways to do her healing work. She said she "went in" in a deeper way to access her creativity and learned new ways to do ceremonies using Zoom and expanding her services. As previously shared, she also posted a Hawaiian prayer to end the coronavirus on YouTube. What once was sacred manna only in Hawaii was now accessible worldwide. Thus, the creativity may represent an energy and guidance from God or a higher power.

Connecting Sacred Space Theme to Sacred Healing Story Structure Themes

Because sacred space was not a theme in the sacred healing structure themes, it is worth noting that a sacred space could be created in each step of one's sacred healing experience as one HP described doing prayer in a space amplifies the spaces energy and makes the space more sacred. Another HP described that the sacred space is in the person. People who pray and meditate and experience an ascension of self may help imbue sacredness in a place that is enhanced by receiving messages from God or a higher power (intercession by other) and even when they are reaching out to others. For instance, while people described having a sacred space in their homes, the minister who left communion on their parishioner's door step due to COVID social distancing measures could have helped enhance the front porch as a sacred space. Thus, it may be the sacredness in a place occurs from people's actions and intentions even though they are not a presiding church official that is formally consecrating a holy place.

Connecting Nature Theme to Sacred Healing Story Structure Themes

Nature played a prominent role in the pandemic. Participants described observing the earth heal while people were in lockdown and they also felt a deep appreciation and healing energy when they were in nature. Perhaps being in lockdown and denied access to natural landscapes added to people's focus on nature. It is interesting that the majority of participants described receiving healing energy from the ocean as some HPs explained the ocean had higher vibrational energy that is therapeutic. While few participants described sacred sites, they did appeal to an experience that nature aided their healing. Moreover, as the reader will have noticed, many participants stories were filled with descriptions of learning directly from nature, almost as if it was a higher power.

Connecting Sacred Healing Lifestyle Theme to Sacred Healing Story

Structure Themes

While sacred healing lifestyle is in the sacred healing story structure theme, it was worth expounding upon. A number of participants were unprompted when they described living a sacred healing lifestyle. The only prompt were the research questions depicted above and the topic of sacred healing. Additionally, all participants explained they had a lifestyle change after their significant sacred healing event. People described having increased faith, gratitude for life, consistently praying and meditating, living in a state of love and peace, and helping others.

Connecting Reaching Out to Others Theme to Sacred Healing Story

Structure Themes

People who had experienced a significant sacred healing event often reached out to others by becoming a healer and/or through publishing a book and producing podcasts or some other type of outreach. One woman who had her SR after her third bout of cancer went on to write a book about the experience as a way of helping others. Another person who survived their healing experience and became an HP also went on to write a book while another HP wrote three books. Every participant emphasized helping others either as a professional or a volunteer, like the woman who helped administer COVID vaccinations after her liver transplant among many other volunteer and charity work that were aimed at helping victims of domestic violence, unemployed veterans with PTSD, and others. One person produced a podcast after his NDE while many described doing podcasts and finding ways to reach out to others through the pandemic.

Sacred Healing Advice from Participants

A final interview question asked participants what they wanted others to know. Because reaching out to others has been a dominant theme and outcome in people's sacred healing stories, it seemed particularly fitting to close the results section with their answers.

- “Be grateful for the hardships in your life, because they’ve taught you how strong you can be, how invincible you can be, and that you are strong. And believing that is the very beginning of sacred healing in your life...Find the healing process for you and weave that medicine, that sacred medicine, inside your world.... Take time to know how beautiful you are, that you are special because it’s your life. Sometimes you can’t compare yourself against anybody, but that’s why you’re so unique.”
- “It’s not as if you need to be extremely religious to do all these things, but does sacred healing have a part in healing patients? As a doctor, I would say yes, absolutely.”
- “When you’re dealing with profound illnesses, you do have to worry about dying...but if you’re unafraid, you go out with a peaceful heart...whatever belief systems help you not to have fear is where you need to be....(and) it’s important to tell people you love them so there’s no regret.”
- “The inner physician is the true healer. We are the true healers. Doctors, medicine, all the things that we take that’s external is only there to support the

internal physician...recognize and own the fact that each and every one of us are divine, sacred beings, that this experience is a sacred experience.”

- “I found it really profound and powerful when I asked my clients two questions. Question number one, what is your soul’s purpose? And question number two, do you love yourself? And that really shakes things up and allows the person to maybe for the first time look at themselves, look at their life. And perhaps even start to wonder, who am I? Why am I here? What is life all about? Do I love myself? So, in answer to your question, which we’re going to circle back to, just be love. Love is the energy that heals everything. That’s sacred healing, love.”
- “Meditate...even if your mind is going crazy, your intention is to quiet your mind, quiet yourself, hopefully connect with a higher source. And the difference that makes helps you become so much more efficient. You think you don’t have time to do it, but the time you save after becoming centered, through meditation or spiritual practice, you’re able to make that time up because you become more efficient.”
- “All healing crisis is a blessing in disguise. It’s a blessing in disguise if you don’t notice that it’s a blessing. I think it’s a wake-up call...For me, if I go through another healing crisis, then I’ll know, ‘Hey, I need to wake up a little more. I’ve fallen asleep a bit.’ So, I would say make it a wake-up call that your soul says to me, to us, to each of us, ‘You’re not paying attention to what’s sacred about life, in your life, in my life, everybody’s life.’”

- “Spiritual healing can take so many different forms. And one of the forms is actually death...in death there’s also peace, and that death can be a healing for that person who is suffering, and it is the logical conclusion that all of us will face in this life...if we have a belief system and a belief in life hereafter, we also should believe that that life hereafter cannot be, if we believe in what the Father told us, Jesus told us, or God told us that our religious traditions, many other religious traditions have the same thought, that the afterlife is going to be better than this life.”
- “I think that’s really important is to know that you’re receiving people’s energy and their love...I think praying for someone is spiritual. I think that kind words, kind deeds...receiving kindness and whatever spirituality the person sending it to you feels, but also sharing it...If you treat someone well and you love them and you help them, it comes back to you.”
- “I would advise anyone who doesn’t practice sacred healing or the power of prayer to incorporate that in their lives... turn off your phone, and go walk around the peach trees, and your blood pressure just goes to normal. If you have a bad day, you can just go walk the vineyard, you can go walk the vines, and just forget about everything else. Everything doesn’t mean anything. Your problems, I assure, will just go away.”
- “I’d like to have a short prayer. Heavenly Father, thank you for this time. I ask that something I said will be useful. And I thank you for the way you’ve worked in my life. In Jesus’ name. Amen.”

Summary

This study explored adults' sacred healing stories through the pandemic and found a number of people who entered the pandemic with a prior experience of sacred healing while some adults encountered their significant sacred healing event during the pandemic. Sacred healing stories were similar and included a story structure of a healing crisis followed by the intercession of something ethereal (like God, angels, spirit, prayer from others), some type of ascension of self, spiritual study, transformation and purpose, adoption of a healing lifestyle, and reaching out to and helping others. Types of significant sacred healing events cited in this study included near death experiences (NDE), spontaneous remission (SR) of cancer, rapid or miraculous healing experience (RMH), and becoming a healing professional (HP) as a sacred healer or physician.

Some common outcomes of sacred healing experiences included adopting a sacred healing lifestyle and regularly practicing prayer, meditation, living with an open heart filled with love and compassion for others, and having a deep faith and sense of knowing, or God-directedness. People also described a deep love of nature, feeling connected to all living beings, and having an enhanced creativity. The lockdown phase of the pandemic was a respite for many, except for a heart surgeon who described the high rates of death and inability to find hospital beds and equipment. He and all others interviewed described turning to prayer and their faith for comfort. He also described praying with patients and urged them to find help through prayer and their places of worship.

The period of wearing masks and social distancing was met with many people seeking to be around others, which they felt was important for all who interacted. One woman who underwent a liver transplant also emphasized the necessity of getting to see people (in a socially distanced fashion) when one is facing death. People's sacred healing practices remained strong, and many found creative ways to connect to others, including through podcasts, livestreaming of church services, YouTube posted prayers, and podcasts.

Most of the study participants immediately traveled when it was allowed, even though COVID cases were high. A majority went to the ocean and other areas where they could experience nature. Some sacred sites were also described. Two people expressed fear at traveling due to COVID (a heart surgeon and Hawaiian Kahuna), yet one had to travel to another island when her partner needed surgery and passed. All participants expressed remaining strong in their faith and belief in sacred healing and felt the pandemic only reinforced their sacred healing beliefs and practices.

The next chapter will contain the interpretation of this study's findings. Results from these sacred healing stories are compared to research found in the literature review. An analysis of the findings also addresses the fit of the frameworks used in this study—Antonovsky's (1979, 1987) salutogenic theory and his corresponding SOC framework combined with Mazumdar and Mazumdar's (1993) conceptual framework of sacred space in the home and Silva et al.'s (2018) place attachment and sacred healing motivations conceptual framework—and shows how these frameworks corroborate this study's findings. Limitations of this study are also discussed along with recommendations

for future research. The last parts of Chapter 5 address implications of this study, including how it may contribute to positive social change, and concluding messages about sacred healing.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this narrative qualitative study was to gain a better understanding of sacred healing by listening to adults' stories about their sacred healing experiences through different stages of the COVID-19 pandemic (before, during, and after). Because Knight et al. (2021) found some physicians had a difficult time communicating with people of faith about medical protocols during the pandemic and expressed the need for allopathic medicine to better understand people's sacred healing values and beliefs, this study explored sacred healing stories. The concept of sacred healing in this study included the guiding framework that healing did not necessarily mean the absence of an illness, but rather the lessening of dis-ease as proposed in Antonovsky's (1987) salutogenic model that placed health and dis-ease on a continuum. Research like Delgado-Guay's (2018) depicted sacred healing as occurring from soul comfort when dying or when losing a loved one was also considered. Because the pandemic forced people to shelter-in-place, additional research on creating sacred spaces in one's home (Mazumdar & Mazumdar, 1993) and its influence on positive feelings and well-being (Ramkissoon, 2021) extended the research to sacred healing experiences in the home. The additional concept of sacred healing motivations that influence people to seek out and visit sacred places for healing (Silva et al., 2021) also allowed the research to explore people's sacred healing in the natural environment and was of particular interest when travel bans were lifted during the pandemic.

Eleven adults residing in different parts of the United States were interviewed. An array of sacred healing experiences were shared with each participant describing a particular significant sacred healing event that included a NDE,SR, or a RMH experience. Some participants significant sacred healing events led them to a career as HP. Seven participants experienced their significant sacred healing before the pandemic while four described their significant sacred healing event at the beginning of the pandemic. Two participants, a Hawaiian Kahuna and a cardiac surgeon, described a miraculous healing they facilitated or a transformative NDE experience with a patient, respectively. All participants described that their sacred healing experience was transformative, and many expressed a deeper form of love, faith, creativity, and desire to help others. Many expressed it was a wake-up call and helped them find (or reinforce) their soul's purpose—and that they wanted to help others as a result, with some transitioning into a healing profession.

The main story structure of the people's significant sacred healing event involved some type of healing crisis followed by a supernatural intercession from others (God, angels, spirit, prayer from others) that was met with the ascension of self (either via an NDE or through deep meditation and prayer). Delving into spiritual or religious studies occurred alongside a transformation/purpose and was combined with adopting a sacred healing lifestyle. People then reached out to share their experience and help others. The pandemic echoed the sacred healing structure from a broader angle as the pandemic represented a global healing crisis that led to people increasing their prayer and

meditation—personally and for the world—and led participants to find more creative ways to reach out and help others.

Sacred healing differences found in the pandemic stages was the introduction of sacred space at home, where some people described having a special room in the house to pray and meditate. Some described the importance of their sacred space at home having a view of nature. Many people described the experience of lockdown as a wake-up for humanity and felt it was healing respite for individuals and nature. People also expressed that the pandemic forced them to go inward and find more creative ways to connect to and help others.

The description of sacred places in nature was echoed as many people traveled as soon as possible. The ocean was the most popular destination with one person describing it as a “high vibration” place. The one person who did not travel resides in Hawaii yet suggested the person is their own sacred place. The therapeutic experience from nature was repeated throughout all stages of the pandemic, as many felt connected to every cell in nature and/or instructed by nature on how to live. The description of God, nature, universe, stars, angels, spirit, source, were often used alongside love and gratitude when people described sacred healing. Making the time to meditate and pray were consistently recommended.

Interpretation of the Findings

The literature review in Chapter 2 addressed some of the deleterious effects survivors of the COVID-19 pandemic faced, such as prolonged grief, loneliness, and depression (Eisma et al., 2021; Kilgore et al., 2020; Wang et al., 2022), maladaptive

coping (Lotzin et al., 2020), alcohol and substance abuse (Acuff et al., 2021; Daly & Robinson, 2021; Sarker et al., 2022), and increased suicide risk (Goto et al., 2022). The research also showed that many people's sacred healing practices were interrupted due to lockdown. For instance, confinement limited people's access to church attendance (Knight et al., 2021; Sulkowski and Ignatowski, 2020) along with inhibiting people's access to sacred healing spaces and places like sacred sites (Silva et al., 2021) and therapeutic parks and forests (Beresford-Kroeger, 2013). However, some limited research found that people who found ways to engage in sacred healing practices during the pandemic reported decreased anxiety and more positive health outcomes (June & June, 2021; Lucchetti et al., 2021).

Because little has been understood about what constitutes sacred healing and how physicians can best collaborate with patients' sacred healing efforts to avoid treatment resistance (Knight et al., 2021), this research—guided by the salutogenic theoretical framework (Antonovsky, 1979, 1987), Mazumdar and Mazumdar's (1993) sacred space conceptual framework, and Silva et al.'s (2018) sacred healing motivations conceptual framework—extends knowledge about sacred healing. Moreover, it captured sacred healing under different conditions by exploring people's sacred healing stories through different stages of the pandemic (before, in lockdown, immediate post lockdown with restrictions, and when travel was allowed). Themes around a sacred healing story structure emerged were echoed at different pandemic stages. The following sections address the overall sacred healing themes followed by sub-research questions during the different stages of the pandemic.

**Main Research Question—What are the Stories of Sacred Healing in Adults
Through the COVID-19 Pandemic?**

Sacred Healing Story Structure Themes Compared to Literature Review in Chapter 2

The main sacred healing story structure included a healing crisis followed by the intercession of another (God, prayer, angels, spirit) which resulted in the ascension of self (increased faith, connecting to a higher source) and combined with spiritual study and a transformation of the self and sense of purpose. People changed their lives (adopting a sacred healing lifestyle) and then reached out to share with and help others. Three sacred healing sub-themes emanated from people's significant sacred healing events. These included having a NDE, SR of cancer, or a RMH. Some participants' stories were influenced by their role as a HP, either as some type of sacred healer or as a physician.

The sacred healing story structure themes overlapped with the sacred healing story structure of people's pandemic experiences as the pandemic represented both a global and personal healing crisis. As such, although seven of the participants experienced their significant sacred healing event before the pandemic, it was interesting to see their stories echoed the other participants' sacred healing events that occurred at the onset of the pandemic. More interesting, the sacred healing story structure themes found in this study are similar to the sacred healing descriptions in Finkler's (1994) and Adelstein's (2018) work that organized the literature review in Chapter 2.

As described in Chapter 2, when comparing sacred healing to biomedicine, Finkler (1994) found that sacred healers were often prior patients who overcame an illness and explained that their interventions were largely based on helping to reorder a

person's life while restoring their relationship to God and with others. Adelstein, a physician in an inner city clinic, shared that she created a sacred space in the examination room and helped patients feel connected to something bigger than oneself while also ensuring they felt deeply heard, seen, and safe. Like the sacred healers in Finkler's study, Adelstein emphasized that she removed hierarchy in the relationship and viewed herself as a participant in the patient's healing and life, while also encouraging them to find their own internal sacred healing source. Similarly, the participants in this study consistently described that their sacred healing experience resulted in a renewed, or reinforced, faith in something bigger. They also frequently cited that being in a state of love and having loving relationships with family and others was a natural outcome from sacred healing.

Additionally, like Finkler's (1994) study, four of the participants became healers after having their own sacred healing yet all of the participants described reaching out to help and share with others. Thus, this research helps extend findings that faith in something bigger and helping others comprises essential components involved in sacred healing. It also reveals the important role communicating about sacred healing experiences can play in people's lives, reinforcing Knight et al.'s (2021) assertion that allopathic medicine could improve patient outcomes when taking the time to address and collaborate with patients' sacred healing beliefs.

Faith and Belief Drivers of Sacred Healing

Like Adelstein's (2018) and Finkler's (1994) view that the healer is only a participant in the healing, some of the participants in this study that are in the healing profession also shared their belief that they are only a facilitator of the person's innate

divine healing process. For instance, some healers explained there could be emotional issues that get stuck in the body and that the patient's innate healer can help release it through a faith process that occurs in collaboration with the healer and a higher energy. This reinforces findings that sacred healing can involve self-healing components (Chu et al., 2022; Doty et al., 2022; McSwan et al., 2021; Pimentel & Toldra, 2017) along with energy and vibrational healing (Goldsby et al., 2022; Rubik & Jabs, 2017). Another participant cautioned that modern medicine can influence the person's illness through the nocebo effect when giving a negative prognosis—which induces the patient to believe in a poor outcome and lose faith and thus, interferes with the innate healing process.

The cardiac surgeon said he believed that there are bigger forces at work in one's healing and explained that he prays before every surgery and recommends that his patients find something bigger, they believe in and will pray with them. However, he added he would be cautious about his words if someone said they were an atheist. He also suggested that many doctors do not discuss spirituality because he believed they are afraid and do not want to invade the person's privacy. Fear of invading a patient's privacy about their faith may explain why Knight et al. (2021) found challenges when prescribing safety protocols during the pandemic.

Knight et al.'s (2021) research emphasized the need for physicians to better understand people's sacred healing beliefs so that they could better collaborate with them and improve patient outcomes. The authors recommended finding a way to include sacred healing beliefs in the initial assessment phase of the encounter and finding ways to continue the communication throughout the process. Perhaps Adelstein's (2018)

approach to creating a sacred space in the exam room while removing hierarchy and having faith in something bigger is similar to Knight et al.'s recommendation. While physician-patient communication is outside the scope of this study, what this study does contribute is the protective role faith, beliefs, and communication about faith can play in a person's health. It also highlights a triad relationship of healer, patient, and something bigger that may exist, whether acknowledged or not.

Considering that the Hawaiian Kahuna shared that "sacred means secret," and another energy healer described it as "unseen" while another healer said it was the "soul," it is possible that sacred healing is difficult for allopathic medicine to implement even though this study reveals similarities from prior research. Most physicians and allopathic healthcare professionals have received their professional training in medical science, not necessarily in existential topics about God, the soul, love, or one's purpose—or in practices like meditation and prayer. Nonetheless, this research contributes a view into the beneficial role sacred healing perceptions, actions, and beliefs provided people over the course of the pandemic. Not only could understanding sacred healing perceptions, actions, and beliefs help healthcare workers when working with patients, it could be personally beneficial as the pandemic presented a global healing crisis that brought moral injury to oncologists and cancer patients (Rashi et al., 2021) along with extreme distress, depression, anxiety, and disrupted sleep to healthcare workers overall (Ranganathan & Ramakrishnan, 2022).

Relationship With Death

Many study participants also shared that they were able to come to peace with death as a result of their sacred healing experiences. Yalom (2008) suggested that death anxiety is the single biggest cause of existential angst and often the underlying cause of depression, anxiety, fear, indecision, and career and relationship challenges. Interestingly, a systematic review on physicians' death anxiety and their medical communication and decision-making found physicians with higher rates of death anxiety tended to have decreased communication with patients and prescribed longer hospital stays (Draper et al., 2019). This sacred healing study did not investigate death anxiety, yet the findings from this study in combination with the aforementioned literature help make a case that learning existential topics like sacred healing and their associated correlates of peace with death could help allopathic medicine and healthcare workers. With that shared, allopathic medicine has traditionally been based on a pathogenesis model (origin and treatment of disease) and the guiding theoretical framework for this study is salutogenesis (origin of health).

Salutogenic Model and Sense of Coherence

As addressed in Chapter 2, Antonovsky (1979, 1987) spent 30 years studying what factors led some patients to faster recovery and health which led to his creation of the salutogenic theory and his SOC framework and scale. He found people with higher rates of SOC tended to remain healthier in the face of similar challenges. The three main components of SOC are meaning, comprehensibility (being able to make sense of and/or find order in chaos), and manageability (having personal agency and taking action to manage through difficulty). Without knowing salutogenesis or SOC, each participants'

sacred healing story reflected themes of having increased meaning, comprehensibility, and manageability.

Participants in this study frequently cited different names for God and/or a higher forms of spirit and consciousness as providing them with meaning and instructing them about their purpose. Every participant also described comprehensibility themes by exploring religious and/or spiritual studies which led them to find resolution with religious disputes and fears about death. Participants also found increased meaning and manageability by helping others and practicing sacred actions like meditation, prayer, focusing thoughts on love, and listening to God or soul's guidance. Thus, sacred healing perceptions, actions, and beliefs appeared to be protective of people living through the pandemic and may be related to having an increased SOC.

Sacred Space and Place Attachment and Sacred Healing Motivation

The conceptual framework used in this study around sacred spaces in the home by Mazumdar and Mazumdar (1993) was particularly fitting for the lockdown phase of the pandemic as participants described how their homes and natural surrounding environment supported their sacred healing. Although, it is worth noting that each of the participants in this study had homes in contrast to the approximate 580,000+ people in the United States that were unsheltered in January of 2020 and may have been higher in the pandemic (United States Department of Housing and Urban Development, 2022). This study's participants described having a sacred space in their home where they did prayer, meditation, and/or yoga. Some people described spending at least an hour meditating every morning and night with one who explained they spent up to four hours in

meditation in their sacred space when they needed extra sacred healing, which echoes some of the Hindu practices described in Mazumdar and Mazumdar's framework. Other participants described having a home office or sacred patio space that peered out into nature. The participants described feeling rejuvenated and safe in their space. Some also described having crystals, artwork, and symbols that were "high vibration" and provided "spiritual reminders." Not only did the participants in this study describe having access to a quiet and safe space that allowed meditation to occur, many were surrounded by nature and were also able to get outside and walk during lockdown.

While a sacred space can be therapeutic, not everyone had a home, felt safe in their home, or were surrounded by quiet and natural surroundings (United States Department of Housing and Urban Development, 2022). Interestingly, Antonovsky (1979, 1987) maintained that people without homes had poorer health outcomes and reduced SOC scores. Thus, sacred spaces and SOC may be associated with financial resources and capability, or they might be influenced by a sacred healing lifestyle. For instance, the Hawaiian Kahuna, who explained she only works for donations, described financial challenges during the pandemic because people could not visit the island. Another healer also disclosed that her sacred healing experience was met with financial losses and not having a home and described how Spirit guided her to moving to ashram which led to health and financial recovery. The minister in this study also described how the medical bills from his month-long stay at the hospital was covered despite his not having insurance. He said he felt it was a gift from God and a component of his sacred

healing experience. It is difficult to quantify these findings, yet it points out that sacred healing may involve a triad relationship with the person, God, and financial resources.

While Mazumdar and Mazumdar's (1993) framework confined sacred spaces to the home, the other conceptual framework used in this study was Silva et al.'s (2018) sacred healing motivations that underlie traveling to sacred places and sacred sites in nature for sacred healing. The participants in this study frequently mentioned the healing provided by nature. While no one specifically mentioned visiting a sacred site to receive healing, participants did emphasize the healing they felt from traveling to other places when travel bans were lifted and the majority described visiting the ocean, which has been shown to provide health and well-being benefits (White et al., 2020).

Some participants described the ocean as a high vibrational place which dovetails with research about energy and vibrational aspects of sacred healing (Goldsby et al., 2022; Rubik & Jabs, 2017). The Hawaiian Kahuna described Hawaii as a sacred place that is filled with manna (spirit) and explained combining nature elements was a key component to blessing (healing) ceremonies. Her description of nature was more in line with research on Indigenous People's beliefs that experience nature as a living entity where one can attune and receive communication from nature (Bautista-Valarezo et al., 2020; Gil & Romero, 2019). While she may have described a heightened utilization of natural ingredients for sacred healing, all of the participants espoused great therapeutic benefits from nature, which adds to concepts of sacred healing from sacred sites (Garrigou-Kempton, 2020; Silva et al., 2018), landscapes (Perriam, 2015), and possibly

even the prosocial behavior in childhood and adolescence observed from caregivers when they have exposure to parks and green spaces (Putra et al., 2021)

Another participant visited her father's birthplace in Scotland, the place where Perriam (2015) described was filled with sacred sites and therapeutic landscapes. Consequently, it is possible that participants innately, or unconsciously, sought sacred places for healing. Regardless, this study was filled with people who embraced sacred healing and thus described their travel destination with words that were rich with sacred healing meaning, reinforcing Silva et al.'s (2018) framework. They were motivated to get into nature to find healing. However, their motivations may have come from being in lockdown and denied access to natural exposure and travel destinations.

An additional interpretation on sacred space involves sacred spaces in hospital settings. The literature review described that sacred healing has included the sacred design of a space and hospital room (Adelstein, 2018; iFournier, 2017; Schmock et al., 2009) and in death (Delgado-Guay, 2018). While participants described sacred spaces in their home, the participants did not describe their hospital rooms as feeling sacred. One participant described her experience in hospitals as a "violent invasion" and others felt their healing was impeded by being in a hospital. Yet two participants reported their doctor praying with them and one reported praying with his patients while another HP emphasized the healing she experienced from the compassion and faith in her attending nurses. This point is interesting as it reinforces what one HP participant explained when saying that praying in a space increases the energy in that space and can help to make it more sacred. This echoes Adelstein's (2018) description of making her clinic space a

sacred space by how she relates to patients while giving room for something bigger to intercede in the healing. Although the focus of this study was not specifically on sacred design of hospital rooms and healthcare spaces, this research helps to shed light on missing sacred elements that could be included in hospitals and healthcare spaces.

Limitations of the Study

While narrative inquiry generally involves similarity of participants (Clandinin 2007; Riessman, 2008), this study purposely sought a variety of sacred healing stories among people of different faiths and life expectancies to increase transferability. Every attempt was made to ensure authenticity to ensure trustworthiness while also verifying that study participants met the eligibility criteria, were volunteers, and diverse (Merriam & Tisdell, 2016). The six women and five men who participated in this study did represent different backgrounds, cultures, and faith beliefs. Additionally, all participants were asked the same questions, given informed consent, and discrepant cases were sought. The only potential limitation to this study is that concept of “sacred healing” in the flyer may have created a self-selection of biased participants yet their understanding of sacred healing was part of the criteria for inclusion.

Recommendations

While the findings of this study showed that people with sacred healing perceptions, beliefs, and actions appear to have the meaning, comprehensibility, and manageability found in Antonovsky’s SOC and salutogenic model (1979, 1987), future research could compare SOC scores with people’s sacred healing beliefs. It may also be that sacred healing beliefs fall on a continuum and are increased when having illnesses

that bring one closer to death and/or that increase in older people, so future research could investigate the relationship of age and death experiences with sacred healing views.

The findings from this research also illuminated a possible relationship with sacred healing and death anxiety. Future research could explore sacred healing beliefs and death anxiety. Additional research about how physicians' and healthcare workers' death anxiety may influence how they respond to patients' sacred healing beliefs could also be conducted. Relatedly, it might help to better understand how training medical professionals on existential topics of sacred healing, God, purpose, and death anxiety, may affect attending to patients' sacred healing beliefs.

Another area for future research is to examine how training individuals directly with sacred healing perceptions, actions, and beliefs could impact their quality of life, mental health, and physical health. Additionally, there is limited research on how indoor sacred spaces in hospitals, schools, and workplaces (to name a few) may enhance health and well-being. Finally, nature played a prominent role in people's sacred healing stories, so more research into the reciprocal relationship of humans and sacred spaces in nature could be conducted; especially as concepts like blue spaces (White et al., 2020) and green spaces (Donovan et al., 2019; Putra et al., 2021) have revealed positive and negative impacts in today's changing social and environmental climate.

Implications

As Knight et al. (2021) explained, allopathic medicine tends to rely on scientific reductionism and ignores people's sacred healing practices which led to greater conflicts between medicine and religion in the pandemic. As this study and related literature

review has demonstrated, sacred healing goes beyond a specific religion yet does rely on the belief of the power and intercession of a bigger force. While this study may not change allopathic medicine's pathogenesis and scientific reductionist bias, or solve the divide between religion and medicine, or change people's beliefs about the existence of God, it can illuminate genuine sacred healing experiences from people who lived through the pandemic. Giving voice to something that some people may dismiss as crazy or delusional is a powerful driver of positive social change. Not only does it empower the person sharing their experience, it also provides hope to others. Additionally, this sacred healing study provides legitimacy for further research into sacred healing and including existential topics into medical training. Ideally, this research can serve as another echo that contributes to healing the divide between medicine and religion, and pathogenesis and salutogenesis.

Conclusion

The participants in this study described amazing sacred healing stories filled with examples of miracles, personality transformation, and feeling the exceptional experience of love and peace from a bigger source. The symmetry in each person's story is powerfully consistent and is akin to the hero's journey. First there is a personal healing crisis and/or confrontation with death—and combined with a global pandemic in these cases. There is a supernatural intercession by others (God, Spirit, Energy, Angels) combined or followed by the ascension of the self to a higher realm or state of consciousness. Often the outcomes are a personal transformation, increased spiritual study of some type, adoption of a sacred healing lifestyle, and reaching out to and helping

others. If the story seems like a cookie cutter formula of a Hollywood movie, it was unexpected—and makes the consistency of these sacred healing stories with the hero's journey and many movies even more remarkable. Perhaps science can explain it as one of the definitions of science is “the state of knowing” (Merriam-Webster, n.d.). In this case, it appears the stories in this study may be a reverberation of a broader and greater knowing that exceeds scientific reductionism.

References

- Acuff, S. F., Strickland, J. C., Tucker, J. A., & Murphy, J. G. (2021). Changes in alcohol use during COVID-19 and associations with contextual and individual difference variables: A systematic review and meta-analysis. *Psychology of Addictive Behaviors*. <https://doi.org/10.1037/adb0000796>
- Adelstein, P. (2018). Sacred space. *Global Advances in Health and Medicine*, 7, 2164957X17751903. <https://doi.org/10.1177/2164957X17751903>
- Afshar, P. F., Foroughan, M., Vedadhir, A., & Tabatabaei, M. G. (2017). The effects of place attachment on social well-being in older adults. *Educational Gerontology*, 43(1), 45–51. <https://doi.org/10.1080/03601277.2016.1260910>
- Al-Anon Family Group Headquarters, Inc. (n.d.). *Recovery through the steps*. <https://al-anon.org/blog/category/the-steps/>
- Alcoholics Anonymous World Services, Inc. (2022). *Twelve steps and twelve traditions*. <https://www.aa.org/twelve-steps-twelve-traditions>
- Antonovsky, A. (1979). *Health, stress, and coping*. Jossey-Bass.
- Antonovsky, A. (1987). *Unraveling the mystery of health: How people manage stress and stay well*. Jossey-Bass.
- Arigo, D., Travers, L., & König, L. M. (2022). Pain experiences among women in midlife with existing health conditions: Changes across pre-COVID-19, stay-at-home orders, and initial reopening. *Psychology & Health*, 0(0), 1–17. <https://doi.org/10.1080/08870446.2022.2027421>

- Ayers-Gould, J.N. (2000). Spirituality in birth: Creating sacred space within the medical model. *International Journal of Childbirth Education*, 15(1), 14–17.
- Bautista-Valarezo, E., Duque, V., Verdugo Sánchez, A. E., Dávalos-Batallas, V., Michels, N. R. M., Hendrickx, K., & Verhoeven, V. (2020). Towards an indigenous definition of health: An explorative study to understand the indigenous Ecuadorian people's health and illness concepts. *International Journal for Equity in Health*, 19(1), 1–8. <https://doi.org/10.1186/s12939-020-1142-8>
- Beal, J. (2022). When traditional western medicine breaks faith. *Midwifery Today*, 142, 27–32.
- Beresford-Kroeger, D. (2013). *The sweetness of a simple life*. Random House.
- Booth, A., Carroll, C., Ilott, I., Low, L. L., & Cooper, K. (2013). Desperately seeking dissonance: Identifying the disconfirming case in qualitative evidence synthesis. *Qualitative Health Research*, 23, 126–141. <https://doi.org/10.1177/1049732312466295>
- Bouvier, J. (1856). *A law dictionary, adapted to the constitution and laws of the United States*. The Free Dictionary. <https://legal-dictionary.thefreedictionary.com/Sound+mind>
- Brace, C., Bailey, A. R., & Harvey, D. C. (2006). Religion, place and space: A framework for investigating historical geographies of religious identities and communities. *Progress in Human Geography*, 30(1), 28–43. <https://doi.org/10.1191/0309132506ph589oa>

- Bryson, J. R., Andres, L., & Davies, A. (2020). COVID-19, Virtual Church Services and a New Temporary Geography of Home. *Tijdschrift Voor Economische En Sociale Geografie*, 111(3), 360–372. <https://doi.org/10.1111/tesg.12436>
- Buchele, M. & Webber, A. (2022). The toll. *The Disconnect*. KUT News. <https://app.trint.com/public/20aabcd0-91b8-4d35-aaba-577d22e84203>
- Bulut, O., Kilic, G., Domínguez-Andrés, J., & Netea, M. G. (2020). Overcoming immune dysfunction in the elderly: Trained immunity as a novel approach. *International Immunology*, 32(12), 741–753. <https://doi.org/10.1093/intimm/dxaa052>
- Chakraborti, D., Singh, S. K., Rahman, M. M., Dutta, R. N., Mukherjee, S. C., Pati, S., & Kar, P. B. (2018). Groundwater arsenic contamination in the Ganga River Basin: A future health danger. *International Journal of Environmental Research and Public Health*, 15(2), 180. <https://doi.org/10.3390/ijerph15020180>
- Charles, N. E., Strong, S. J., Burns, L. C., Bullerjahn, M. R., & Serafine, K. M. (2021). Increased mood disorder symptoms, perceived stress, and alcohol use among college students during the COVID-19 pandemic. *Psychiatry Research*, 296, 113706. <https://doi.org/10.1016/j.psychres.2021.113706>
- Chu, K.-H., Tung, H.-H., Clinciu, D. L., Hsu, H.-I., Wu, Y.-C., Hsu, C.-I., Lin, S.-W., & Pan, S.-J. (2022). A preliminary study on self-healing and self-health management in older adults: Perspectives from healthcare professionals and older adults in Taiwan. *Gerontology and Geriatric Medicine*, 8, 23337214221077788. <https://doi.org/10.1177/23337214221077788>

- Clandinin, D. J. (2007). *Handbook of narrative inquiry: Mapping a methodology*. SAGE Publications.
- Crockford, S. (2018). A Mercury retrograde kind of day: Exploring astrology in contemporary new age spirituality and American social life. *Correspondences*, 6(1), 47–75.
- Cumberland, D. M., Ellinger, A. D., & Deckard, T. G. (2021). Listening and learning from the COVID-19 frontline in one US healthcare system. *International Journal of Workplace Health Management*, 15(3), 410–426.
<https://doi.org/10.1108/IJWHM-03-2021-0054>
- Czerny, A. B., Lassiter, P. S., & Lim, J. H. (2018). Post-abuse boundary renegotiation: Healing and self after intimate partner violence. *Journal of Mental Health Counseling*, 40(3), 211–225. <https://doi.org/10.17744/mehc.40.3.03>
- Daly, M., & Robinson, E. (2021). High-risk drinking in midlife before versus during the COVID-19 crisis: Longitudinal evidence from the United Kingdom. *American Journal of Preventive Medicine*, 60(2), 294–297.
<https://doi.org/10.1016/j.amepre.2020.09.004>
- Dash, G. F., Wilson, A. C., Morasco, B. J., & Feldstein Ewing, S. W. (2018). A model of the intersection of pain and opioid misuse in children and adolescents. *Clinical Psychological Science*, 6(5), 629–646.
<https://doi.org/10.1177/2167702618773323>

- Delgado-Guay, M. O. (2018). Developing a healing environment for broken souls of patients with life-threatening illnesses and their caregivers. *Journal of Pain & Symptom Management*, 55(4), 1231–1236.
- Demasure, K. (2022). The loss of the self—Spiritual abuse of adults in the context of the Catholic Church. *Religions*, 13(6), 509. <https://doi.org/10.3390/rel13060509>
- Dispenza, J. (2017). *Becoming supernatural: How common people are doing the uncommon*. Hay House.
- Donne, Z., Rasolonirina, M., Djaovagnono, H. C., Kall, B., Rabesiranana, N., & Rajaobelison, J. (2021). Study of water radioactivity transfer from telluric origin in the Amber Mountain, Antsiranana, Madagascar. *Scientific African*, 13, e00902. <https://doi.org/10.1016/j.sciaf.2021.e00902>
- Donovan, G. H., Michael, Y. L., Gatziolis, D., Mannetje, A., & Douwes, J. (2019). Association between exposure to the natural environment, rurality, and attention-deficit hyperactivity disorder in children in New Zealand: A linkage study. *The Lancet. Planetary Health*, 3(5), e226–e234. [https://doi.org/10.1016/S2542-5196\(19\)30070-1](https://doi.org/10.1016/S2542-5196(19)30070-1)
- Doty, J. (2017). *Into the magic shop: A neurosurgeon's quest to discover the mysteries of the brain and secrets of the heart*. Avery.
- Doty, M. S., Chen, H.-Y., Ajishegiri, O., Sibai, B. M., Blackwell, S. C., & Chauhan, S. P. (2022). Daily meditation program for anxiety in individuals admitted to the antepartum unit: A multicenter randomized controlled trial (MEDITATE).

American Journal of Obstetrics & Gynecology MFM, 4(3), 100562.

<https://doi.org/10.1016/j.ajogmf.2022.100562>

Draper, E. J., Hillen, M. A., Moors, M., Ket, J. C. F., van Laarhoven, H. W. M., & Henselmans, I. (2019). Relationship between physicians' death anxiety and medical communication and decision-making: A systematic review. *Patient Education and Counseling*, 102(2), 266–274.

<https://doi.org/10.1016/j.pec.2018.09.019>

Dresser, H. (1921). *The Quimby manuscripts*. T.Y. Crowell.

Dresser, H. (1922). *Spiritual health and healing*. T.Y. Crowell.

Eisma, M. C., Tamminga, A., Smid, G. E., & Boelen, P. A. (2021). Acute grief after deaths due to COVID-19, natural causes and unnatural causes: An empirical comparison. *Journal of Affective Disorders*, 278, 54–56.

<https://doi.org/10.1016/j.jad.2020.09.049>

Estrin, D. (2022, January 10). A moment of intimacy: New Yorkers and the sacred spaces in their homes. *The New York Times*.

<https://www.nytimes.com/2021/12/29/nyregion/sacred-spaces-home-nyc.html>

Executive Office of the President. (2023, January 30). Statement of administration policy.

H.R. 382- A bill to terminate the public health emergency declared with respect to COVID-19. H.J. Res. 7-A joint resolution relating to a national emergency declared by the President on March 13, 2020. <https://www.whitehouse.gov/wp-content/uploads/2023/01/SAP-H.R.-382-H.J.-Res.-7.pdf>

- Faber-Taylor, A., & Kuo, F. E. (2009). Children with attention deficits concentrate better after walk in the park. *Journal of Attention Disorders*, 12(5), 402–409.
<https://doi.org/10.1177/1087054708323000>
- Famous Authors. (2020). *Louise Hay*. <https://www.famousauthors.org/louise-hay>
- Finkler, K. (1994). Sacred healing and biomedicine compared. *Medical Anthropology Quarterly*, 8(2), 178-197.
- Fournier, A. L. (2017). Creating a sacred space in the intensive care unit at the end of life: *Dimensions of Critical Care Nursing*, 36(2), 110–115.
<https://doi.org/10.1097/DCC.0000000000000231>
- Fraser, J. & Stemeroff, N. (2021, February 3). Dazzling and dangerous: epidemics, space physics, and settler understandings of the Aurora Borealis. *Rachel Carson Center*.
<https://seeingthewoods.org/2021/02/03/dazzling-and-dangerous-epidemics-space-physics-and-settler-understandings-of-the-aurora-borealis/>
- Friedman, H. S., & Kern, M. L. (2014). Personality, well-being, and health. *Annual Review of Psychology*, 65(1), 719–742. <https://doi.org/10.1146/annurev-psych-010213-115123>
- Fries, C. J. (2020). Healing health care: from sick care towards salutogenic healing systems. *Social Theory & Health: STH*, 18(1), 16–32.
<https://doi.org/10.1057/s41285-019-00103-2>
- Garrigou-Kempton, E. (2020). Suffering and Healing in the Late Nineteenth Century: Medical Case Studies from the Lourdes Sanctuary. *Modern & Contemporary France*, 28(4), 443–455. <https://doi.org/10.1080/09639489.2020.1760805>

- Gil, P. A. P., & Romero, L. E. L. (2019). El camino a ser gente (sunna gua mhuysqa) La experiencia del fundamento telúrico y radical del saber ancestral indígena en Colombia [The way to being people (sunna gua mhuysqa). The experience of the earthquake and radical foundation of indigenous ancestral knowledge in Colombia]. *Perseitas*, 7(1), 72–97. <https://doi.org/10.21501/23461780.3154>
- Goldsby, T. L., Goldsby, M. E., McWalters, M., & Mills, P. J. (2022). Sound healing: mood, emotional, and spiritual well-being interrelationships. *Religions*, 13(2), 123. <https://doi.org/10.3390/rel13020123>
- Goto, R., Okubo, Y., & Skokauskas, N. (2022). Reasons and trends in youth's suicide rates during the COVID-19 pandemic. *The Lancet Regional Health. Western Pacific*, 27, 100567. <https://doi.org/10.1016/j.lanwpc.2022.100567>
- Guest, G., Bunce, A., and Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field Methods*, 18(1), 59–82. https://www.youtube.com/watch?v=_0HxMpJsm0I
- Haney, A. M., & Rollock, D. (2020). A matter of faith: The role of religion, doubt, and personality in emerging adult mental health. *Psychology of Religion and Spirituality*, 12(2), 247–253. <https://doi.org/10.1037/rel0000231>
- Hay, L. (2004). *You can heal your life*. Hay House.
- Heimsath, B. (2014, April 22). A place for a spiritual encounter, does Austin have thin places? Interfaith Action of Central Texas. <https://interfaithtexas.org/a-place-for-spiritual-encounter-does-austin-have-thin-places/>
- Hild, C. M. (2006). Places and states of mind for healing. *ReVision*, 29(1), 12.

- Hilloowala, R. (2020). The oblivious waxes: Gaetano Zumbo's Teatrini. *Vesalius: Acta Internationales Historiae Medicinae*, 26(1), 28-38.
- Izadi-Mazidi, M., & Riahi, F. (2020). Pathologic grief and loss associated with COVID-19 in Iran. *Journal of Loss and Trauma*.
<https://doi.org/10.1080/15325024.2020.1828695>
- Josselson, R. (2007). The ethical attitude in narrative research. In. Clandinin, D.J. (Ed.) *Handbook of narrative inquiry: Mapping a methodology* . (pp. 537-566). SAGE Publications.
- June, L. N., & June, S. A. (2021). Initial real time coping by African American Christians during the coronavirus pandemic (COVID-19). *Journal of Pastoral Care & Counseling*, 75(3), 179–187. <https://doi.org/10.1177/15423050211027523>
- Killgore, W. D. S., Cloonan, S. A., Taylor, E. C., Lucas, D. A., & Dailey, N. S. (2020). Loneliness during the first half-year of COVID-19 Lockdowns. *Psychiatry Research*, 294, 113551. <https://doi.org/10.1016/j.psychres.2020.113551>
- Kitzmüller, G., Mangset, M., Evju, A. S., Angel, S., Aadal, L., Martinsen, R., Bronken, B. A., Kvigne, K., Bragstad, L. K., Hjelle, E. G., Sveen, U., & Kirkevold, M. (2019). Finding the way forward: The lived experience of people with stroke after participation in a complex psychosocial intervention. *Qualitative Health Research*, 29(12), 1711–1724. <https://doi.org/10.1177/1049732319833366>
- Knight, D., Dudenkov, D. V., & Cheshire, W. P. (2021). Religion in the US during the time of a Pandemic: A Medical Perspective. *Journal of Religion and Health*, 60(5), 3177–3192. <https://doi.org/10.1007/s10943-021-01366-8>

- Kremer, J. W. (1995). On understanding indigenous healing practices. *Ethnopsychologische Mitteilungen*, 4(1), 3–36.
- Lau, E., McClintock, C., Graziosi, M., Nakkana, A., Garcia, A., & Miller, L. (2020). Content Analysis of Spiritual Life in Contemporary USA, India, and China. *Religions*, 11(6), 286. <https://doi.org/10.3390/rel11060286>
- Le, H., Khan, B. A., Murtaza, S., & Shah, A. A. (2020). The increase in suicide during the COVID-19 pandemic. *Psychiatric Annals*, 50(12), 526–530. <https://doi.org/10.3928/00485713-20201105-01>
- Leibrich, J. (2015). *Sanctuary: The discovery of wonder*. Otago University Press.
- Liebermann, C., Kohl Schwartz, A. S., Charpidou, T., Geraedts, K., Rauchfuss, M., Wölfler, M., von Orelli, S., Häberlin, F., Eberhard, M., Imesch, P., Imthurn, B., & Leeners, B. (2018). Maltreatment during childhood: A risk factor for the development of endometriosis? *Human Reproduction*, 33(8), 1449–1458. <https://doi.org/10.1093/humrep/dey111>
- Lim, M. H., Qualter, P., Thurston, L., Eres, R., Hennessey, A., Holt-Lunstad, J., & Lambert, G. W. (2022). A global longitudinal study examining social restrictions severity on loneliness, social anxiety, and depression. *Frontiers in Psychiatry*, 13. <https://www.frontiersin.org/articles/10.3389/fpsy.2022.818030>
- Lipton, B. H. (2005). *The biology of belief: Unleashing the power of consciousness, matter and miracles*. Author Solutions.
- Lotzin, A., Acquarini, E., Ajdukovic, D., Ardino, V., Böttche, M., Bondjers, K., Bragesjö, M., Dragan, M., Grajewski, P., Figueiredo-Braga, M., Gelezelyte, O.,

- Javakhishvili, J. D., Kazlauskas, E., Knefel, M., Lueger-Schuster, B., Makhashvili, N., Mooren, T., Sales, L., Stevanovic, A., & Schäfer, I. (2020). Stressors, coping and symptoms of adjustment disorder in the course of the COVID-19 pandemic—Study protocol of the European Society for Traumatic Stress Studies (ESTSS) pan-European study. *European Journal of Psychotraumatology*, *11*(1). <https://doi.org/10.1080/20008198.2020.1780832>
- Louise Hay. (n.d.). *About Louise*. <https://www.louisehay.com/about/>
- Lourens, H. (2021). Giving voice to my body: Healing through narrating the disabled self. *Disability & Society*, *36*(6), 849–863. <https://doi.org/10.1080/09687599.2020.1778445>
- Lucchetti, G., Góes, L. G., Amaral, S. G., Ganadjian, G. T., Andrade, I., Almeida, P. O. de A., do Carmo, V. M., & Manso, M. E. G. (2021). Spirituality, religiosity and the mental health consequences of social isolation during Covid-19 pandemic. *International Journal of Social Psychiatry*, *67*(6), 672–679. <https://doi.org/10.1177/0020764020970996>
- Luhrmann, T. M., & Weisman, K. (2022). Porosity is the heart of religion. *Current Directions in Psychological Science*, *31*(3), 247–253. <https://doi.org/10.1177/09637214221075285>
- Luhrmann, T. M., Weisman, K., Aulino, F., Brahinsky, J. D., Dulin, J. C., Dzokoto, V. A., Legare, C. H., Lifshitz, M., Ng, E., Ross-Zehnder, N., & Smith, R. E. (2021). Sensing the presence of gods and spirits across cultures and faiths. *Proceedings of*

the National Academy of Sciences, 118(5), e2016649118.

<https://doi.org/10.1073/pnas.2016649118>

Mackes, N. K., Golm, D., Sarkar, S., Kumsta, R., Rutter, M., Fairchild, G., Mehta, M. A.,

Sonuga-Barke, E. J. S., & on behalf of the ERA Young Adult Follow-up team.

(2020). Early childhood deprivation is associated with alterations in adult brain

structure despite subsequent environmental enrichment. *Proceedings of the*

National Academy of Sciences, 17(1), 641–649.

<https://doi.org/10.1073/pnas.1911264116>

Madzunya, D., Dudu, V. P., Mathuthu, M., & Manjoro, M. (2020). Radiological health

risk assessment of drinking water and soil dust from Gauteng and northwest

provinces in South Africa. *Heliyon*, 6(2), e03392.

<https://doi.org/10.1016/j.heliyon.2020.e03392>

Majidzadeh, A. K., Rostami, R., & Kazemi, R. (2018). Electrophysiological correlates of

listening to the recitation of Quran. *The Neuroscience Journal of Shefaye Khatam*,

6(2), 69–81.

Makary, M. A., & Daniel, M. (2016). Medical error-the third leading cause of death in

the US. *BMJ: British Medical Journal (Online)*, 353.

<https://doi.org/10.1136/bmj.i2139>

Martins, P. (2020). A perspective on the “spontaneous” cures associated with the sacred.

(2020). *International Journal of Humanities, Social Sciences and Education*, 7(5).

<https://doi.org/10.20431/2349-0381.0705004>

- Matos, L. C., Machado, J. P., Monteiro, F. J., & Greten, H. J. (2021). Understanding Traditional Chinese Medicine therapeutics: An overview of the basics and clinical applications. *Healthcare*, 9(3), 257. <https://doi.org/10.3390/healthcare9030257>
- Mazumdar, S., & Mazumdar, S. (1993). Sacred space and place attachment. *Journal of Environmental Psychology*, 13(3), 231–242. [https://doi.org/10.1016/S0272-4944\(05\)80175-6](https://doi.org/10.1016/S0272-4944(05)80175-6)
- Mazumdar, S., & Mazumdar, S. (1999). Women's significant spaces': religion, space, and community. *Journal of Environmental Psychology*, 19(2), 159–170. <https://doi.org/10.1006/jevp.1999.0117>
- McSwan, J., Gudin, J., Song, X.-J., Plapler, P. G., Betteridge, N. J., Kechemir, H., Igracki-Turudic, I., & Pickering, G. (2021). Self-healing: A concept for musculoskeletal body pain management—Scientific evidence and mode of action. *Journal of Pain Research*, 14, 2943–2958. <https://doi.org/10.2147/JPR.S321037>
- Merriam, S. B., & Tisdell, E. J. (2016). *Qualitative research : a guide to design and implementation* (Fourth edition.). Jossey-Bass, a Wiley Brand.
- Merriam-Webster. (n.d.). Science. In *Merriam-Webster Dictionary*. <https://www.merriam-webster.com/dictionary/science>
- Meymandi, A. (2009). Music, medicine, healing, and the genome project. *Psychiatry (Edgmont)*, 6(9), 43–45.
- Middle East Eye. (2022, March 8). Egypt: South Sinai's Saint Catherine 'destroyed' by new development project. *Middle East Eye*.

<https://www.middleeasteye.net/news/egypt-sinai-historic-st-catherine-destroyed-development-project>

Miller, A., Castro Bigalli, A., & Sumanam, P. (2020). The coronavirus disease-2019 pandemic, social distancing, and observance of religious holidays: Perspectives from Catholicism, Islam, Judaism, and Hinduism. *International Journal of Critical Illness & Injury Science*, 10(2), 49–52.

https://doi.org/10.4103/IJCIIS.IJCIIS_60_20

Mittelmark, M.B., Sagy, S., Eriksson, M, Bauer, G., Pelikan J.M., Lindström, B. (Ed.). (2017). *The handbook of salutogenesis*. Springer.

New International Version Bible. (n.d.). *Exodus*. Massachusetts Institute of Technology Bible Gateway.

https://web.mit.edu/jywang/www/cef/Bible/NIV/NIV_Bible/EXOD+3.html#:~:text=There%20the%20angel%20of%20the,it%20did%20not%20burn%20up.&text=So%20Moses%20thought%2C%20%22I%20will,bush%20does%20not%20burn%20up.%22

Nortey, J. (2022, March 22). More houses of worship are returning to normal operations, but in-person attendance is unchanged since fall. *Pew Research Center*.

<https://www.pewresearch.org/fact-tank/2022/03/22/more-houses-of-worship-are-returning-to-normal-operations-but-in-person-attendance-is-unchanged-since-fall/>

Nyske, E. (2020). Is the Holy Spirit confused with Kundalini Shakti during many healing ministries? The comparative study of spiritual manifestations among Christian

charismatics and the followers of Hinduism. *The Religious Studies Review*, 2, 147–164. <https://doi.org/10.34813/ptr2.2020.10>

United States Department of Housing and Urban Development. (2022, December). 2022 *AHAR: Part 1 - PIT estimates of homelessness in the U.S.*. Office of Policy Development and Research.

Offidani, E., Peterson, J. C., Loizzo, J., Moore, A., & Charlson, M. E. (2017). Stress and response to treatment: Insights from a pilot study using a 4-week contemplative self-healing meditation intervention for posttraumatic stress in breast cancer. *Journal of Evidence-Based Complementary & Alternative Medicine*, 22(4), 715–720. <https://doi.org/10.1177/2156587217708522>

Oh, W. (2021). Understanding of self: Buddhism and psychoanalysis. *Journal of Religion and Health*. <https://doi.org/10.1007/s10943-021-01437-w>

Ohno, S. (1970). *Evolution by gene duplication*. Springer-Verlag.

Okyerefo, M. P. K., & Fiaveh, D. Y. (2017). Prayer and health-seeking beliefs in Ghana: Understanding the ‘religious space’ of the urban forest. *Health Sociology Review*, 26(3), 308–320. <https://doi.org/10.1080/14461242.2016.1257360>

Oppel, L. (2010). Allopathy—A term that diminishes the profession. *British Columbia Medical Journal*. 52. <https://bcmj.org/cohp/allopathy%E2%80%94term-diminishes-profession>

Oppenheimer, M. (2008, May 4). The queen of new age. *The New York Times Magazine*. <https://www.nytimes.com/2008/05/04/magazine/04Hay-t.html>

- Pasca, L., Aragonés, J. I., & Coello, M. T. (2017). An analysis of the connectedness to nature scale based on item response theory. *Frontiers in Psychology, 8*.
<https://www.frontiersin.org/article/10.3389/fpsyg.2017.01330>
- Patheos. (n.d.). *Religion library: Buddhism*.
<https://www.patheos.com/library/buddhism/ritual-worship-devotion-symbolism/sacred-space>
- Patton, M. Q. (2015). *Qualitative research & evaluation methods: Integrating theory and practice* (4th ed.). Thousand Oaks, CA: SAGE.
- Paul, D. (2017). Research on heavy metal pollution of river Ganga: A review. *Annals of Agrarian Science, 15*(2), 278–286. <https://doi.org/10.1016/j.aasci.2017.04.001>
- Peres, M. F. P., Kamei, H. H., Tobo, P. R., & Lucchetti, G. (2018). Mechanisms behind religiosity and spirituality's effect on mental health, quality of life and well-being. *Journal of Religion and Health, 57*(5), 1842–1855.
<https://doi.org/10.1007/s10943-017-0400-6>
- Perriam, G. (2015). Sacred spaces, healing places: therapeutic landscapes of spiritual significance. *Journal of Medical Humanities, 36*(1), 19–33.
<https://doi.org/10.1007/s10912-014-9318-0>
- Phillips, G. (2007). *The end of Eden: The comet that changed civilization*. Simon and Schuster.
- Pimentel, P. P., & Toldrá, R. C. (2017). Self-healing method as strategy to promote health and rehabilitation of people with multiple sclerosis in the context of

occupational therapy. *Cadernos Brasileiros de Terapia Ocupacional*, 25(3), 565–573. <https://doi.org/10.4322/2526-8910.ctoAO0992>

Pirkis, J., Gunnell, D., Shin, S., Del Pozo-Banos, M., Arya, V., Aguilar, P. A., Appleby, L., Arafat, S. M. Y., Arensman, E., Ayuso-Mateos, J. L., Balhara, Y. P. S., Bantjes, J., Baran, A., Behera, C., Bertolote, J., Borges, G., Bray, M., Brečić, P., Caine, E., ... Spittal, M. J. (2022). Suicide numbers during the first 9-15 months of the COVID-19 pandemic compared with pre-existing trends: An interrupted time series analysis in 33 countries. *EclinicalMedicine*, 51, 101573. <https://doi.org/10.1016/j.eclinm.2022.101573>

Plancke, C. (2020). Bodily intimacy and ritual healing in women's tantric retreats. *Anthropology & Medicine*, 27(3), 285–299. <https://doi.org/10.1080/13648470.2019.1702774>

Protection of Human Subjects, 45 C.F.R. 46. (2022). <https://www.ecfr.gov/cgi-bin/text-id.x?SID=58d96a013d3e34979d7d98ede819e917&mc=true&node=pt45.1.46&rgn=div5>

Putra, I. G. N. E., Astell-Burt, T., Cliff, D. P., Vella, S. A., & Feng, X. (2021). Association between caregiver perceived green space quality and the development of prosocial behaviour from childhood to adolescence: Latent class trajectory and multilevel longitudinal analyses of Australian children over 10 years. *Journal of Environmental Psychology*, 74, 101579. <https://doi.org/10.1016/j.jenvp.2021.101579>

- Rami, F., Searight, H. R., Dryjanska, L., & Battista, P. (2022). COVID-19 – International psychology’s role in addressing healthcare disparities and ethics in marginalized communities. *International Perspectives in Psychology: Research, Practice, Consultation*, 11(2), 80–88. <https://doi.org/10.1027/2157-3891/a000035>
- Ramkissoon, H. (2021). Place affect interventions during and after the COVID-19 pandemic. *Frontiers in Psychology*, 12. <https://www.frontiersin.org/article/10.3389/fpsyg.2021.726685>
- Ranganathan, L., & Ramakrishnan, N. (2022). Psychological wellness of health-care professionals during the coronavirus disease-2019 pandemic. *Apollo Medicine*, 19(2), 81–88. https://doi.org/10.4103/am.am_150_21
- Rangmar, J., Sandberg, A. D., Aronson, M., & Fahlke, C. (2015). Cognitive and executive functions, social cognition and sense of coherence in adults with fetal alcohol syndrome. *Nordic Journal of Psychiatry*, 69(6), 472–478. <https://doi.org/10.3109/08039488.2015.1009487>
- Rashid, S., Reeder, C., Sahu, S., & Rashid, S. (2021). Psychological distress and moral injury to oncologists and their patients during COVID-19 pandemic. *Current Psychology*. <https://doi.org/10.1007/s12144-021-02128-1>
- Riessman, C.K. (2008). *Narrative Methods for the Human Sciences*. Sage Publications, Inc.
- Romero-Reveron, R. (2020). Bubonic plague in Eyam, 1665–1666. *Vesalius: Acta Internationales Historiae Medicinae*. 26(1), 6-14.

- Rosa, W., Estes, T., & Watson, J. (2017). Caring science conscious dying: An emerging metaparadigm. *Nursing Science Quarterly*, 30(1), 58–64.
<https://doi.org/10.1177/0894318416680538>
- Rubik, B., & Jabs, H. (2017). Effects of intention; energy healing and mind-body states on biophoton emission. *Cosmos and History: The Journal of Natural and Social Philosophy*, 13(2), 227–247.
- Rucklidge, J. (2019). Exposure to green spaces as a modifiable risk factor in attention-deficit hyperactivity disorder / *The Lancet*. [https://doi.org/10.1016/S2542-5196\(19\)30074-9](https://doi.org/10.1016/S2542-5196(19)30074-9)
- Sadeghi Habibabad, A., MahdiNejad, J.-E.-D., Azemati, H., & Matracchi, P. (2022). Using neurology sciences to investigate the color component and its effect on promoting the sense of spirituality in the interior space of the Vakil Mosque of Shiraz (Using quantitative electroencephalography wave recording). *Journal of Religion and Health*, 61(3), 2398–2415. <https://doi.org/10.1007/s10943-019-00937-0>
- Saiz, J., Chen-Chen, X., & Mills, P. J. (2021). Religiosity and spirituality in the stages of recovery from persistent mental disorders. *The Journal of Nervous and Mental Disease*, 209(2), 106–113. <https://doi.org/10.1097/NMD.0000000000001271>
- Saloner, B., McGinty, E. E., Beletsky, L., Bluthenthal, R., Beyrer, C., Botticelli, M., & Sherman, S. G. (2018). A public health strategy for the opioid crisis. *Public Health Reports*, 133(1_suppl), 24S-34S.
<https://doi.org/10.1177/0033354918793627>

- Sarker, A., Nataraj, N., Siu, W., Li, S., Jones, C. M., & Sumner, S. A. (2022). Concerns among people who use opioids during the COVID-19 pandemic: A natural language processing analysis of social media posts. *Substance Abuse Treatment, Prevention & Policy*, 17(1), 1–7. <https://doi.org/10.1186/s13011-022-00442-w>
- Sarkissian, H., & Phelan, M. (2019). Moral objectivism and a punishing God. *Journal of Experimental Social Psychology*, 80, 1–7. <https://doi.org/10.1016/j.jesp.2018.08.012>
- Saymanlier, A. M., Kurt, S., & Ayiran, N. (2018). The place attachment experience regarding the disabled people: The typology of coffee shops. *Quality & Quantity: International Journal of Methodology*, 52(6), 2577–2596. <https://doi.org/10.1007/s11135-017-0678-1>
- Schmock BN, Breckenridge DM, & Benedict K. (2009). Effect of sacred space environment on surgical patient outcomes: A pilot study. *International Journal for Human Caring*, 13(1), 49–59. <https://doi.org/10.20467/1091-5710.13.1.49>
- Sharley, V. (2012). New ways of thinking about the influence of cultural identity, place and spirituality on child development within child placement practice. *Adoption & Fostering*, 36(3/4), 112–117. <https://doi.org/10.1177/030857591203600312>
- Shealy, C.N. (1999). *Sacred healing: The curing power of energy and spirituality*. Element Books.
- Silva, C., Abrantes, J. L., & Herstein, R. (2018). Linking sacred place preferences with place meaning: a conceptual model of relationship between sacred place

motivations and place attachment. *International Journal of Multidisciplinarity in Business and Science*, 4(5), 61-66.

Singh, D. K. M., & Ajinkya, S. (2012). Spirituality and Religion in Modern Medicine. *Indian Journal of Psychological Medicine*, 34(4), 399–402.

<https://doi.org/10.4103/0253-7176.108234>

Slavich, G. M. (2020). Psychoneuroimmunology of Stress and Mental Health. In K. L. Harkness & E. P. Hayden (Eds.), *The Oxford Handbook of Stress and Mental Health* (pp. 518–546). Oxford University Press.

<https://doi.org/10.1093/oxfordhb/9780190681777.013.24>

Smith, H. (2017, August 31). Louise Hay, AIDS advocate who became leading voice of the New Age movement, dies at 90. Obituaries. *The Washington Post*.

https://www.washingtonpost.com/local/obituaries/louise-hay-aids-advocate-who-became-leading-voice-of-the-new-age-movement-dies-at-90/2017/08/31/54add1d4-8e5d-11e7-84c0-02cc069f2c37_story.html

Soufian, S. (2011). Religious experiences in the view of neurology. *Arak Medical University Journal*, 13(5), 98–106.

Stellar, J. E., John-Henderson, N., Anderson, C. L., Gordon, A. M., McNeil, G. D., & Keltner, D. (2015). Positive affect and markers of inflammation: Discrete positive emotions predict lower levels of inflammatory cytokines. *Emotion*, 15(2), 129–

133. <https://doi.org/10.1037/emo0000033>

- Sulkowski, L., & Ignatowski, G. (2020). Impact of COVID-19 Pandemic on Organization of Religious Behaviour in Different Christian Denominations in Poland. *Religions, 11*(5), 254. <https://doi.org/10.3390/rel11050254>
- Turner, K.A. (2014). *Radical remission: Surviving cancer against all odds*. HarperCollins Publishers.
- Turner, K.A. (2020). *Radical remission: Healing against all odds* [Film]. Hay House.
- Umeta Chali, B., Melaku, T., Berhanu, N., Mengistu, B., Milkessa, G., Mamo, G., Alemu, S., & Mulugeta, T. (2021). Traditional medicine practice in the context of COVID-19 pandemic: community claim in jimma zone, oromia, ethiopia. *Infection and Drug Resistance, 14*, 3773–3783. <https://doi.org/10.2147/IDR.S331434>
- UNESCO World Heritage Convention. (n.d.) *World heritage list*. <https://whc.unesco.org/en/list/>
- Vaiserman, A., Koliada, A., Zabuga, O., & Socol, Y. (2018). Health Impacts of Low-Dose Ionizing Radiation: Current Scientific Debates and Regulatory Issues. *Dose-Response, 16*(3), 1559325818796331. <https://doi.org/10.1177/1559325818796331>
- Ventegodt, S., & Merrick, J. (2004). Clinical holistic medicine: applied consciousness-based medicine. *The Scientific World Journal, 4*, 96–99. <https://doi.org/10.1100/tsw.2004.8>
- Ventegodt, S., Solheim, E., Saunte, M. E., Morad, M., Kandel, I., & Merrick, J. (2004). Clinical holistic medicine: metastatic cancer. *The Scientific World Journal, 4*, 913–935. <https://doi.org/10.1100/tsw.2004.189>

- Vermeer, P., & Kregting, J. (2020). Religion and the Transmission of COVID-19 in The Netherlands. *Religions, 11*(8), 393. <https://doi.org/10.3390/rel11080393>
- Wang, S., Quan, L., Chavarro, J. E., Slopen, N., Kubzansky, L. D., Koenen, K. C., Kang, J. H., Weisskopf, M. G., Branch-Elliman, W., & Roberts, A. L. (2022). Associations of depression, anxiety, worry, perceived stress, and loneliness prior to infection with risk of post–COVID-19 conditions. *JAMA Psychiatry*. <https://doi.org/10.1001/jamapsychiatry.2022.2640>
- Wang, X., Wong, Y. D., & Yuen, K. F. (2021). Rise of “Lonely” Consumers in the Post-COVID-19 Era: A Synthesised Review on Psychological, Commercial and Social Implications. *International Journal of Environmental Research and Public Health, 18*(2). <https://doi.org/10.3390/ijerph18020404>
- Weil, J. (2021). Pandemic place: assessing domains of the person-place fit measure for older adults (PPFM-OA) during COVID-19. *Journal of Aging & Social Policy, 33*(4–5), 332–341. <https://doi.org/10.1080/08959420.2020.1824539>
- White, M. P., Elliott, L. R., Gascon, M., Roberts, B., & Fleming, L. E. (2020). Blue space, health and well-being: A narrative overview and synthesis of potential benefits. *Environmental Research, 191*, 110169. <https://doi.org/10.1016/j.envres.2020.110169>
- Winstanley, E. L., & Stover, A. N. (2019). The impact of the opioid epidemic on children and adolescents. *Clinical Therapeutics, 41*(9), 1655–1662. <https://doi.org/10.1016/j.clinthera.2019.06.003>

- Woosnam, K. M., Aleshinloye, K. D., Ribeiro, M. A., Styliadis, D., Jiang, J., & Erul, E. (2018). Social determinants of place attachment at a World Heritage Site. *Tourism Management, 67*, 139–146. <https://doi.org/10.1016/j.tourman.2018.01.012>
- World Health Organization. (2022, August 24). *WHO coronavirus (COVID-19) dashboard*. <https://covid19.who.int/>
- World Population Review (2022). *Religion by country 2022*. <https://worldpopulationreview.com/country-rankings/religion-by-country>
- Worldometer. (2022, August 24). *Current world population*. [https://www.worldometers.info/world-population/#:~:text=World%20Population%20Clock%3A%207.97%20Billion%20People%20\(2022\)%20%2D%20Worldometer](https://www.worldometers.info/world-population/#:~:text=World%20Population%20Clock%3A%207.97%20Billion%20People%20(2022)%20%2D%20Worldometer)
- Wu, C., Cheng, J., Zou, J., Duan, L., & Campbell, J. E. (2021). Health-related quality of life of hospitalized COVID-19 survivors: An initial exploration in Nanning city, China. *Social Science & Medicine, 274*, 113748. <https://doi.org/10.1016/j.socscimed.2021.113748>
- Xiao, Y., Becerik-Gerber, B., Lucas, G., & Roll, S. C. (2021). Impacts of working from home during COVID-19 pandemic on physical and mental well-being of office workstation users. *Journal of Occupational and Environmental Medicine, 63*(3), 181–190. <https://doi.org/10.1097/JOM.0000000000002097>
- Yalom, I. D. (2008). Staring at the sun: Overcoming the terror of death. *The Humanistic Psychologist, 36*(3–4), 283–297. <https://doi.org/10.1080/08873260802350006>

Yiannaki, S.T., Nomikos, N.N., Gargalianos, D., Stathopoulo, G., & Trakada, G. (2020).

Asclepius, the ancient Greek god of medicine. *Vesalius: Acta Internationales Historiae Medicinae*. 26(1),41-57.

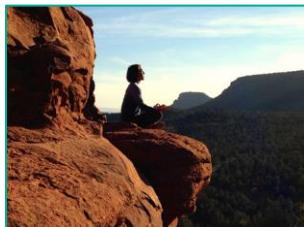
Zarean, F., & Latifi, Z. (2022). The effectiveness of self-healing (the healing codes) training on psychological capital and distress tolerance in women with addicted husbands. *Current Psychology: A Journal for Diverse Perspectives on Diverse Psychological Issues*, 41(6), 3472–3480. <https://doi.org/10.1007/s12144-020-00860-8>

Zarean, F., Sadri Damirchi, E., & Sheykholeslami, A. (2022). Effect of self-healing intervention program on psychological well-being and marital satisfaction of women victimized by domestic violence. *The American Journal of Family Therapy*, 0(0), 1–19. <https://doi.org/10.1080/01926187.2022.2042865>

Zarse, E.M., Neff, M.R., Yoder, R., Hulvershorn, L., Chambers, J.E., & Chambers, R.A. (2019). The adverse childhood experiences questionnaire: Two decades of research on childhood trauma as a primary cause of adult mental illness, addiction, and medical diseases. *Cogent Medicine*, 6(1). <https://doi.org/10.1080/2331205X.2019.1581447>

Appendix A: Recruitment Flyer

Do You Have a Sacred Healing Experience? Seeking Participants for Sacred Healing Study



Sacred Healing Study Details

The pandemic brought great turmoil, grief, and strife yet some people reported being helped by a variety of sacred healing experiences. This study seeks to learn more about sacred healing by learning people's sacred healing stories before, during, and/or after the pandemic. Please note, "sacred" and "sacred healing" can mean a lot of different things to people. This study seeks to know *your* personal interpretation and experience. Thus, no answer is wrong. Whether you found soul comfort or physical healing or both, your story is important and could help others.

Eligibility Criteria: To be eligible for participation, adults (above 18 years) who speak English and are able to make their own decisions (being of sound mind) are requested.

What is Involved: This study involves one interview asking about your sacred healing experiences which can take place in person, via Zoom, or by phone.

Participant Rights: This study is being conducted for a doctoral study dissertation with Walden University. Participation is fully voluntary and confidential. Participants can also leave at any time. A more detailed informed consent that details your rights and risks will be provided.

Please contact me (*Kimberly Key, researcher*)

Appendix B: Recruitment Email

Hello (insert name),

I am interviewing people about any experiences they have had with sacred healing during different stages of the pandemic (before, during, or after) for my doctoral dissertation study.

Some research has found that people have fared better when they have incorporated sacred actions like prayer and meditation, or created sacred spaces in their homes, or visited sacred sites for healing, and/or had a sacred mindset. Other research has found that people reported better hospital and/or hospice experiences when medical staff created a sacred space and attended to their sacred needs.

To better understand the various components involved in sacred healing, I am seeking to learn themes from people's stories about what sacred healing means to them and how they might have experienced sacred healing. There are no right or wrong answers, just personal experience.

If you have had any experiences with sacred healing, I would appreciate the opportunity to learn more. There will be one interview lasting approximately 50 minutes. The attached PDF flyer has additional details.

Please let me know if you would be interested in sharing stories about sacred healing. Please consider sharing this invite to anyone else you might know who may have experienced sacred healing.

With sincerest gratitude and care,

Kimberly

Kimberly Key, Researcher

Appendix C: Interview Protocol

Script

Thank you for participating in this study. When we scheduled our appointment, you expressed interest in participating in this study after seeing the flyer and recollecting your own sacred healing experiences during the pandemic. As discussed, there are no right or wrong descriptions of sacred healing. This research is to better understand people's sacred healing experiences by hearing their stories. From the stories that have been gathered, similar themes can emerge that will serve to help researchers, the medical community, and the general public better understand the mysteries involved in people's sacred healing experiences.

Please know your confidentiality will be kept and we have an informed consent for you to sign before we begin. We can go over that together and I can answer any questions you may have. The session will be recorded to improve accuracy of the research, so please let me know if you object to that. As we proceed with our questions, please do not hesitate to stop me if you are unclear or uncomfortable. I understand that some experiences can feel powerful and difficult to put words to, so there is no rush or pressure to get it perfect. Some people have even described some powerful experiences as a color or a smell, so feel to use that if it relates.

Finally, I will reach back out to ensure the stories I have gathered are consistent with what you conveyed. If you are interested, I will also share my research findings once they are completed.

Please let me know if you need anything to get more comfortable or if you have any questions before we begin.

(The interview can commence once comfort has been established and any questions have been answered.)

Interview Questions

Please note, it is very likely that health issues, medical access, grief, and death anxiety may infuse people's stories. Extra attention will be made to limit traumatic responses by being mindful, calm, and pausing if it appears someone is getting triggered. I will also ask people to expound a bit more when and if allopathic medicine seems to compete with people's sacred healing experiences. Questions about allopathic medicine are purposely omitted to remove biasing the participant and to decrease attention to mask and vaccine debates. However, the participant will not be silenced if such issues authentically emerge in their story.

1. Before the pandemic, did you have any experiences with sacred healing or were there things you did that felt like sacred healing?
2. After the pandemic began and we were in lockdown, or sheltered-in-place, what did you do for sacred healing? How did the lockdown change your sacred healing views? Where did you find strength?
3. Then after people were first let out of their homes yet told to wear masks and social distance, can you tell me what you did for sacred healing then? Were there any changes?

4. Once restrictions were lifted and travel was allowed, what did you find yourself doing that provided sacred healing?
5. Looking back at this timeline, how would you say the pandemic shaped your beliefs and actions around sacred healing?
6. What advice would you give to others about sacred healing?
7. Is there anything else you would like people to know?