

# **THE ILLUSION OF SEPARATENESS**

**A philosophical study of nursing and naturopathic practice:**

**Healing connections between people.**

By

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A thesis submitted to Victoria University  
of Wellington in partial fulfillment of the requirements  
for the degree of Master of Arts (Applied) in Nursing.

Victoria University of Wellington

2000



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## ABSTRACT

This thesis describes the journey of a practicing Independent Nurse Practitioner and Naturopath towards the understanding of the illusion of separateness and what this could mean in terms of health and healing generally and specifically through the stories of five clients. The study reveals through these stories how the practice developed over time in relation to this idea.

As a result of personal experience, clinical practice and my quest for knowledge I have come to a consideration that what stops or blocks us realizing that we all have an innate potential for self-healing is the illusion of separateness; that is, believing we are beings separate from each other and separate from the rest of nature.

The thesis is presented as a narrative and begins with an account of the events in the practitioner's life that lead to the specific study of natural therapies and the development of a cohesive practice using holistic health practices from a nursing perspective. The text essentially describes the process of establishing a private practice combining two disciplines of Nursing and Naturopathy in New Zealand. The study reveals how a nurse and naturopath's practice is based on the premise that it is crucial to recognise that the personal life and professional life of the nurse inform and influence each other and are always part of the process of care in such a practice.

Three healing modalities that are central to the practice are described in detail. The description is informed by theory and research from nursing, the social sciences and the natural sciences. The study reveals the practical value of postmodern nurse theorists, Jean Watson and Margaret Newman to this practice. This study also briefly discusses the concepts from quantum theory, evolutionary theory and psychoneuroimmunology that are used in the practice.

The thesis reveals one nurse's journey of practice development using contemplation and reflection that records an important aspect that has already benefited clients and the community where the practice occurs.

## PREFACE

It is hard to describe the indescribable but not impossible. Such is the illusion of separateness. In sharing what I have found and experienced in living my life and practicing as a nurse and naturopath I have transformed my sense of this illusion. I have become more able to centre myself in my work, reflect and trust the essential truth is a reality with the following potent quotes.

Every person has the potential for perfect health.

Health is the natural expression of the mind, body and spirit when they are in rhythm with the 'One Life'.

'Life' has no beginning nor end it just is....divinity whose essence is spirit, oneness, wholeness, unity.

We can become healed as we become aware of the illusion of separateness, then seek to become truly whole; united with all Life; Life that transcends time and space, where the past, present and future are but one. It is beyond thought.

I have taken the opportunity to use this text to reveal my practice for both community and professional critique and scrutiny. The thesis is therefore written in a colloquial narrative style that enables those two distinct audiences to have insight into each other's worlds.

## ACKNOWLEDGEMENTS

Thanks are due to many people who helped make this thesis possible. Not least the clients without whom there would be little relevance for this thesis. I begin by offering my heartfelt thanks to Brenda Penn, who first introduced me to the wonders of 'spiritual healing'.

I wish to thank Margi Martin, who one day in 1997 left a collection of books in a classroom for postgraduate students to peruse and borrow. I borrowed a book called 'Healing the Family Tree'. This book profoundly changed my outlook on healing and my nursing practice. It also became the basis for this thesis. That Margi was to then become my supervisor for this thesis was a double blessing. I cannot thank her enough for her interest, encouragement and support.

My thanks to Joy Bickley, Cheryle Moss, all the other lecturers and support staff in the Department of Nursing and Midwifery at Wellington University, your guidance and support unsurpassed.

To my nursing colleagues here in New Plymouth, especially Pat, Khushi and Anne, I value your friendship as well as the support and help I received during the writing this thesis.

To Kim my business partner, my gratitude for allowing me the time and 'space' to finish this work and Barbara whose expertise with computers saved me many hours of labour.

Finally my love and thanks to my husband Andrew who massaged my aching shoulders, cooked more meals than he had ever done before and accepted that this study was important to me.



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## **GLOSSARY**

**Centredness:** A state of harmony and balance of self that allows the process of intuition to unfold.

**Energy field:** An area charged with vibrational energy, often described as 'electromagnetic' that surrounds a being or object.

**Intention:** A willingness and readiness to allow the natural healing of the life force to flow; knowing it will transcend knowledge and application.

**Intuition:** Perceived knowing of things and events without the conscious use of rational processes.

**Holism:** The view that an integrated whole is independent of and greater than the sum of its parts.

**Transpersonal:** An experience that transcends or goes beyond personal or individual identity.

**Subtle energy:** Energy that is subtler than mechanical or electrical energy and therefore harder to detect.



## INTRODUCTION

*"I am all that I am*

*One with the universal mind*

*One with the source of all life*

*I am one with all life forms and they are one with me"* Vicki Wall

It is my belief that by recognizing the interconnectedness of all life, and especially the strong bonds between family members; simple, non-invasive healing techniques can have a powerful impact on an individual's well being.

I have reflected on the fact that ill health or dis-ease may manifest during or after an emotionally traumatic experience; these experiences often involve another person or persons. Based on my clinical experience as a nurse and naturopath, working in private practice, I believe that in order to provoke a healing response there is, at times, a need for clients to identify these periods and these people, together with any other inherent stressors of the time to bring healing to that situation.

I regard this thesis as an autobiographical account of my journey towards a greater understanding and realization of the unity of all life and the illusion of separateness. I detail how I have incorporated some of this understanding into my practice. I liked Margi Martin's personal communication that consideration,

reflection and contemplation are everyday nursing practice processes of inquiry that underpin this study. Because my interest lies in the realms of the metaphysical, this study could also be described as a philosophical inquiry (Roach, 1992; Kikuchi, 1992).

I have used an autobiographical narrative (Denzin, 1989; Johnstone, 1999) as the platform for this thesis, which is expressive of both my practice and style of reflective inquiry. The text reveals the creative process of describing one's own and others experience whilst contemplating such a process. Exemplars from my practice have been written to illustrate this study. I consider data to include personal experiences and reflections, descriptions of clients' experiences, client case-notes, interviews and direct observations.

Writers who have informed my inquiry include Kenneth McAll (1986), Martha Rogers (1970; 1980) and Jean Watson (1985; 1995; 1999). Two other important twentieth century scholars have given clarity to my understanding. These are Rupert Sheldrake (1988; 1995), a British biologist, philosopher and researcher into evolutionary theory and his theory of morphic resonance and Candace Pert (1986; 1997) a scientist in the field of psychoneuroimmunology.

I incorporate many healing modalities into my practice, including the nurse lead initiatives in energy work such as Therapeutic Touch (Krieger, 1979) and Healing Touch (Mentgen, 1996). These modalities together with Creative Visualization (Achterberg, 1985; Dossey, 1995) and Aura-Soma (Wall, 1993; Booth &

Dalichow, 1996) create a framework to my healing practice.

I have written five exemplars from my practice, which illustrate the practical implications of my interest in the illusion of separateness. They reveal how in recognising the interconnectedness of all life and especially the strong bonds between family members; simple, non-invasive healing techniques can have a powerful impact on an individual's well being.

My nursing training in the nineteen sixties was 'apprentice' based. Apart from learning nursing tasks we were mainly taught a watered down version of medical science. That is, disease processes and the medical or surgical treatment of these diseases. It took many years of study and my own personal and family needs for health care before I fully realized the limitations of this mechanistic, medical model of health care and began to investigate other alternatives. What I discovered was so fascinating that it profoundly changed my outlook on life itself as well as my attitude toward medical and nursing care.

During the last fifteen or so years I have studied 'complementary' health practices including Healing Touch, homoeopathy and aromatherapy in depth. I consider that this transition from training to practice was so profound that I have described this journey in detail. The first chapter of this study gives an historical overview of the events and ideas that has caused me to gradually change my understanding of health and my philosophy of nursing practice.

A dramatic change in work and family circumstances pushed me into private

practice where I chose to combine the best of my nursing knowledge and naturopathic studies. The second chapter describes this change and reveals the beginning of my interest in the illusion of separateness and its possible consequences on health.

Chapter Three recalls how this interest in the illusion of separateness became the idea for a thesis and then describes how the thesis as text took shape based on my interest in using storytelling to form a methodology for the inquiry. The main text is illustrated by stories from my practice. This study design and the ethical implications I considered are included in this chapter.

In Chapter four I describe my understanding of healing and the three modalities that are central to my practice as a nurse and naturopath. I review literature and research that supports this understanding of healing and modes of practice.

In the following Chapter, I tell the stories of five clients. These stories illustrate both the diversity of people who seek my help and the diversity of their health problems. I have used the text in this chapter to reveal how my story and the stories of my clients are woven together. This reveals the mutuality of how we each seek meaning and understanding of health, healing and the nature of interconnectedness.

Over the last three years I have been working towards an understanding of the importance of health, not only as regards the mind/body connection but also in what I see as the even greater need to realize the unity of all humankind as an



aspect of health and well being. In search of this understanding I have delved into the worlds of philosophy, metaphysics, quantum theory and psychoneuroimmunology.

The sixth Chapter reveals a synthesis of the knowledge I have gleaned towards a better understanding of the illusion of separateness and the realization of the unity of all things. It also tells how, in the process of this journey of consideration, reflection and contemplation, I have incorporated some of those theories and ideas into my practice, and the form these healing connections take between people.

The final Chapter is a summary of the thesis and presents my current philosophy of practice. I conclude by revealing my future vision for nursing and my place, as a nurse practitioner in it.

In writing the text of the thesis I have imagined that I am inviting you the reader to journey with me as I tell the story of past events that have shaped my nursing practice. I use significant quotes at the beginning of each chapter to reveal the ‘essence’ of that chapter. The sources for these quotes are recorded in the references rather than beside the quotations for aesthetic reasons.

I have found pleasure in presenting the theories and philosophies that have enriched me both personally and as a health professional. Finally I invite you to consider the illusion of separateness and what it might mean in terms of health and well being.

## CHAPTER ONE

### **Shaping My Nursing Practice**

“All of life is a journey towards understanding Life.” Author’s own.

#### *1.0 Introduction*

I believe our past experiences help shape our present day practices, so as a way of introducing this study I have chosen in these first two chapters to write an autobiographical account of the experiences which have lead to my interest in the illusion of separateness and the importance of healing connections between people.

#### *1.1 Travel*

Six months after graduating from the general and obstetric nursing programme at Waikato Hospital, Hamilton New Zealand I embarked on my great OE (overseas experience). At that time nursing was used primarily to finance further sightseeing travel but the areas I nursed in were full of variety and often an adventure in itself.

I worked in many London hospitals including the big teaching hospitals of St. Thomas and St. Mary where there seemed so much more to experience in the way of nursing than in provincial New Zealand. There were so many different cultures

to learn about and health problems I may have read about but never experienced before; for example, I worked in a surgical ward that was entirely devoted to health problems (both physical and psychological) related to homosexuality. I also worked in the private sector where in some instances I realized how certain establishments exploited (for monetary gain) clientele from overseas countries.

I nursed in hospitals in Paris where I remember that even the basic sterile technique practices I had had drummed into me were largely disregarded. I worked in a small hospital in the Swiss Alps where sterile technique was favoured but washing patients daily was not, and where nurses worked as anaesthetists and most drugs were given either intravenously or rectally, with few given orally. This private hospital also profited handsomely from foreign patients. I wondered if these practices were unethical practices. I was a young itinerant traveller and could only observe these things. Apart from discussing my perceptions with colleagues at the time I took no further action. Now in private practice these memories have become a poignant reminder not to abuse but rather to respect my position of power in the privileged position I have as a nurse with members of the community.

Five years of working and travelling took me through Europe, the Middle East, Africa and Asia, broadening my horizons, giving me a sense of fun, a taste for adventure as well as a strong sense of independence. The history and languages I had learnt at school became alive and classical art opened up a whole new world to me. I saw and (to a certain extent) experienced how the very rich in Europe

lived and the very poor in Africa and Asia subsisted. I realized the 'safe' mediocrity of a New Zealand upbringing; not that I felt it was wrong for me; in fact I am very grateful to have been brought up in 'a land of plenty', but love for adventure and new experiences were to be the incentive for further travel years later.

### *1.2 Returning*

There was of course love and romance in those years and I returned home with a partner (a fellow New Zealander) in order to execute a plan for building an ocean going yacht with the vague idea of travelling forever. Back among family and friends most of whom were, at that time in their lives beginning to take on regular jobs, get married and have children, it was not long before I was doing much the same thing. After all yachts were expensive and time consuming to build. So I went back to nursing in the New Zealand public health system

A few years passed and soon we had produced the first of our three children and potential crew members. As the dream of the yacht became more distant and the responsibilities of family life more demanding I began undergraduate studies at university. At first this was just for interest and to stop my brain withering under the weight of nappies; later I realized its potential for a career change.

I became a senior staff nurse and realized I thoroughly enjoyed helping and teaching clinical skills to new graduates or new staff members and decided to

apply for a teaching position in the Hospital School of Nursing. My lack of an acceptable marital status precluded my being accepted as a tutor. I was fortunate that the Polytechnic Council took a more liberal view when I applied a few years later.

### *1.3 Acquiring Knowledge*

In 1977 I had started studying psychology and comparative religion so I was now able to add education and nursing papers to my slowly growing repertoire of academic interests. Simultaneously I began the study of natural therapies for personal interest as well as a cost effective way of keeping the family and assorted animals healthy. As a keen gardener it was a natural progression to study the medicinal properties of herbs and plants and to start treating the family and animals. I soon extended that knowledge to incorporate Touch for Health (Thie, 1973) and homoeopathy. Touch for Health combines simple chiropractic practices with the eastern practice of acupressure in a format designed to teach lay people how to improve postural balance and reduce physical and mental tension. It was my first introduction to eastern philosophies of health and to such concepts as energy fields, chakras (a Sanskrit word, meaning wheel or vortex of energy) ch'i, prana, and qi gong (all of which mean 'life force' or universal energy), and meridians (the channels along which the ch'i travels through the body. These terms are now in common usage in the New Zealand English language because their meaning eludes a single term in our language. They convey a concept or

phenomenon that in my practice I describe at its very simplest, a life force, or vital force, a form of energy pervading every living organism. It can be likened to an extremely subtle form of electricity that extends within everything and throughout the universe. At this early stage in my learning I wasn't too sure what it all meant nor could I 'feel' this subtle energy (as I was later able to) but I did see its effect on people.

I practiced some of the techniques I had learned in Touch for Health on my family and myself with varying degrees of success. I recall one evening at home with my young daughter who had sustained a fractured tibia and fibula. After the initial injection of pethidine wore off, she was in terrible pain, which was not relieved with the prescribed oral painkillers. In some desperation I referred to the Touch for Health manual and decided to energize the meridians that flow up the legs. As soon as I began to sweep my hand along her leg above the plaster my daughter became quiet, with the second slow sweep of my hand she visibly began to look drowsy and before I finished the third sweep she was asleep. I still remember my astonishment and not quite trusting the process decided to use the same technique whenever she felt pain.... it worked every time.

I discovered I could relieve headaches, backaches and even earaches by pressing acupressure points or stimulating meridian channels by using my hands. In the early days I did a lot of experimenting on my self. For example when the whole family myself included came down with ear infections after swimming in hot pools, I administered antibiotics to my partner and the children but decided to try

my new learned skills on curing myself with good success. When I suffered from heavy periods I found I could slow down (or speed up even further) my menstrual flow by running my hands up or down the appropriate meridian energy channels.

I studied homoeopathy, which also works on the subtle energy of plants and other substances. I was fascinated by the fact that virtually every homoeopathically prepared substance recorded in the materia medica of homoeopathy described the effect it had on the emotional and mental state of a person before describing its effect on the body's physiology.

#### *1.4 The Mind/body Connection*

It wasn't until I started developing health problems (which I later surmised were directly related to my state of mind) following the break up of a long-term relationship that I realized the importance of the mind/body connection and how emotions can have both a very positive and a very negative impact on one's health. It was also the time that I became re-acquainted with the spiritual side of life, something I had rejected as a teenager and had not really given much thought to since that time. A very kind and powerful healer (who had no recognized academic qualifications) gently led me along the path of spiritual awareness and self-healing; she remains a great friend and mentor. Holistic health was becoming more than just a term I had read about in Blattner (1981).

The accumulation of knowledge both from my natural therapy courses and my

undergraduate university papers, along with the success which I had in treating my family and myself lead me to realize how nursing could contribute to the holistic health paradigm. As a tutor in the Comprehensive Nursing Diploma, I began somewhat covertly introducing some aspects of healing modalities into the curriculum, at the same time formalizing my knowledge by completing a Diploma of Naturopathy.

Though happy to recommend herbs or homoeopathy if asked, I still hesitated about sharing my knowledge of energy healing/spiritual healing with my nursing colleagues. I don't believe it was the fear of ridicule but rather because I didn't totally understand how subtle energy worked, therefore I felt I couldn't describe it satisfactorily. So I kept quiet and continued to search for more knowledge for example by doing a workshop on Chiron Therapy, which was based on using subtle energy to balance and heal the body. I had read Dolores Krieger's (1979) book on Therapeutic Touch but I was not aware at the time that Therese Meehan had conducted a workshop in Porirua in 1984 and that there were a small group of nurses in independent practice (Ngairie Millar, Auckland; Margi Martin, Wellington) who used and taught Therapeutic Touch.

### *1.5 Healing Touch*

This was all to change in 1994 when I saw a pamphlet on the staff notice board advertising a Healing Touch workshop in Auckland. I used part of my



professional development leave to attend the workshop led by an American nurse, Mary-Jo Bulbrook. The principles and philosophy behind Healing Touch were very similar to that of Chiron Therapy though the actual hands on techniques were different (see Chapter Two for a full description of Healing Touch).

During the weekend I had a vision that remains just as clear to me now as it did then, in which I saw myself doing healing work in a 'healing room' in the presence of angels and Florence Nightingale. Before the scene faded Florence quietly told me "my greatest work was about to begin."

This made me realize I could, and indeed should combine my personal interest in naturopathy and my training in nursing. As nurses are often the first line of communication with patients and spend more time with them than any other health professional, I saw the huge potential for this type of work to be done in most fields of nursing. I envisaged Healing Touch or some such energy work being a first aid treatment (it had personally helped me after a particularly nasty bike accident that saw me in hospital with head injuries), as well as its use pre- and post-surgery, and in the mental health area where I realized it could be used as a potent relaxant.

The first Healing Touch course (Level I and Level IIA) introduced me to a comprehensive bibliography of books on healing, energy work and quantum physics; the main ones include 'Hands of Light' (Brennan, 1987), 'Esoteric Healing' (Bailey, 1984) and 'Joy's Way' (Joy, 1979). The course also gave me the confidence to introduce energy work such as Therapeutic Touch and Healing

Touch into the curriculum that was being formed for the new Bachelor of Nursing course. I was now beginning to move from treating only family and friends and keeping quiet about it in my professional life to generating discussion, proposing a natural therapies unit of learning for the Bachelor of Nursing course, running workshops and night classes on relaxation and meditation through the polytechnic, and using my skills to help stressed out colleagues and students.

The idea of setting up in private practice where I could use the knowledge and skills of both naturopathy and nursing enhanced by my educational background began to germinate.

## **Chapter Two**

### **Private Practice**

“What we are today comes from our thoughts of yesterday, and our present thoughts build our life of tomorrow: Our life is the creation of our mind.” The Buddha

#### *2.0 Introduction*

This chapter describes my transition into private practice. I describe in detail those first few months of practice and how my experiences changed the shape and philosophy of my practice. This was also the time I began to realize the illusion of separateness. I had separated from my partner of seventeen years, which in this case resulted in separating the children as well; an event, which caused me to personally realize how destructive the emotions of guilt and anger, can be. It took a few years of counselling, soul searching and ‘inner growth’ to heal the wounds between all of us. I believe that if it had not been for this personal experience I would not have pursued this interest in the illusion of separateness and the importance of healing connections between people nor would my practice be what it is today; as Margaret Newman wrote “Whatever transforms you, transforms your practice” (Newman, 1994, p.116).

## *2.1 Humble Beginnings*

My redundancy from the Polytechnic in February 1995 was the push I needed to begin to establish a private practice. I had spent some time working with a Naturopath, (who had a practice about an hour's drive north of the city), for my practical experience. I initially modelled my practice on hers and began by acquiring the most basic of equipment which included: a massage table, some homoeopathic and herbal remedies, equipment for taking blood-pressure, temperature, throat and ear examination, urinalysis and blood sugars along with a desk and several chairs. I hired a room three days a week in a gracious old house where others who decreed themselves as 'alternate' practitioners were already established.

My practice began slowly which suited me. I had some redundancy pay to help establish myself and to live on. It was high summer so when I wasn't busy, I was at the beach, a much-deserved long relaxing interlude after thirteen years of teaching.

As summer waned I supplemented my income by running workshops on holistic health and natural therapies in the public arena and also agreed to teach the Natural Therapies Unit of Learning for the Bachelor of Nursing degree as I believed it was important for me to keep my collegial nursing links. I also wanted to give nurses an opportunity to develop some of the skills I had learned. Such was and still is my enthusiasm for developing knowledge and skills in systems of healing that I believe are effective in terms of improved health status, cost

effective, and, most importantly very safe.

Some proof of the efficacy of my practice was that within six months I had moved to bigger, more central premises and was practicing five days a week, with requests to work on Saturday as well, something I did only under exceptional circumstances, such as if the client lived some distance away or as in one case of a long distance truck driver whose only day off was Saturday.

## *2.2 An overview of my early practice*

My practice initially included a comprehensive health assessment that began with observations as the client walked into my consulting room. I took note of posture, gait and facial expressions whilst asking the client for a basic health and medical history. I would then do a physical examination as appropriate to the case; this may have ranged from a simple skin inspection, to palpation; or from blood pressure to neurological functioning testing. I obtained access to a medical laboratory for body samples to be taken for culture and analysis.

Over time some of these assessments became less important as I realized that some of the more important data included what the client saw as wrong with his or herself as well as what a medical practitioner may have diagnosed (the two may or may not be congruent). It also became important to find out how long the person had had the problem and what stressors were in their lives just before or when the problem began. The significance of this last observation has become

foundational in my practice and is illustrated in all of the client's stories in this study. A person's occupation and whether they like it or not is worth noting, as in many cases I have found it was an indicator of stress. It also could point towards an over use syndrome or toxicity, for example, chemical or heavy metal poisoning.

After the health assessment and in collaboration with the client we would work out what modality/therapy or combination would be the most appropriate in the present situation. Modalities include discussion on nutrition and life-style factors, the use of herbal or homoeopathic remedies, energy healing such as Healing Touch, massage, or being taught relaxation or meditation techniques. I would also advocate the use of referrals to doctors or physiotherapists or other natural health practitioners if I considered they could help the client better than I could. Often a considerable amount of time was spent in explanations of the modalities I believed could be applicable, as I firmly believed in the client making a choice based on comprehensive information. The first consultation was usually a minimum of an hour but may have extended for up to two hours.

### *2.3 Masters*

In 1995, believing I would have a lot of time to study I commenced (part time) a Masters in Nursing. Here I was introduced to the writings of nurse theorists who presented similar views to my own on health and health care and who also had

visions of nurses working holistically. This was exciting for me and I began to take my practice as an independent nurse practitioner more seriously.

I wrote about my philosophy of practice and described the influence of Martha Rogers (1983), Margaret Newman (1986, 1994)) and Jean Watson (1985). Each of these nurse theorists embraced the notion of holistic practice. For instance Newman described health “as the expansion of consciousness, in a universe of undivided wholeness” (Newman, 1994, p.97) and saw the goal of nursing intervention as one of a partnership with the mutual goal of evolving towards higher levels of consciousness. This was congruent with my own belief that people have their own innate healing potential and I started to develop that concept as a major focus of my practice. I saw myself as merely helping or facilitating clients to realize that potential. Rogers (1983) and Newman (1986) both discussed human health in terms of energy fields or patterns that could transcend time and space. Watson (1985) believed people could transcend the here and now and co-exist with past, present and future all at once. All of these ideas fitted in well with my practice and the essence of their ideas are depicted in the clients’ stories that illustrate this study. I realized that the concept of holism, which was a central tenet of my naturopathic studies and practice and which was discussed and explored as foundation in nursing education was not expressed in mainstream nursing practice.

Holism as a concept is difficult to describe and impossible to analyse or be fully understood. However I realized that nurses and clients could state when they felt

or knew they had received holistic care. I believed in the beginning I was practicing 'holistically' yet the more I learnt and thought I understood about holism, the less holistic I considered my practice to be; hence this study on the illusion of separateness. I believe at best, we can (at times) *experience* a sense of wholeness; a sense of being at one with each other, the universe; an oneness that transcends time and space.

Several Nurse scholars in the 1980's including Martha Rogers, Margaret Newman and Jean Watson proposed methods or approaches to the development of nursing that are consistent with the philosophical meaning of the concept of holism. Newman (1979, 1994) proposed that a holistic approach requires identifying patterns that reflect the whole. I found that my growing capacity to hear the client's story on many levels gave me the insight into their illness situation. My intention in recording clients' stories in this study is to give the reader a glimpse of possibility of this 'wholeness' experience. I explained it in my practice as an experience that realizes there is more to the human condition than that experienced by the five senses.

As I continued to study and practice, my intuitive skills were developing and I considered that I was using my intuition increasingly in my practice with each client. The focus of my practice changed from offering advice and remedies to helping facilitate a realization of the deeper meaning of an illness experience. I began to explain the images I saw or the energy I felt, in order that my clients might understand and make the connections that would enable them to take



responsibility for the healing potential inherent in themselves. At the same time I knew it was important to recognize the clients' own perception of their requirements, and the significance of these to the client's overall thinking in relation to their well-being. I explained to my clients that I use current scientific knowledge and technology as well as ancient practices that have stood the test of time. The ancient practices are based on philosophies and practices that expound balance and harmony and there is a realization that these concepts are becoming more and more important in a technological world of increasing specialization and fragmentation.

In addition to my Masters' study, I completed further courses in Healing Touch becoming a Certified Healing Touch Practitioner in 1997. The practical aspects of the course helped to fine tune my ability to feel the subtle energy around people and to help restore harmony and balance, and this became the major focus of my practice. The reading I undertook for the course on Healing Touch tied in well with my Master's studies. Significant texts included 'The Spiritual Aspects of the Healing Arts' (Kunz, 1985); 'The Nurse as Healer' (Keegan, 1994); 'Hands of Light: A guide to Healing through the Human Energy Field' (Brennan, 1987); 'Holistic Nursing: A Handbook for Practice' (Dossey; Keegan; Guzzeta; & Kolkmeier, 1995).

As my practice became established I found myself increasingly aware of the strong emotional element related to the clients' sense of ill health; questioning would prompt such comments as "I have never been right since...."; the client

would go on to recount what stressful event or episode had happened at that time. Often these stressors involved a client's relationship with another person, usually but not always a family member. The accompanying emotion may have been a sense of loss, guilt, betrayal, anger or resentment.

In 1997 a chance reading of McAll (1986) "Healing the Family Tree" gave me a deeper understanding of the meaning of interconnectedness and the illusion of separateness. It became the catalyst both to my developing an aspect of practice that sought to facilitate the healing of connections between people and to the writing of this thesis.

Born in China in 1910, Dr Kenneth McAll graduated in medicine from Edinburgh University, returning to China as a missionary-surgeon. His experiences in China led to an interest in the powers of "possession" (McAll, 1971; 1986) and he has since devoted his life to the curing of psychiatric illness through divine guidance. He believed that supposedly 'incurable' patients can be victims of other family members' control or even more controversial, victims of ancestral control. He therefore sought to liberate them from this control by drawing up a family tree to identify the person or ancestor who is causing his patient harm, then by a service of Holy Communion symbolically cuts the negative bond between that person and the patient.

I believed it would be possible to help people in a similar way; firstly by using Healing Touch and Aura Soma to bring harmony and balance to a person; then, by encouraging the use of creative visualisation, the client could set about healing

the connections between themselves and the other person. Within two days of thinking about this possibility I was given the opportunity to put it into practice.

Several months later I discovered another author who reiterated the importance of healing connections between people. David Furlong (1997) has been a practicing healer for twenty-five years. He is a former director of the Wrekin Trust and has recently founded the Atlanta Association where he runs training programmes on healing. He is the author of several books on healing and in his book, 'Healing Your Family Patterns: How to Access the Past to Heal the Present' (Furlong, 1997) the author reiterates many of the ideas of McAll but shows a different perspective to healing connections between people. He explains the relevance of our ancestors to the healing process and how the character and experiences of our parents, grandparents and great grandparents shape our lives in subtle but important ways. Furlong also presents a variety of exercises and healing techniques to clear and heal family patterns that I have found personally to be very powerful.

#### *2.4 Conclusion*

As I reflect back over the years, especially the last five years, during which time I have been working in independent practice, I realize how much I have been personally enriched by what I have learnt and how much more I have been able to offer my clients.

I wanted to further explore my interest in the illusion of separateness and thus be able to articulate that aspect or philosophy of my practice more clearly. Chapter One and Two have briefly described the events and ideas that have led to a formal representation to explore this interest of my practice as a thesis. To do this I needed a framework that was congruent with the practice philosophy. This is the subject of the next chapter.

### *2.5 Postscript to Chapters One and Two*

In 1997 I had the opportunity to buy a fifty percent partnership in the holistic health clinic and retail shop where my practice was based. I did some fast track learning about business planning and implementation. I also resigned from the teaching I was doing at the polytechnic, realizing I could not be stretched in too many directions without something breaking. I enjoyed the challenges of the business side of the enterprise and also the time spent working in the shop, which specializes in selling natural health supplements and herbal and homoeopathic remedies. The business continues to make a good balance to my one-on-one consultation and healing work. I am very fortunate in having a partner who manages the day-to-day running of the centre exceptionally well. In 1999 we were nominated as finalists for the Taranaki Small Business awards, which was no mean feat after only two years in business.

## **Chapter Three**

### **Research Methodology**

“Story is a mystery that has the power to reach within each of us, to command emotion, to compel involvement, and to transport us into timelessness.... It is a way in which we know, remember and understand”. Livo and Reitz

#### *3.0 Introduction*

Storytelling is the primary form of human communication. Nurses tell stories about practice in order to debrief from a situation or to bring clarity by inviting comment about a situation. It is also a way to share knowledge and understanding (Moss 1991). I will often tell clients stories in order to illustrate an aspect of practice. Maybe less common is a nurse writing stories, in the form of journaling or writing exemplars as a means of reflecting on an aspect of one's practice and sharing these writings with clients.

In this chapter I outline my original aim of the thesis and how the project evolved through a series of design stages into its present autobiographical narrative form. A form which reveals the methodology is more grounded in reflection on my practice philosophy than what would generally be accepted as an in-depth scientific exploration into my practice. I discuss why and how I chose to tell stories from my practice and the process involved in writing and rewriting to

create such a composite text. Finally I discuss the complex ethical issues related to this study.

### *3.1 Planning the Project*

The idea for exploring an aspect of my practice as research first germinated in February 1998 when I was sent a notice calling for abstracts from the New South Wales Holistic Nurses Association Annual Conference. The notice stated they were “interested in receiving abstracts to do with Mind/Body Connection, Bowen Technique, Kinesiology, Sound Therapy, Chakras, Aura Soma, Aromatherapy, Reflexology and any other subject that you might think pertinent.” (New Zealand Holistic Nurses, Newsletter, February, 1998). I was beginning to get significant feed back on the efficacy of facilitating the healing of connections between people using a combination of Healing Touch, Aura Soma and Creative Visualization and felt I could present some exemplars from my practice at this conference. I wrote a brief abstract titled “Healing Beyond the Self” that was duly accepted.

I sought permission from three clients to describe their situations and then began writing their stories as exemplars to present at the conference. On discussing this work with colleagues and my lecturers at university, it was suggested that this could be the basis for a future thesis.

Initially I was naïve enough to think it would be relatively easy to extend the exemplars into a research project using case study as the methodology.

To that end, I wrote an initial proposal in 1998 stating the aim was “To investigate whether healing the connections between people using Healing Touch, Creative Visualization and Aura Soma will have a positive impact on individual health” (Health Research in Nursing and Midwifery, assignment 2). I wrote a comprehensive academic paper on case study as a method of qualitative research, citing work written by Stake (1978; 1995), Bromley (1986), Mariano (1993) and Yin (1994).

On later reflection I realized I wanted a different focus. I wanted to pursue my interest in the illusion of separateness and the importance of healing the connections and relationships between people, and write a statement of my practice using consideration, reflections and contemplation of that interest. This different focus is reflected in the following objectives and required a different philosophical position and methodological approach.

### 3.11 Aims of the Project

- (i) To explore the concept of the illusion of separateness in relation to my nursing and naturopathic practice.
- (ii) To reflect on this aspect of my practice.
- (iii) To articulate my philosophy of practice for the benefit of future clients and interested health professionals.

### *3.2 Postmodern Inquiry*

I wanted to be able to articulate clearly how I practice as a nurse healer as well as describe why the notion of the illusion of separateness became important to me personally and to my practice. Case study, as the central method of inquiry cited in my first proposal, no longer remained valid. I did not want to make an in-depth study of client's 'cases', nor try to draw together generalities or look for peculiarities between cases. I was writing a story or narrative about an interest - the illusion of separateness, and how that interest changed my philosophy of practice. Initially I looked towards storytelling as inquiry, but this proved too simplistic. As this study was fundamentally my own story, I recognised that it needed to be named as an autobiography. Furthermore I was using this study to clarify my understanding of a metaphysical concept - the illusion of separateness; therefore I believed there was also a philosophical element to the project.

As a clinician working and studying in relative isolation who admits to a somewhat 'thin' grounding in qualitative research methods, I considered that the postmodern ideology, culture and literature (Sandelowski, 1991) seemed like home base to me, at least initially. The core of postmodernism thinking is that multiple realities rather than one research method, theory or discourse has a universal claim on knowledge or the claim to be right. "A postmodernist position allows us to know 'something' without claiming to know everything. Having a partial, local or historical knowledge is still knowing.... postmodernism recognizes the situational limitations of the knower." (Richardson, 1994, p.518).



Gradually I did realize and value that there were some tenets of case study that are the domain of both case study and storytelling as a method of inquiry. One such tenet states that case studies do not require specialized language; it should be written in the form the participants themselves could follow and understand (Stake, 1978). Case study like storytelling allows other readers in different settings to decide whether the phenomenon studied is applicable to their own situation, experience or context. This was important to me because I wanted to write this thesis for both the nursing and public domain.

I then could position the idea that documenting and analysing one's own life history or an element of it can be considered "a quasi case study of one" (Denzin, 1989, p.8) or a "reflective topical autobiography" (Johnstone, 1999, p. 24).

I felt able to proceed having recognised my standpoint that the holistic and metaphysical nature of the experience of 'the illusion of separateness' or being 'disconnected' defies traditional analysis. It cannot be broken down into small parts and examined piece by piece. It can only be glimpsed as an experience. Storytelling or an autobiographical narrative, informed by postmodernist position seemed the most appropriate way to convey my interest and deepening understanding of the illusion of separateness, and what this has meant in terms of my present nursing practice.

### 3.2.1 Storytelling

Storytelling or narrative helps us to understand ourselves reflexively, as people

write from a particular position (Richardson, 1994). The author described writing not only as a mode of 'telling' about the social world but also as a way of 'knowing' the social world. In other words writing is a method of discovery and analysis; "by writing in different ways, we discover new aspects of our topic and our relationship to it" (Richardson, 1994, p.516). I used the narrative or story in the project to reveal the sequence of my thinking. For instance writing a story enabled me to articulate how my philosophy of practice has changed over the last three years in response to my exploration of the illusion of separateness.

### 3.2.2 Reflective Topical Autobiography as Inquiry.

Johnstone (1999) proposes that reflective topical autobiography as a method of inquiry can be distinguished from other life history methods on the following grounds:

- (i) ...the subjective self is the center of the life story, (ii) the self-life story is interpreted from the point of view of the self, (iii) the subjective self makes sense of the life story, (iv) the life-story is written by the self-life story teller, (v) the story teller has the opportunity to revisit, re-vision and re-tell his or her life-story in light of new insights and understandings gained through the process of ongoing lived experience and (vi) the life-story that is ultimately presented is written not from an idea, but from the deep involvement of the story teller in his or her own whole state of being in a given and particular experience...(Johnstone, 1999, p.27).

The text I wrote is deeply personal. It is about my own experiences, interests and practice. In the writing of it I gained further insights into my perception not only of my practice but also of what constitutes 'reality' in terms of the illusion of separateness. I recognized that this style of text was able to sit quite comfortably in the context of reflective topical autobiography as inquiry. It is in the domain of the postmodern world, which allows disciplinary boundaries to be broken and "suspects all truth claims of masking and serving particular interests in local, cultural, and political struggles" (Richardson, 1994, p.517).

Rupert Sheldrake (1994) also supports this position in his chapter titled 'Illusions of Objectivity in Science' where he postulates that "what people do research on, and even what they find is influenced by their conscious and unconscious expectations" (Sheldrake, 1994, p.2).

### 3.2.2 Philosophical Inquiry.

Collins' English dictionary describes philosophy as:

The academic discipline concerned with making explicit the nature and significance of ordinary and scientific beliefs and investigating the intelligibility of concepts by means of rational argument concerning their presuppositions, implications, and interrelationships; in particular the rational investigation of the nature and structure of reality (metaphysics).  
(Collins, (Ed.), 1991, p.1170).

I believe that this autobiographical narrative is grounded in philosophy because,

in describing my own understanding of the illusion of separateness and its implications in my practice, I am discussing the metaphysical. “Philosophical questions are questions regarding aspects of reality that are not amenable to scientific study in that they transcend the material.” (Kikuchi, 1992, p.28). It is not possible to promote holistic or metaphysical concepts in a scientific environment. “Science cannot ask, let alone answer, all the questions pertaining to human beings, life, and living.” (Roach, 1992, p.42). Roach goes on to suggest that it might be possible to answer some of these questions through philosophical discourse or inquiry.

### 3.2.3 Validity

“Narrative truth is distinguished from other kinds of formal science truths by its emphasis on life-like, intelligible and plausible story” (Sandelowski, 1991, p.164). The author goes on to state, “narrators attempt to achieve the most internally consistent interpretation of the past-in-the-present, the experienced present and the anticipated-in-the-present future.” (Sandelowski, 1991, p.165). It is recognised that elements of a story will change with retelling and are therefore unable to be empirically validated (Sandelowski, 1991). The author suggests, that validating these stories in an empirical manner i.e. test-retest and interrater reliability is not only futile but suggests “a misplaced preoccupation with empirical rather than narrative standards of truth and a profound lack of understanding of the temporal and liminal nature and vital meaning-making functions of storytelling.” (Sandelowski, 1991, p.165). I consider these arguments

are similar to those suggested in philosophical inquiry. Kikuchi suggests, “that philosophy can attain probable truths about reality through the use of reason.”(Kikuchi, 1992, p.31).

The exemplars or clients’ stories that I wrote to illustrate my practice were validated by three of the five participants. I realise it could be considered a weakness of this study that the remaining two stories were never read by, or commented on, by those participants themselves; the reason for this is explained in section 3.3.2.

This thesis is the story of my practice in relation to my interest in the illusion of separateness. I am not seeking to expound any universal ‘truths’, rather to write down my reflections and contemplations in order to understand the illusion of separateness more fully and in order to articulate my practice more clearly. My goal is that in writing my reflections, this story may be of benefit to others who seek a similar holistic understanding of health and healing.

### *3.3 Design*

In this study I have used a reflective autobiographical narrative medium to reveal the changing philosophy of my practice. Through grounding this medium in what I consider to be a form of philosophical discourse, I have been able to convey my emerging understanding of the illusion of separateness and to focus on what I mean when I use the terms 'health' and 'well being'.

My practice was profoundly influenced by the authors McAll (1986), and Furlong (1997); and it was after reading 'Healing the Family Tree' (McAll, 1986) that I first realized it was possible to 'heal the connections' between people. I reveal later in the thesis how I was given the opportunity to incorporate this notion into my practice almost immediately.

These authors helped me to clarify and develop this thesis because I could now articulate that 'separateness' brings only loneliness, alienation and ultimately disease and in this understanding, I recognised why and how, healing connections between people is so important.

I have two types of data. One is my own story of the development of my practice and the second is a collection of stories that I have written about clients in my practice.

To create the narrative I chose five clients who I worked with over a span of three years. They were all self-referred clients who others recommended to come to me for a consultation. After the clients' first consultation, and before knowing I

wanted to write a thesis related to my practice, I had sought and been granted oral permission from three of them to write their stories. With this permission I shared these stories at the 1998 New South Wales (NSW) Holistic Nurses Conference held in Sydney, Australia. The other two clients whose stories I wrote referred themselves to my clinic more recently.

The text of the stories that illustrate my practice were written from several sources which include my practice case notes, the exemplars that were used at the NSW Holistic Nurses Conference and my memory of the conversations and events that took place at the time of consultation. I wrote the stories by rereading my case notes, and then sitting quietly and imagining myself with that person again. I concentrated until the images became clearer, the conversations returned to mind and I then recorded the detail of our conversations. The draft of these stories was given to the clients (with the exception of two, who I was unable to contact) who confirmed that they were a reasonable representation of the events at the time.

### *3.2 Ethical Considerations*

I have written a descriptive narrative that uses stories of clients to illustrate a nursing practice. The relationships I have with these clients have the potential to raise ethical issues; as has the relationship I have with my supervisor. I have divided this section into subheadings each relating to what I consider important ethical issues in the study.

### 3.3.1 Cultural

The five clients in this study, who are all of European descent, were chosen for the diversity of health problems they presented with and what I recognized might reveal the nature of my practice. Although Maori people visit my practice, as a New Zealand researcher of European descent, I chose not to include Maori participants stories as I felt I would not be able to do them justice within the scope of this small project. As a researcher in Aotearoa/New Zealand I realize that all nursing care is culturally significant and that Maori clients who self refer tend to align their philosophy of health within the wider frame work I use, in which I suggest we are emotionally and spiritually interconnected, especially through our family or whanau connections. As a future project I would like to work in collaboration with Maori on this same topic.

### 3.3.2 Consent

As a nurse conducting research into my own practice I am aware that my relationship with the participating clients is unique. These were private clients who primarily self-referred on the recommendation of friends or other family members. I was also aware they would be under the care of other health providers, namely general practitioners, and one had been under the publicly funded mental health team. Because of the above I believed it was in the best interests of the participants to seek ethical approval from the local subcommittee of the Regional Health Authority before asking for the participants written



consent. This was granted on 31 July 2000 (see Appendix One)

Of the five clients, one has since moved overseas permanently and one has left the province with no forwarding address. I have only verbal permission to write their story and they have not been given the opportunity to read the final draft of their stories. In early August, the three clients still living locally were contacted by telephone and agreed to their stories being used in this thesis.

Two of the clients requested I post the story that I had written, which I did together with a formal letter (see Appendix Two) outlining how the study was to be conducted, their right to confidentiality and the right to withdraw from the study at any time. They were then individually invited to an informal meeting where they were given the opportunity to discuss any aspect of the study, to comment on the accuracy of the story and permitted to change, delete or add to the narrative. Written consent was also sought (see Appendix Three) and obtained from these three participants by the end of August 2000.

One of those clients accepted the invitation to a meeting while the other rang to say “she had nothing she wanted to change or comment on and didn’t think it was necessary to have a meeting” although she came into the clinic to sign the consent form.

The third client, unable to read well was offered the opportunity to have me read her story to her, as well as the content of the information sheet and consent form. She readily agreed to this sharing of information.

Finally each participant was given a copy of the final draft to read, comment on and alter if they desired.

### 3.3.3 Anonymity

The anonymity of the participants was protected with each person being identified with a pseudonym and their ages were changed. There are no references to specific dates or locations. The three local participants were fully informed of the nature of the enquiry, how it was to be conducted and who other than myself would have access to their stories. They were asked to read their story and knew they could withdraw from the study at any time. As mentioned earlier, the other two people had given verbal permission to having their stories told and I have since lost contact with them.

### 3.3.4 Confidentiality

Confidentiality and ownership of the person's story was discussed. Participants knew that their case notes, tapes and drafts of stories were held in a secure place agreed upon before obtaining written consent. The participants knew they have full access to their own files, case notes and tapes.

### 3.3.5 Client Welfare

In this research there is the remote potential for feelings of concern or anxiety to surface in the process of revisiting painful experiences. This was discussed as part of the consent process and the three clients agreed they would let me know if there were any feelings of disquiet, concern or doubt. Access to general medical

practitioners is a normal part of client care in my practice and I would not hesitate to suggest the necessity of a referral to my clients.

### 3.3.6 Supervision

I was fortunate to find a supervisor who had similar interests as myself in holistic nursing practices and who had also worked in private practice. Margi Martin who has had 20 years experience as an independent practitioner was fully informed of each step of the process in relation to this study. I discussed the general topic of inquiry and links that I was making between the practice and the actual stories. We explored the value of writing as a means of reflection and as a valuable and valid means for an independent practitioner to engage in a level of self-review and critical evaluation. I discovered I could write easily in the narrative style and valued the opportunity to describe both my practice and my interest in the illusion of separateness.

### 3.3.7 Self Care

My own self-care during the research process had to be an important ethical consideration. At the time of writing this thesis I was also working in my practice, and in order to be able to attend to my clients with complete presence and equanimity and to be as one in the healing process, I needed to ensure there was balance and harmony in my own life. I needed to live my own message. This process included taking regular time off my clinic work to research and write this thesis as well as making time for rest and relaxation. This included exercising: walking, swimming and yoga and having regular massages (to prevent repetitive

strain injury after hours at the computer). During a period when I was feeling totally overwhelmed with the sheer volume of work that was required, I tried clinical hypnotherapy, a new experience for me and one that gave me a renewed enthusiasm for this project.

### *3.4 Conclusion*

I clarified that the aim in the study was to use writing to describe my practice. I would use a process of consideration, reflection and contemplation to create a statement about my interest in the illusion of separateness and the importance of healing connections between people. I was committed to achieving an accurate representation of the practice creating a consistent interpretation of the events within my practice as recorded in the clients' stories.

In this chapter I described the nature of the study as being a descriptive narrative and the implications of using client's stories to describe a nursing practice. I clarified that this study is not so much about discovering new knowledge or revealing a universal truth as understanding how the clients' experiences had meaning for myself in regard to my interest in the illusion of separateness and how in turn this understanding has shaped my philosophy of practice. In pursuit of defining my practice especially as regards my interest in the illusion of separateness, in the following chapter I discuss my understanding of healing and describe the modalities I have introduced into my practice.

## CHAPTER FOUR

### Healing

“Healing is the rediscovery of who we are and who we have always been.” Joan Borysenko

#### *4.0 Introduction*

In my quest for self healing and self improvement and in the course of naturopathic studies, I have read widely about healing modalities of many kinds and from many cultures and have deliberately set out to personally experience as many of these modalities as possible. This was not out of a considered necessity for personal health reasons but to broaden my knowledge base. These modalities have included the laying on of hands, colour therapy, crystal therapy, meditation, self and clinical hypnosis, homoeopathy, herbal medicine, aromatherapy, various forms of massage, reflexology, Hellerwork, qi gong, dance therapy and sound therapy. The modalities, though different in technique are similar, in the sense they all seek to treat the whole person. Each addresses not only the physical but also the mental, emotional and spiritual aspects of a person.

In this chapter I reveal what ‘healing’ means to me and I then go on to describe the healing modalities that are central to both my practice and this study. I also discuss the research I have found in relation to these modalities.

#### *4.1 Healing Potential*

By coming through a healing crisis myself and studying systems of healing, I have arrived at a deep belief in my realization that healing is an innate potential in every living thing and that the greatest healing occurs when we realize our connectedness with the whole of life. I believe there is such a 'connectedness' that is recognized as a real 'knowing' and that all consciousness is one and nothing is exclusive of it. Inner knowing often seems impossible to elaborate on as language immediately gives it boundaries; while inner knowing, like healing has no boundaries. Indeed the root of the word 'heal' is from the Anglo-Saxon word *haelon*, which means "to be or to become whole" (Quinn, 1989, p.553). Becoming whole or healed may be a shift in a person's consciousness that leads to transformation as they find meaning in their lives or find peace in their dying. Healing does not always mean that symptoms have been removed but if they are in my experience it seems almost to be secondary to a person's heightened awareness of their own potential.

Many societies recognise special individuals who possess a gift of healing. The 'shaman' is still recognized today wherever indigenous cultures have preserved or revived their ancient traditions. This 'gift of healing', that was considered the domain of priests, shamans, tohungas, medicine men and special spiritual healers, is now recognized in the postmodern era as being within the reach of any person who has the intention to heal or facilitate the healing potential of another (Quinn, 1997). As more people are educated and information is shared around the world,

what appeared mysterious or was once considered secret (for fear of persecution or prosecution) is now becoming shared and understood by many, including nurses.

Like Quinn, I consider we human beings all possess an innate ability to heal ourselves and we all possess the ability to facilitate the healing potential of another. The main tenet of my practice has been to help people to recognize their own healing ability. As I gained further understanding into the illusion of separateness, I began to realize that in healing oneself we also set in motion the healing potential of those to whom we are closely connected. Conscious awareness of healing energy and the ability to facilitate its flow within one's self brings the potential to facilitate its flow in others (Kunz, 1985).

While observing the practice of laying-on-of-hands, Krieger with her colleague Kunz (1965-1972) developed the use of Therapeutic Touch. Krieger is renowned for her recognition of the similarity of laying-on-of-hands to the intuitive ways in which nurses have always used their hands in comforting and caring for patients (Meehan, 1992). Quinn believes most nurses have had the experience of participating in a healing moment; "in these moments with patients a sense of awe, reverence, and wonder is often felt. We know we are standing on holy ground; that we are in the presence of something sacred" (Quinn, 1997, p.4).

I am aware of the sacred nature of the work I do. I am still in awe of the mystery of healing. It is what has compelled me to learn more about the illusion of

separateness.

#### 4.2 The Healing Environment

I believe we are all expressions of our creator's divinity and it is not through ourselves but through our creator that we are healed. In order to connect with that divinity and to achieve a feeling of centredness or serenity each morning before seeing my first client for the day, I put a little of an Aura-Soma aromatic quintessence on my hands and I brush over my own energy field, I say the following little prayer; *"I clothe myself in a robe of light composed of the love, power and wisdom of God, not only for my own protection but so that all who see it or come in contact with it are drawn towards God and healed."* I then feel ready to be truly 'present' with my client; to listen, to share some of myself and to intuit what would be best to offer in order to facilitate their own healing potential.

I work with people on all levels of understanding in relation to healing. More often than not they are unknown to me the first time they come into the practice. I invite them into a welcoming environment. My room is large and airy with plenty of natural light. I have works of art on the walls, sparkling Aura-Soma bottles on my shelves and I bring in something natural in the form of small rocks, stones and flowers.

The time I spend with each client can be anything from thirty minutes to over an hour. This is because it is often their story or perception of their problem that is of greater importance to the healing process than their actual medical history. A few



verbal prompts will often trigger the memory of events that may have been forgotten, and a story spills out. As well as listening to a client's story, and because I encourage my clients to be active participants in the healing process, I also spend considerable time explaining what healing modalities I believe could be helpful to them and why. Sometimes this may mean specific treatment with me is delayed until another visit but I consider the healing has already begun as we share part of ourselves and both know what to expect at the next encounter. I will often lend books or articles if they wish to further their understanding of healing in general or a healing modality I use.

The modalities that are significant for this study include Healing Touch, Creative Visualization and Aura Soma. Each could and does stand alone as a significant healing modality; but in my personal experience the combination of the power of the mind (creative visualization), soothing and energizing the aura (Healing Touch) and the vibrations of colour, aroma and gems (Aura Soma), collectively create a very gentle, pleasurable yet profound way to assist the client to reach deep within themselves and activate their own healing potential.

#### *4.3 Healing Touch (HT)*

I began by reading about the theory and practice of Therapeutic Touch developed by Dolores Krieger, Ph.D., R.N. and Dora Kunz in the 1970s. These two healers developed a research-based adaptation of laying-on-of-hands, drawing on knowledge from both eastern and western philosophies of health. While

philosophically, theoretically and in practice Therapeutic Touch remains the basis of Healing Touch, further techniques that have a beneficial effect on the energy centres of the body called chakras were incorporated making it a practice distinctive from Therapeutic Touch.

Healing Touch is the title given to a programme of theory and practice developed by American nurse, Janet Mentgen. She first offered her programme at the University of Tennessee in 1989 and as a Certificate Program of the American Holistic Nurses Association in 1990. It was then marketed across the United States of America, in Australia, New Zealand and South Africa. In 1996 the programme became a non-profit International Educational Corporation endorsed by the American Holistic Nurses Association. The goal of Healing Touch is to restore harmony and balance in the energy field and the energy centres in order to place the client in a condition to self-heal. Thus Healing Touch can influence the physical, mental, emotional and spiritual health and well being of a person. The Healing Touch programme also considers practitioner self-care, patient empowerment, the nature of the therapeutic relationship, and the bearing of these considerations on healing.

While the theory and practice of Therapeutic Touch and Healing Touch is derived from the Christian laying-on-of-hands it is informed by Eastern philosophies of health and healing (Mentgen, 1994). With the resurgence of interest in Eastern methods of healing, it is however sometimes forgotten that there is a rich history of holistic healing practices in the western world. The use of hands in healing is

recorded in all the major faiths before and after the introduction of Christianity. In caves in central and western France priest-artists have left a remarkable collection of paintings of healing hands, dating back some fifteen thousand years (Janson, 1977).

Chakra is another term that has been borrowed from the East, yet it is not a modern term and the concept of energy centres of the human body has been recorded in Western literature for centuries. The classic book entitled 'The Chakras' (Leadbeater, 1977) was first published in 1927 and contains a reference and description of these centres of energy being written about in 17<sup>th</sup> Century Europe. Chakras as described are centres that control the energy flow from the field surrounding the body to the physical body (Leadbeater, 1977, p.18).

#### 4.3.1 Research and Anecdotal Reports

The integration of Therapeutic Touch into nursing practice has been described by Boguslawski (1979); Bulbrook (1984); Egan (1985); Jurgens, Meehan and Wilson (1987); Keegan (1988); and Meehan (1990). The most frequently reported effect of Therapeutic Touch is a generalized relaxation response (Meehan, 1992) and there is anecdotal evidence that it might reduce pain (Boguslawski, 1980; Wright, 1987; Meehan, 1990). It has also been reported that it is effective in promoting sleep (Braun, Layton and Braun, 1986); relieving depression in nursing-home residents (Rowlands, 1984) and calming hospitalized infants (Leduc, 1987).

Subsequent studies of the use of Therapeutic Touch to reduce pain or to relieve anxiety have not always shown the same positive results. This may be partly due to methodological limitations (Meehan, 1992). Krieger (1975) originated the first quantitative investigation into the effect of Therapeutic Touch by studying the effect of Therapeutic Touch on haemoglobin levels in ill patients. Although the study's findings suggested that Therapeutic Touch could have the potential to raise haemoglobin levels, methodological problems precluded scientific support for this outcome (Meehan, 1992). Subsequent studies found no significant relationship between Therapeutic Touch and increasing haemoglobin levels (Meehan, Mersmann, Wiseman, Wolff & Malgady, 1991).

Easter (1997) analyses 23 primary research reports on Therapeutic Touch in fourteen refereed journals. The findings of the review indicated a positive regard for the use of Therapeutic Touch in nursing although the researcher indicated that more rigorous methodologies would promote a more scientific contribution to the body of literature on Therapeutic Touch.

The research literature on Healing Touch is scarce but Wendy Wetzel (1993) has presented a case study that reports positively on the use of Healing Touch to prevent wound infection following caesarean birth and Maria Silva (1996), examines the use of Healing Touch on people recovering from hysterectomy. Though not disputing the importance of rigorous empirical research within the reductionist paradigm, I was disappointed with the lack of qualitative research on the subject reported in contemporary nursing journals. I do not believe

quantitative research is the right milieu to fully explain and to do justice to the complexity of the human organism especially as regards to the healing potential of human beings. If one regards healing as an expression of 'unity', 'wholeness' or 'becoming whole', then we need research and reports that reflect this complexity. Qualitative research though often 'maligned' as being less scientific than quantitative research, can enable us to begin to explore and express this complexity. I would position this study towards the direction of qualitative research.

#### 4.3.2 A Typical Healing Touch Session

Though no two consultations or healing sessions in my practice are ever the same, I believe it is important for the reader to understand what a basic Healing Touch session involves. The April 1999 edition of the American Journal of Nursing has a very succinct description of a Healing Touch session from which I have adapted in the following text.

One of the most critical aspects of Healing Touch is the practitioner's ability to *centre* or quiet her mind and focus on healing intent. Once 'centred', the practitioner performs a hand-scan assessment over the client's body noting any kinaesthetic cues such as feelings of congestion, vibration, heat, cold or emptiness. In addition general observational data is noted such as body alignment and muscular tension. Some practitioners may pick up visual (colours) or auditory (words, tones, rhythms) cues or other intuitive data. There are two main kinds of hand treatments, either movement gestures used for clearing or unruffling the

energy fields or still-hand positions held over specific parts of the body usually the energy centres or chakras. These are held for one or several minutes, either touching the client lightly or held just above the body. The practitioner's intent is to facilitate a transfer of universal energy through the practitioner into the client. This is known as directing, modulating or sending energy. Client responses vary but usually include a feeling of relaxation, warmth and decreased or eliminated physical symptoms such as pain or discomfort. Occasionally physical or emotional symptoms may be temporarily exacerbated and this is seen as part of the healing. A session may be only a few minutes or last up to an hour. At the end of the session the practitioner helps the client to return to a fully alert state by holding or massaging the feet and lower legs and offering a glass of water (Hutchinson, 1999).

Although I will often follow the steps as outlined above, I believe any 'laying-on-of-hands' is in itself a powerful tool for healing IF the intent (to heal) is present, the client is acquiescent, and the practitioner is in a quiet, serene state of mind. This state of mind requires you to leave your own troubles and concerns behind or preferably deal with them first and then open yourself to your client. This may require sharing some of your own healing experiences but that allows for compassionate understanding of your client and the client of you and thus a feeling of oneness; a place where "there is no giver or receiver; there's just us" (Keyes, 1973, p.47).

#### *4.4 Creative Visualization*

“The imagination is the ruler of emotions, the creator of desire, the messenger who continually flits with lightning-like rapidity between the domain of thought and the realm of physiological response” (Alexander, 1989, p.48).

Creative visualization, sometimes referred to as imagery (I shall use the words interchangeably), is the use of the imagination to transform or create changes in one's life. The word ‘creative’ means, "having the ability or power to create" (Collins, 1991, p.373). To visualize means to form a mental image or picture. It is something that people do every day mostly without being aware of it and it is also a technique that is once again being recognized as a powerful therapy capable of improving health (Keegan, 1994; Shames, 1996).

When I introduced the use of creative visualization into my private practice I had no set theories on how to go about doing it. Creative visualization just seemed a natural extension of the relaxation process. For example, if I was doing a massage and the client felt unduly tense I would suggest she forget about work and imagine herself lying on a beach somewhere having a massage and inevitably I would feel her muscles relax and respond more readily to the massage; likewise it seemed a natural extension of Healing Touch.

One of the earlier references that I use in my practice is the book ‘Creative Visualization’ (Shakti Gawain, 1985), which describes imagery as a means of self-healing in simple layman’s language and includes ‘easy to follow’ exercises to achieve that goal. It is a book I lend to clients regularly. Another book I lend is

'Bridge of Light' (Launa Huffines, 1990). This book initially introduced me into healing relationships by using creative visualization and I am very indebted to the author for such an inspiring and self-transforming book.

Achterberg (1985) writes that imagination has always been an integral part of shamanic healing processes, and until the scientific age caused its demise, it was held in higher regard than either pharmacy or surgery. The images that we are aware of as imagination can come to us through many senses and what we see in our mind's eye will always have some sensation attached to it. For example if we worry about our teenager who is late home and fear a car accident, we tend to see the accident in our mind's eye and we feel a physiological response such as a faster pulse rate, quicker breathing and maybe a sick feeling in the stomach. On the other hand if we visualize a beautiful garden to relax in, we can often actually smell the perfume of the flowers, feel a gentle breeze or the warmth of the sun and if it is drawn to our attention we may become aware of a slowed pulse rate and relaxed muscles.

The Academy of Guided Imagery in Mill Valley California describes the therapeutic effect of imagery as having "the ability to directly modulate the autonomic nervous system....to promote specific physiological changes... including the immune response which may potentially accelerate the healing process" (Shames, 1996, p.34).

Although I had used imagery in my practice for several years I had not studied its use in nursing nor was I aware if there was any scientific basis for its use. What



follows is a brief synopsis of what I have learned in this field since beginning this thesis.

#### 4.4.1 Classical Theories on Imagery

There are several classical theories on imagery described in 'Holistic Nursing: A Handbook for Practice' (Dossey, B.; Keegan, L.; Guzzetta, C., & Kolkmeier, L 1995). I will briefly discuss two that I considered important for my own understanding.

Assagioli (1965) postulates a psychosynthesis model that has three parts. The first part, the lower unconscious, represents the past in the form of forgotten memories and repressed events. The second part, the middle unconscious, is the day-to-day processing of both logical and intuitive information. It involves the self at personal and social levels of awareness. The third part is the higher unconscious or superconscious, the drive for meaning and purpose. The superconscious is the connection with the Higher Self and referred to as the Transpersonal Self because it transcends the personal self. Training in psychosynthesis focuses on the elements of these three parts that include: 1) the patterns of thought, feelings or attitudes of a person, which may be conscious or unconscious; 2) the manifestation of these patterns in the person's daily life through behaviours, values, beliefs and relationships; 3) the imagery that continually occurs in life.

I consider that when a person is in pain or suffering, something in life is out of

balance. Often such situations evoke negative imagery. The client can be taught to bring about healing or positive imagery that will impact on their behaviour or health. (Dossey et al., 1995, p.613). I teach clients this by asking them to become aware of their negative images, and then to visualize the opposite. For example it can be as simple as asking a client to put a colour to their pain and then ask them to chose a colour they consider opposite to the colour they chose for pain. They then visualize the area of pain surrounded by this soothing colour.

Horowitz (1970) has developed another model for imagery, which he named the Lexical and Enactive Modes of Imagery. Here imagery is encoded, retrieved and expressed as it flows among patterns of thoughts, physical responses and a person's worldview. Images form, are expressed and evoke emotions that directly affect physiological responses. The lexical mode is the logical and analytical thinking that occurs in the left hemisphere of the brain. The enactive mode of thinking occurs in the right hemisphere where emotions and kinaesthetic experiences evolve. A person has the ability to learn or develop new, sensation-rich imagery for different memories in life. A client can confront memory-images that have a negative impact on health and well being in order to associate more healthy, adaptive imagery that gives new meaning and new physiological responses (Dossey et al., 1995).

Achterburg's (1985) findings attest to the beneficial effect of imagery on physiology and concludes that images may either precede or follow physiologic changes indicating that they have both a causative and a reactive role. She

contends that images can be a hypothetical bridge between conscious processing of information and physiological change; that images can influence both the peripheral nervous system and the autonomic nervous system.

Candace Pert (1986), in her research on neuropeptides came to the conclusion that a person's mind-body-spirit can be seen as an integrated system or network. In this view the mind is composed of information that has a physical substrate, body and brain, which in turn, is composed of an immaterial substrate involving information flow; a process we call consciousness. We can alter our physiology by increasing our consciousness with intentional training such as meditation and visualization. Opening the mind to positive and creative images can foster self-healing, as well as such things as success and happiness. These creative images can be evoked from our memories, fantasies, hopes and dreams. Pert believes that the emotions are the key element of self-care because they allow us to enter into the body/mind conversation; emotions can be seen as "cellular signals that are involved in the process of translating information into physical reality, literally transforming mind into matter" (Pert, 1997, p.189). Every experience a person has no matter how trivial will arouse an emotion that in turn will have an effect (for better or for worse) on the physical body; "thoughts and emotions come first and the peptides follow" (Pert, 1997, p.310).

#### 4.4.2 The Use of Imagery in Nursing

The use of imagery as a therapeutic tool is well documented in nursing by the following authors: Achterberg (1985), Keegan (1994) and Shames (1996). There

is an entire chapter devoted to imagery and how it can be used in health practices in "Holistic Nursing: A Handbook for Practice" by Barbara Dossey, Lyn Keegan, Cathie Guzzetta and Leslie Kolkmeier (1995). This very comprehensive text gives a history of the use of imagery, types of imagery, theories on imagery (some of which I have cited in the previous section), techniques for using imagery on oneself and with clients, and the effect of imagery on physiology. Overall, imagery is described as a "powerful, non-invasive and cost-effective nursing intervention" (Dossey et al., 1995, p.610). My experience with the use of it in my practice confirms this assumption. I found Shames (1996) 'Creative Imagery in Nursing' which is part of a series called 'Nurse as Healer' simpler and easier to understand than Dossey et al. and the vignettes and case studies made enjoyable and inspiring reading as well as affirming my own practice.

#### 4.4.3 Nursing Research on Imagery

Jean Johnson (1973, 1978) is credited with bringing into nursing practice the value of creative visualization (Achterberg, 1985). Johnson is reported as having done several studies where instead of simply providing factual information on medical procedures, she also provided information on the sensory aspects of the treatment by taking the patient on a fantasy trip, imagining the particular treatment they were about to undergo, and what they would experience with all their senses. These studies found that individuals who received the sensory information generally responded better than the control group who were only given factual information on the procedures.

Other nursing studies showing the positive effects of creative visualization include Frank (1985), who demonstrated a reduction in patient's perceived degree of nausea and vomiting during chemotherapy; King (1988), who showed a decrease in the state of anxiety in graduate nursing students and Holden-Lund (1988), who found decreased anxiety and increased wound healing in postoperative cholecystectomy patients.

Thompson and Coppens (1994) found that guided imagery decreased anxiety and client movement during magnetic resonance imaging, and more recently, Richardson, Post-White, Grimm, Moyle, Singletary and Justice (1997), demonstrated that guided imagery decreased stress and improved the quality of life after breast cancer treatment in women with primary breast cancer. Finally Schweer, Hart, Glick and Mobily (1999) demonstrated in a small pilot study that guided imagery was beneficial in reducing anxiety of family members who had relatives in intensive care.

Thus, I have learnt that there is significant research in both nursing and the social sciences as to the efficacy of creative visualization/imagery and it will be with a greater degree of confidence that I articulate this aspect of my practice when I share information with clients.

In practice and in relation to most of the clients' stories written in this thesis, I encourage the self-use of creative visualization using minimal guidance. This is described by Shames as 'interactive guided imagery' where the guide's role is "to facilitate an enhanced awareness of the unconsciousness imagery the client

already has, and to help the client learn to meaningfully and effectively interact with this process on their own behalf” (Shames, 1996, p.34). This is as opposed to ‘guided imagery’, where the client is led with specific words, symbols and ideas to elicit a positive response. The former is more empowering for the client (Shames, 1996) and therefore I believe more healing. The client also learns to use the process and can continue using imagery as a self-healing technique on a regular basis without the therapist. This is something I encourage my clients to do; to daily take the time to find a quiet place and revisit the ‘healing place’ they visualized during a session with me, even if it is just before they go to sleep. I have had it reported to me that it is a very good ‘remedy’ for insomnia.

In conjunction with the use of Healing Touch and creative visualization, I often apply the use of Aura-Soma, which is a form of colour healing.

#### *4.5 Aura-Soma*

Vicki Wall, a chemist and healer in England, introduced Aura-Soma as a healing therapy to the world in 1976. A devout Jew of the Hasid or mystic sect, Vicki was ‘instructed’ during meditation and prayer to make and bottle these substances, consisting of a coloured oily substance floating on a second layer of water-based liquid of another colour. At first Vicki did not know why she had to make them but it soon became apparent to her that not only were they extraordinarily beautiful to look at and had wonderful scents, they also had an extraordinary

healing effect on people. They seemed to awaken in people memories of something lost. Vicky Wall, who was also a clairvoyant, could articulate 'that certain something' that she could 'see' (Booth & Dalichow, 1996).

The colours of the liquid in Aura-Soma balance bottles are all made from plants. They each contain the extracts of forty-nine plants in different ratios to get the desired effect and colour. They are further enhanced by the energies of crystals and minerals. It is always the client who chooses the colour for themselves. Aura-Soma is considered a non-intrusive energetic or soul therapy. Thus the colours speak of who we are, (rather than what we have got) going deeper than the superficial; they 'talk' to the soul, allowing it to address the deeper patterns of life. Aura-Soma restores, revitalizes and rebalances the body and the subtle energy fields thus addressing the underlying causes of dis-ease and allowing a person's true colours (aura) to shine forth.

At a scientific level, colour is understood in the context of the electro-magnetic spectrum, which extends from the longest wavelengths of electricity and radio waves to the shortest of gamma and cosmic rays. Somewhere in between these extremes is light, the field in which the rainbow of colour appears as the visible portion of the electro-magnetic field and as such reveals itself as being safe and compatible to humans. Each colour has a slightly different wavelength or vibrational pattern.

Colour and light therapy has long been used to influence the healing potential of people but Aura-Soma is unique in its formulation which is based on ancient

kabbalistic knowledge and the traditions of colour healing practiced in the temples of ancient Egypt, Greece, China and India (Booth & Dalichow, 1996).

I could not find any published research on the use of Aura-Soma. A letter from the Aura-Soma Institute in Little Tetford, England, confirmed this (see Appendix Four).

#### 4.5.1 The Application of Aura-Soma

Aura-Soma can be applied to the body using the balance bottles, which are the combination of an oily liquid floating on a second layer of water based liquid. This preparation gives the unique beauty that is so often admired by clients coming into my consulting room for the first time because these bottles contain two distinct colours which combine into a third coloured emulsion when shaken. The pomanders and quintessences, both of which are alcohol based thereby enabling them to hold the aromatic properties of the plants more strongly (rather like perfumes) are applied to the aura (energy fields surrounding the body). They are designed to clear the fields of negativity and protect it, at the same time assisting the person to open up to their own divine healing potential.

The three substances can be used in combination or separately but it is beyond the scope of this study to go into further detail. Rather I will briefly describe some of the associations the makers of Aura-Soma have made in relation to the more common colours clients choose in my practice:

RED: Energy; grounding; “survival issues”; the material side of life.



CORAL: Unrequited love.

ORANGE: Shock; trauma; deep insight; ecstasy; dependency/co-dependency/independence.

YELLOW: Acquired knowledge; willpower.

GREEN: Space; search for truth; to see all aspects of a situation.

BLUE: Peace; communication; intuition; leadership.

VIOLET: Spirituality; contemplation; healing.

PINK: Unconditional love; caring; awakening.

The above list is only a guide to the properties of the colours. I believe every one responds to colour in their own unique way and it is often better not to have any preconceived ideas about the powers or properties of colours. I leave the client to choose their own colour(s) and I do not discuss the properties of them until after the session.

#### *4.6 Combining HT, Creative Visualization & Aura-Soma in Practice*

Aura-Soma, Healing Touch and creative visualization together with music and a pleasant room are tools used to create a healing milieu or 'sacred space' (Quinn, 1992), where the client and I, the practitioner can become very relaxed and enter into a meditative space of inner stillness. It is a place where I feel a sense of oneness with my client, which may extend to the family or friends when I become

aware of their ‘presence’ later. It is a space (or place) that can transcend emotion, which I believe makes it easier for my clients to tap into their own inner healing potential. It also makes it easier to forgive those people who the client believes have wronged them or caused them grief.

In the following text I shall describe a ‘typical’ healing session where I combine the three modalities. It needs to be noted there is no set sequence or form for a session. The process is very fluid and it changes for every client. I consider it will continue to change as I learn more about life, the universe and our place in it.

#### 4.6.1 A Typical Session

After listening to a client’s history, and we have agreed that ‘energy healing’ or ‘Healing Touch’ would be appropriate, I will often encourage the client to think of a goal or affirmation in relation to the positive health outcome they desire. For example “*each day I am getting better and healthier*” or “*I am comfortable (as opposed to being in pain) and sleep soundly every night*”. Then, I ask the client to lie down on the massage table in preparation for Healing Touch. I usually (but not always) perform an energy assessment that I duly note on the client’s clinical record. Whilst doing this I ask the client to associate colours with their affirmation. Using the previous example, a client might choose green for health or blue for comfortable and purple for a sound sleep.

The next step is to ask the client to close their eyes and visualize a beautiful place in nature where there is an abundance of those colours. It is always a place of

their choice where they can relax, maybe have a holiday or take time out from their day-to-day lives. These places can be real or imaginary and clients will choose anything from their own gardens to exotic beaches, rivers or waterfalls. I ask them to describe these places out loud. I find very few people are unable to visualize but if that is the case I will guide them through a relaxation.

I am always amazed at the beauty people see in their visualizations and as I am interacting with the client, I too am drawn to these healing places in my mind, thus I am also enriched by the experience.

The subtle energies associated with colour are further enhanced by the use of the aromatic Aura-Soma products that correspond to the colours chosen. I may get the client to hold a bottle or two, or place them over the chakras that correspond to the chosen colours, and I apply the pomanders and quintessences to the hands of the client and my own before brushing over their energy fields.

There is also quiet, relaxing background music playing which I consider as yet another form of subtle energy. It is here while they are listening to sounds of nature and breathing in the fresh country air, beach or the fragrance of flowers that I begin specific Healing Touch movements through the client's energy field. I have become very perceptive at feeling energy fields around people and 'seeing' the state of client's chakras. I work in these energy fields until the person feels in balance or until I 'know' I can do no more.

The combination of creative visualization, soft music, the aromatherapy of Aura-

Soma and the modulating of energy using Healing Touch usually result in a deep sense of relaxation and peace. I have had clients who have told me “they can never relax” gently snoring within five to ten minutes. Usually I notice a slowing of their breathing and more relaxed facial muscles.

When I sense this has been achieved, I ask them to describe to me how they look and feel in this beautiful place. When they can tell me they feel relaxed and see themselves as happy, pain free or healthy then that may be the end of the session.

If they have unresolved issues with relatives or other people I may now take the opportunity to guide them to meet these people in their imagination as depicted in the stories that will be presented in Chapter Five. It is often a very moving scene and tears may flow but because the client entered the scene from a inner space of serenity, they appear to be able to move quickly through the initial emotion and then I will guide them toward healing the connections with these people. This might take a variety of forms; for example the client may need to tell the person they have made contact with that they have been hurt by them, or have missed them. After that they can then move on to forgive, or to say their goodbyes and let them go in peace and with love.

Each person’s situation is entirely unique. I am deeply in tune with the person during these sessions, so much so I can often describe the client’s loved ones to him or her as I see them in my mind’s eye. Other times I see angels or fairies. With one client I saw the Virgin Mary. This client asked me to describe the vision I saw and after I had done so I asked her if she was a Catholic. She replied she

was not, but had been given a picture of the Virgin Mary from a friend (it was given to help her through a period of receiving cytotoxic chemotherapy). At the end of our time together she took the picture out of her purse and it was exactly as I had described down to the smallest detail.

At the conclusion of a session, I rub or massage the client's feet while gradually guiding them back from their fantasy world, making them aware of my voice, the music playing and their own body lying on the table. Then I ask them to take a deep breath and stretch before opening their eyes. I am not aware of any client who has not felt very relaxed at the end of such a session. Most make some sort of comment like "I wish I could stay there longer" or "I just want to go to sleep". It is important to ensure the client is back in the present or 'here and now' before leaving the clinic, especially if they are driving. I give them a drink of water and engage them in ordinary day-to-day conversation before bidding them goodbye. I consider that when they then go to reception and pay for the session that this is probably the best grounding of all.

#### *4.7 Conclusion*

In this chapter I have briefly talked about healing and then focused on three healing modalities that are a major part of my practice and central to this project. I have included recent research into each of these; the exception being the lack of published research into the use of Aura-Soma. I have also described a typical

‘healing session’ in my practice.

Although I run a very general nursing and naturopathic practice treating all manner of minor and chronic ailments, my passion is in ‘energy healing’ and all that entails including my interest in the illusion of separateness and it’s effect on a person’s well being.

In the following chapter I have written texts for five stories that I believe illustrates this important focus of my practice. The stories are a combination of my own experience at the time, guided and enhanced by the client’s comments during and after the ‘healing sessions’, as well as interviews with three of the clients just prior to writing this thesis. To me, they give glimpses into the reality of humanities’ ‘interconnectedness’; the illusion of separateness and the potential for healing one’s self and others.

I have not offered further interpretation of these stories, rather I regard them as expressions of the way I meet people in my community and conduct my practice. We each find meaning in stories relative to our own experience in life. Like an artist with her paintings, I wish to leave no lengthy explanation, only my name and an approximate date.

## CHAPTER FIVE

### **Stories That Shape My Practice**

“Every man is not only himself; he is also unique, particular, always significant and a remarkable point where the phenomena of the world intersect once and for all and never again. That is why every man’s story is important, eternal, sacred; and why every man while he lives and fulfils the will of nature is a wonderful creature, deserving the utmost attention.” Herman Hesse

#### *5.0 Introduction*

These stories in Chapter Five were written over a three-year period and are presented in chronological order. The first three were written two years ago with this thesis in mind but more specifically they were written as exemplars for a presentation at the New South Wales Holistic Nurses conference. The last two stories are of clients who came to see me within the last fifteen months.

By reading the stories it will be seen that there is no set technique that was responsible for helping these clients; rather their individuality dictated my approach during the healing sessions. Each story involved my using a combination of Healing Touch, Creative Visualization and with the exception of the last client, Aura-Soma.

These clients were chosen for the diversity of their problems and what I perceive

as their potential interest to the reader. During the initial assessment/history taking, a client will often say, "I haven't been well since...." and it is then I might hear the story of grief with its feelings of loss and loneliness or the story of abuse and the feelings of anger and bitterness. If a client doesn't see that connection, and I suspect a strong emotional or psychological element in relation to their problem, I will ask if they can recall any stressful events that might have occurred at the time or just before they became ill. The significance of this cannot be over estimated particularly if the stressors or emotional factors involve other people, as these emotions cause a sense of alienation or separateness not only from those people but also from themselves. In the preface of her book 'Hands of Light' Barbara Brennan states "separateness is an illusion which generates fear, and self-hatred which eventually leads to ill-health" (Brennan, 1987, p.ii).

It is well documented in medical science that stress is a major causative factor in disease and ill health (Pert, 1997). Helping clients to recognize these stressors, particularly if they relate to other people, and then facilitating the client to bring healing into the situation is the basis of the method of healing I have developed in my practice.

The following stories were written not so much to illustrate the modalities I use in my practice but an attempt to illustrate the illusion of separateness, the importance of interconnectedness and how recognition of this can have a powerful effect on an individual's health and well-being.

I feel privileged to have met these clients. Their presence has helped me grow in



understanding of myself, and the universe we live in. I am truly grateful for having had the opportunity to connect with them through my practice.

### *5.1 The Story of Roberta*

Roberta aged 61, was brought to my clinic by a friend whom I had helped on a previous occasion and who was now trying to help Roberta through a very bad time. This friend remained in the room the whole time. Roberta had not been well for years. Her health was deteriorating to such a degree she felt she might lose her job, which she both liked and considered necessary. She stated it was her only form of income since being widowed six years previously. Roberta's friend had written down for my perusal, all of Roberta's medical problems and also described how Roberta was feeling at the time. She had included anxiety, nervousness, insomnia, chronic fatigue, itchy eyes and elbows.

There was a history of a peptic ulcer for which she was still taking pepcidine, a breast infection and abscess, recent surgery for stage 3 cervical abnormality, high cholesterol, a kidney infection diagnosed a year ago and chronic cystitis currently treated with flucloxicillin. Roberta was also suffering at the time from diarrhoea, although she was normally constipated.

When talking to Roberta herself, she considered her worst problems to be a total lack of energy and feeling very lonely when at home. She was also very much afraid her progressive ill health would cause her to lose her job, that in turn would

make her even more house bound, the thought of which was unbearable to her. On asking Roberta when did she think her health had started to deteriorate, without any hesitation she replied, "*After my husband was murdered*". Further discussion brought out other losses; her father in the same year as her husband (though from natural causes), her mother and sister two years ago and a son some twenty years ago as a result of a car accident.

Roberta admitted she had never reconciled herself to the loss of her husband and she was agreeable to my using a combination of Healing Touch, Aura Soma and Creative Visualization in an effort to help heal that situation. Roberta's friend had already explained to her this type of work I do and Roberta was willing to try anything, particularly if it would help to give her back some of her former energy.

I explained that I wished to help her heal the connection between her and her deceased husband and asked her to write down on a piece of paper both her name and her husband's name. As Roberta settled down on the massage table I placed this piece of paper beside Roberta and I put a small piece of amethyst on it. I then asked her if she had known the person who had killed her husband - an affirmative answer showed very close family ties. (For the purposes of this study he will be named Jack). Roberta agreed with me that a little healing his way wouldn't go amiss and was quite happy to have his name on the same piece of paper.

As Roberta felt her greatest need was to have more energy, I asked her to think of a colour that represented 'energy' to her. She chose the colour orange. Using the

orange pomander I proceeded to do some basic Healing Touch movements over Roberta at the same time asking her to imagine herself relaxing somewhere in nature where there was an abundance of the colour orange. She became more and more relaxed as she visualised herself in a beautiful place where there were lots of orange flowers.

After a several minutes of deep relaxation Roberta was able to visualize her husband coming towards her. I could 'feel' her emotion well up under my hands, which were now lightly resting on her forehead, so I quietly asked her to describe the expression on his face as he walked towards her. As she told me of the smile on his face I could feel her emotional disturbance fade away. I encouraged her to talk to him, which she was able to do and then say her goodbyes.

Roberta was then able to choose a colour she felt would be healing for Jack (purple) and visualised him surrounded in it. At the finish of the session she reported feeling a lot better, relaxed and *"as if a great weight had been lifted off her"*. She went home taking a herbal kidney tonic and some slippery-elm powder and acidophilus (for her indigestion and diarrhoea). I asked her to come back in about a week's time.

Ten days later Roberta returned, this time by herself. She looked a different woman. She was smiling and the dark circles under her eyes had gone. She reported feeling a lot better and that her bowels were good. She no longer had any indigestion or heart burn, was sleeping well, had lots more energy and no longer felt anxious or so lonely at home. She felt she required no further treatment at the

time but would continue on her tonic and slippery elm. Roberta continued to do well, enjoying her work, family and friends, returning two and a half months later *"for an energy balance"* in relation to a minor health problem.

#### 5.1.1 Interview with Roberta

Two years later, the story I had written was posted to Roberta. When we met to discuss the story and the thesis, Roberta asked me if I remembered that at the finish of the session she had cried. Though I could not, she went on to say that it was a 'releasing' and she still thought of it as that.

At the same meeting she told me how well she had continued to remain. She had only taken one course of antibiotics during that time for an infection whilst away on holiday. Her latest mammogram and cervical smear have been normal. She stated that her bowels were good and she was now enjoying her job and lives happily with her sister and brother in law in the same town. At the end of our meeting Roberta requested a copy of this study.

#### 5.2 *The Story of Violet*

When Violet (34 years) first came into my clinic I did not realise that she was related to Roberta. She talked fast and breathlessly; in fact too fast to get any notes down or to get a sequential history but the essence of it was that she felt she was burning up; all her teeth ached and she wanted them all extracted (some already had been), she couldn't sleep and felt exhausted! All sorts of garbled

information came out and I was at a bit of a loss.

It was obvious Violet was in a highly excited state (the word manic came to mind at the time) so without attempting to get any more of a history I asked her to lie on the massage table telling her I would like to look at her teeth; they looked fine to me. I spent the next ten minutes or more getting her to talk slower and quieter. At the same time I was lightly brushing her energy field (this is called “magnetic unruffling” in the Therapeutic Touch and Healing Touch context) using the clear Aura Soma pomander in an attempt to calm her down. I remember mentally asking any healing guides or angels who might be around to help in the situation.

Violet did slow down and at some stage told me her mother had been to see me and how much better she was. When I asked her mother’s name she told me it was Roberta. By then Violet was calm enough that I could now ask a few questions and found out that she lived alone with two children and a boyfriend who came and went and was away at the present time. I tried to ascertain if she was under any mental health team but that made her very agitated so instead I asked her permission to talk to her mother about a bit of on-going support. This she readily agreed to.

After an hour, Violet was a lot calmer and she left with a bottle of homoeopathically prepared herbs that had sedative properties. I later rang her mother and told her I was concerned for both Violet and the children, letting her know that I thought she might require more help than I could give. Roberta said she would take her daughter and the children home with her for a few days and

would call the mental health crisis team if necessary. She knew Violet was not in a good state but had not seen her for a while as she lived in a different town, an hour's drive away. I gave her the mental health crisis team's telephone number and asked her to let me know how she was in a day or so.

The next day Roberta rang to say Violet was much better but would stay a few more days. Two weeks later Violet came to see me again. This time she was quite rational, appeared much calmer, was back in her own home, sleeping well and felt she was coping fairly well with the children, but she had a few problems she wanted to work on. She believed she had to deal with issues arising from the death of her father much like her mother had done. Roberta had described to her how much the treatment I had given her had helped. So during this consultation I was able to assist Violet to relax more easily and quickly, and going at her own pace, Violet was able to say goodbye to her father and forgive the person (Jack) who had perpetrated the crime against him.

I saw Violet regularly at approximately monthly intervals for four months (with Social Welfare paying for the cost of her treatment). Some times it was just a catch up as to what was happening in her life and a request for more homoeopathic sedative drops, which she continued to take throughout those months. At other times if she felt she wasn't coping well I gave her an 'energy balance' during which time she would look at some aspect of her life that she felt was inhibiting her self growth.

Violet went from strength to strength, she decided to have her teeth extracted and

was very pleased with her new dentures. She started a course to improve her reading and writing, "*kicked her boyfriend out*" as he was just sponging off her and found new friends. I continue to see her from time to time, usually about minor health problems she or one of the children might be experiencing and which may require an herbal or homoeopathic remedy.

#### 5.2.1 Interview with Violet

Violet appeared pleased with the idea of having her story written.

When I invited Violet to read the story I had written, she requested that I read it to her as she was unsure if her reading skills would be good enough. As I went through it she admitted to remembering very little about her first visit except being very hot, not being able to "*find a place*" (to relax in) and feeling panicky. She remembered her mother coming and taking her and the children home and beginning to feel stronger in herself. She agreed the rest of the story was an accurate summary of her visits to me.

#### 5.3 *The Story of Beth and Jamie*

Beth brought her three-year-old son Jamie to see me, telling me the problem was that every time she left him he would throw a tantrum and have screaming fits, which would not stop until she was back with him. For the last four weeks Beth had been trying to familiarize Jamie with a day-care centre in order to return part-time to the workforce but Jamie was no closer to settling down than he was when

she first attempted to take him there. In fact he was getting worse in that she couldn't leave the room he was in even at home without him becoming upset. She said she was "*at her wits end*" and had heard I did 'colour therapy' and that it had successfully helped the son of a friend of hers and maybe I could help in this situation.

I assured her it was quite possible and explained the nature of my work and what I believed might help. I then asked for a brief history of Jamie. I asked the usual questions such as how long had this been going on? What his usual behaviour was? Had he had any childhood illness, allergies etc. and found nothing significant. As long as he was at home, he continued to sleep and eat well, nor was his birth out of the ordinary in terms of trauma or stress. Though I couldn't detect any significant stressors that might have resulted in this behaviour, I suggested I did some Healing Touch combined with Aura Soma on Jamie.

I asked Beth to pick up Jamie and show him my Aura Soma Balance bottles that were displayed on a shelf above my desk. I then asked him to choose one to hold. He chose the orange coloured bottle. To Beth and maybe Jamie himself it may have appeared a random selection, however the choice was very significant to the final outcome. Orange is the colour or vibration required to assist in healing physical, mental and emotional shock and trauma. While Jamie sat on his mother's lap holding the orange bottle I used the corresponding orange pomander to lightly smooth and sooth his aura, (magnetic unruffling). At the same time I noted areas of congestion around his head and chest area that gradually dispelled.



To complete the treatment I made up some Bach Flower Essences (Chancellor, 1971) specific for both homesickness and transition and change, and instructed Beth on the use of them. I then asked Beth to let me know how Jamie responded to being left at day care in the following week. Before they left I reiterated that I had not been able to deduce why James behaved as he did and if his behaviour was still a problem then I would suggest that she herself might need an energy balance as I had had occasion to note that a stressed mother can affect the behaviour of a child.

Three days later, Beth rang to say that Jamie was much calmer at home and was no longer following her around like a shadow but day-care was still continuing to be a problem. She felt an energy balance for herself would be good for her and even better if it helped Jamie as well.

The time was arranged and when Beth came this time she shared a little more of her own history. I learnt that when she was six months pregnant her mother had died suddenly without warning. Beth told me she *"felt her whole body go into a state of shock."* Since our last talk Beth had wondered if this could have had an effect on Jamie. I believed this was quite possible, so we decided to do Healing Touch as an initial balancing and relaxation technique, along with Beth imagining herself relaxing somewhere in nature.

When I felt Beth was deeply relaxed I sat at her head with my hand on her forehead and asked her to visualise her mother coming towards her in this beautiful garden. With a hand resting lightly on her forehead I could feel the

emotion welling up, so gently asked her to look at and describe the expression on her mother's face. She described seeing her mother looking happy and serene. This had a definite calming effect on Beth and she could now talk with ease to her mother and say her final goodbyes. This was a very moving scene for Beth and there were a few tears but Beth left saying how calm and relaxed she was feeling.

The next day she rang to tell me how good she was feeling and that Jamie had no problem being left at day-care!

Several months later Beth came in for 'another balance', as she was feeling stressed because they were about to be relocated to Indonesia (her husband was in the oil business). It was at that meeting that I asked her if I could use her story in a possible thesis and also as part of a presentation at the Australian Holistic Nurses Conference. She agreed as we bade farewell to each other.

#### *5.4 The Story of Maureen*

Maureen is a short, slightly over-weight (exaggerated by a certain puffiness around her face and hands), 58 year old woman with a slight Irish accent and a sparkling smile which belied the pain she was experiencing. I also noticed she was wearing a wig. Maureen came to see if I could help relieve the pain she was experiencing in her left arm. She had been diagnosed three years ago with severe rheumatoid arthritis and fibromyalgia. Other medical problems included diabetes controlled by diet, and psoriasis, which she had been told had been caused by

hydrochloric acid poisoning eight years ago. As well the above she continued to be plagued by drug resistant vaginal thrush and frequent bouts of diarrhoea.

Maureen was working full time and had five grown up children. Maureen's current medication was methotrixate (hence the need for a wig), brufen and folic acid. She had come off hormone replacement therapy six months previously.

As we talked it became apparent Maureen had not really been well for years, certainly not since the accidental poisoning with hydrochloric acid eight years ago. It did have me wondering if Maureen might benefit from a detoxification programme although in light of her medication (which puts a considerable strain on the liver) I was hesitant.

As regards her sore arm she could not bear any one touching it, nor did she want anyone touching her shoulders or back, so massage was not an option but she agreed to try Healing Touch having already heard about it from a colleague who had been to see me.

Hearing about Maureen's health problems and discussing treatment options had taken up most of the consultation time and Maureen agreed to return the next week for her Healing Touch energy balance. It was decided to defer any detoxification programme meantime though she agreed to take a very gentle homoeopathic liver and kidney tonic that might strengthen those very vital elimination organs.

A week later Maureen came for her first energy balance, hoping to obtain some

relief from pain. Because she had multiple problems, she decided her 'healing goal' would simply be "*each day I am better and better*". Her chosen healing colour was white.

I asked Maureen to lie down and visualize a beautiful place in nature where there was an abundance of white (for example flowers, clouds etc) and she need only imagine herself resting and relaxing in this place whilst I used basic Healing Touch techniques to clear her energy field. I could feel 'hot spots' over most of her joints and very 'thick' energy around her head and shoulders.

As Maureen relaxed and described the beautiful place she imagined herself to be in. As she described it I 'saw' an angel dressed in white standing beside her. I believed the angel was there to help Maureen, a notion that Maureen accepted readily since she was a Catholic and had a strong belief in guardian angels. Maureen felt very relaxed and in less discomfort after the session but I felt I had not been able to clear the blockage around her left shoulder. It felt like a great burden or sadness, which I mentioned to Maureen. It was then that Maureen told me she had had eight miscarriages and still grieved for these lost children especially around that particular time of the year (Christmas). We talked about this for a little while before she left after making an appointment to return in a week's time.

Arriving the next week Maureen told me she had felt good and was in less pain the rest of that day. But by the following day she had felt worse than before the treatment and this continued for the next three to four days, after which she

gradually began to feel better. She felt well enough to try some gentle massage to relieve the persistent pain in her left shoulder and arm.

Maureen's muscles felt hard and unyielding and after a few minutes massage I knew that what I was doing was not going to get the desired result, so resting my hands lightly on her upper back, I asked Maureen to again imagine herself somewhere in nature relaxing. Immediately she told me she was in a small church in Ireland. On asking her what she was doing there Maureen told me she was praying for her lost children. I began to 'see' inside that church and encountered eight little beings of light kneeling up at the church altar, with their backs to Maureen. I described this scene to Maureen asking her if she could see them and she could, so very gently I asked her to welcome them, talk to them and when she was ready, to let them go knowing that their spirits or essence were very much 'alive' and well.

As Maureen did just that, I felt her muscles relax and become pliable under my hands and in a few minutes I was able to massage her entire back and shoulders. Maureen felt a great relief "*as if a huge burden had been dropped from my shoulders*". She was also able to move her arm more freely without experiencing pain.

It was now only a few days before Christmas and Maureen was planning to go away for a week or so and I was also taking some time off so we arranged to meet in mid-January.

At our next meeting Maureen informed me that though she had had a flare up of psoriasis and thrush she had felt a lot better over that period of time as far as movement and pain was concerned. Indeed because she had had minimal pain and was able to move more easily she had overdone things in the last week before seeing me by helping to do a major office shift at her work place, which included carting things up and down stairs. She felt very good that she had been able to help (like everyone else) but the day after she could hardly move. After some Healing Touch Maureen felt relaxed enough to allow me to give her a massage. She was surprised and pleased that it didn't hurt and felt much better after it.

We arranged for a session in two weeks time but the day before that scheduled time Maureen rang and told me "*she was feeling on top of the world*" and didn't need to see me but "*would keep in touch*".

I did not hear again from Maureen until I telephoned her about the possibility of using her story for this study four months later. On asking how she was health wise she said she was 'pretty good' but had left full time employment in order to spend time with her grandchildren.

#### 5.4.1 Meeting with Maureen

Maureen readily gave me verbal permission to use her story and requested I post out the story I had written (based on the notes I had taken and the memory of our encounters) along with the information sheet and consent form. On contacting Maureen again by telephone a week later she said the story was "*fine and as accurate as she could also remember*" and she did not feel there was a need to

meet and that she would drop the consent form in sometime on her way past. She concluded by wishing me 'the best for this project'.

### *5.5 The Story of John*

This story involved a very handsome young man who told me his girlfriend had sent him to see me as she felt a massage might help him. John presented with a sore and stiff shoulder that he had suffered with for approximately ten months. The pain and stiffness had affected his ability to work as he had been in manual employment. He was now on a sickness benefit, travelling around and living temporarily at the local campground. He had already had extensive physiotherapy, which he said had given him only temporary relief and he was still taking non-steroid anti-inflammatory agents and digesic. He had no other medical history of relevance to this problem so I commenced giving him a massage.

Physically he was a large well-muscled young man with a few tattoos, one of which was over his left shoulder. It soon became obvious he had a lot of muscle tension around his neck and shoulders and I knew massaging him wasn't going to be easy. As I moved my hands over his left shoulder I received a strong sensation that there was an enormous block in the region and as I touched the tattoo, the flesh felt cold, 'dead' was the thought that flashed through my mind. I knew intuitively I couldn't massage that area.

John was lying prone with his head down between a headrest so I wasn't able to

see his face but I needed to tell him why I had stopped so abruptly. I told him his body felt different over the tattooed area and somehow it was connected with his problem and perhaps he could tell me a little about the tattoo.

It was a sad story. The day and time John was having this tattoo engraved was the time his partner (and mother of his two year old child) met with a violent death and now he hated the tattoo. John asked me if I knew about the case as it had been in the newspapers. I had not (I rarely read the newspapers and it was not a local incident) and told him so. In a way this appeared reassuring to him, so I then asked John what had been the original significance of the tattoo. He said it was meant to have shown his love for his partner.

I suggested that if he could view the tattoo as a memorial to his partner instead of a curse, life might be a little easier. John saw this as a possibility and was amenable to engage in some creative visualisation to that effect. The result was that all the muscle tension in his shoulder and neck dispersed and after about fifteen minutes massage he was amazed and pleased to find he had a full range of movement in his arm.

The rest of the consultation time he talked about how he was looking after his little son ....but also how it would soon be time to revenge the murder. I tried to steer him towards forgiveness or at least letting 'bygones be bygones' especially for his son's sake but he really didn't see this as an alternative. John left asking if he could come again sometime.



He left, saying he would be back to pay in two days time when he received his benefit. He never came back to pay, nor did I ever saw him again. I often thought about him, hoping and praying he would think differently about exacting revenge.

An odd ending to this tale was that about two months after he had come to see me, the girl with whom John had been staying at the motor camp came into the clinic. She apologised for the fact that he hadn't been back to pay and she was offering to do so herself. When I told her that wasn't necessary she said she wanted to see me herself because she had seen how much better he had been after the treatment. She had felt guilty that John hadn't paid because she had sent him in the first place. I found out from her that he had left town and gone back from whence he came.

### *5.6 Conclusion*

In writing the texts and reflecting on these stories I feel that the philosophy of my practice and my interest in the illusion of separateness has been clarified and I am able to explain it coherently.

Violet and her mother Roberta both have a special place in my heart. These two clients arrived within days of my having read the book 'Healing the Family Tree' (McAll, 1986). This book so struck a chord within me that before I had finished reading it I had begun to consider the possibilities of incorporating some of his ideas into my practice. I could see how I could make use of energy healing (in the

form of the three modalities previously discussed) instead of using prayer and the Eucharist.

Roberta and Violet came for help while these ideas were still forming and very new, yet at the same time it seemed the most natural thing to do in practice; to incorporate healing family connections as well as giving a more general 'energy balance'.

Their response to the healing sessions was such that it gave me the confidence and encouragement to continue to pursue this concept in both my personal quest for knowledge and in my nursing/naturopathic practice.

Since those early days, I have sought to better understand the illusion of separateness, interconnectedness and the importance of healing connections between people. The following chapter will give the reader some insight into my pursuit of this knowledge.

## CHAPTER SIX

### **A Review on The Illusion of Separateness**

“When a person forgets that he has a soul, that his source is rooted in eternal Being, separation results, and from separation all other pain and suffering follow”

Deepak Chopra

#### *6.0 Introduction*

In the last three years I have continued to seek knowledge and understanding of the illusion of separateness and the importance of healing connections between people.

As a background to this knowledge and to developing my understanding I read a significant number of ‘popular’ or ‘new age’ texts on such concepts as mind-body-spirit connection, subtle energy, evolving consciousness and quantum theory (Chopra, 1989; 1990; Brennan, 1987; Siegal, 1988; Myss 1993). These and many other books that I have read over a period of fifteen or more years have served as a foundation for my interest and understanding in healing.

During this time I had been aware of a kind of ‘knowing’ that all of life was interconnected, that separateness was an illusion, but it was not until I read McAll (1986) that I could really grasp the significance of that notion and the possibility of its practical application in my practice. Even so I sought further knowledge and

so discovered aspects of evolutionary theory and the science of psychoneuroimmunology, which furthered the clarification and my understanding of the illusion of separateness. These texts have been instrumental in updating and reshaping my philosophy of practice.

I continue with a brief discussion on my understanding of Quantum Theory, which is a cornerstone to understanding not only the illusion of separateness but also the concept of energy healing.

I next focus on the nursing theories that I believe embrace and clarify this understanding. Following this I discuss the relevance of the theory of morphic resonance (Sheldrake, 1988; 1994), and the science of psychoneuroimmunology (Pert, 1986; 1997), in reference to my growing understanding of the illusion of separateness.

The knowledge and insights I have gleaned from these works have had a profound influence on my own personal growth as well as my clinical practice.

### *6.1 Healing Connections*

As a young surgeon/missionary travelling in war torn China, Dr Kenneth McAll had the direct experience of ‘seeing’ a white man dressed in white robes who told him (in English), not to go ahead to his chosen destination but rather follow him to another village, where his skills were required to help the wounded. Arriving at that destination the white robed man disappeared. The rest of the villagers

declared there were no other European people in the area, but that his life had been saved because if he had continued in his chosen direction he would have fallen into the hands of the Japanese. McAll believed his saviour was Jesus Christ. As a result of that experience he began to study the Chinese belief in spirits, ghosts and exorcisms and the effects of these beliefs on a person's well being.

He returned to England to study psychiatry, believing he could help mentally disturbed patients especially if they were suffering from what was termed "possession syndrome"(McAll, 1971; 1986). He acknowledged that some emotional problems could have their roots in a biochemical imbalance but that many deep emotional hurts needed a different sort of therapy, which he believed "could be given by the supportive love of a Christian community" (McAll, 1986, p.5). He saw patients who admitted to be suffering from the presence of 'spirits' or the intrusion of 'voices' from another world and he believed these to be real. Often although not always, these voices were from people they knew or had known. All the patients felt they were being 'controlled' by these entities. McAll (1986) cites many anecdotal stories in his book 'Healing the Family Tree' to demonstrate how prayer, of which he considers the Eucharist to be the most powerful, succeeded in curing these patients by dissolving the bonds they had with the 'entities' or people whom they felt controlled their lives. He believed that many supposedly 'incurable' patients were victims of "ancestral control" (McAll, 1986, p.13). By drawing up a family tree he could help identify the ancestor who

had caused his patient harm. He then, together with concerned relatives, would cut the bond between the patient and the ancestor by celebrating, with a clergyman, a service of Holy Communion, which delivered the tormented ancestor to God.

McAll believes there are four distinct stages in the manifestation of healing power, which correspond to different prayers that are offered. Stage One is the praying for the deliverance from evil for both the living and the dead. This acts as both a cleanser from evil and a prayer for protection from evil. Stage Two is concerned with prayers for forgiveness. To be cured a patient must sincerely want to forgive the person who has trespassed against them. The ultimate is the ability not only to forgive but to love the person who had caused such destruction. Stage Three is concerned with prayers to commit everyone involved (the living and the dead) to God in the name of Jesus Christ. The Fourth Stage is the final blessing, which is essentially for the needs of the living. Relatives might also pray for other family members or friends not previously mentioned. According to McAll this has often lead to 'absent healing' or healing at a distance.

Although I realized I did not have the knowledge or training to follow McAll's practice I believed some aspects of his work could be incorporated into my practice. After reading his book I realised saw how very important the influence of other people, (including even the dead) could have on the well being of a person. I believed that in my own practice I could aid some of my clients by helping them to recognize the importance of such a connection, together with the

need to express love and forgiveness.

Furlong (1997) confirmed my idea that healing of family connections could be approached from a less religious point of view. Though not referenced, Furlong presents some recent scientific findings in the study of genetics that demonstrate there may be a far greater range of psychological traits passed down through the generations than was previously acknowledged. He links this information with Sheldrake's theory of morphic resonance; where "the morphic fields give shape and meaning to the genetic structure as well as having the ability to transfer the information across time and space to other family members or other human beings" (Furlong, 1997, pp.80-81). (The theory of morphic resonance is alluded to later in this Chapter).

One aspect these two books have in common is that both authors stress the importance of forgiveness in the healing act. This is reiterated by a New Zealand General Practitioner Guy Pettitt (1987), who wrote an article for the New Zealand Medical Journal, which describes his experiences of healing family connections, and the importance of forgiveness as a powerful therapeutic tool.

## *6.2 Quantum Theory*

The world of science now acknowledges that everything, even the most solid of matter, if reduced to a subatomic level consists only of energy vibrations (Chopra, 2000). These energy particles blink in and out of existence millions of times a

second. They are milliseconds of alternating light and void, which is termed the 'particle and wave phenomena'. Quantum theory looks at what lies behind the appearances of matter, form and the particle-like material world. It introduces the concept of energy fields as continual waves extending throughout the known universe.

Energy fields have been mentioned in the scientific world for over a hundred years. Michael Faraday described energy fields in connection with electricity and magnetism in the eighteen forties (op.cit. Sheldrake, 1994), Einstein extended this to gravitation in his general theory of relativity in the 1920s. Since the 1960's the emergence of quantum theory and quantum physics has revealed that nature is more than just matter. Each kind of particle, atomic or subatomic is thought of as a quantum of vibratory energy in a field.

I was intrigued by a title of a book I found by chance in the public library; 'The Presence of the Past: Morphic Resonance and the Habits of Nature' Sheldrake (1988), and though a quick glance showed me it was mostly about the evolution of nature, I somehow felt it might help explain the concept of 'unity' or the illusion of separateness from a different perspective.

Rupert Sheldrake is a British biologist, philosopher and researcher in evolutionary theory and I found some of his ideas, especially his theory of 'morphic resonance' dovetailed into my understanding of quantum theory. Reading his book has helped me understand from a slightly different perspective how and why humans have such strong connections to each other. It has also helped me to understand



why healing the past can bring wellbeing to the present.

## *6.2 Morphic Resonance*

Resonance explains how energy is transferred between things or people on a non-physical level. It is based on the music theory that vibrational energy is transferred when two objects such as two tuning forks are pitched at the same frequency. If one fork is sounded and another of the same note is held nearby, the second tuning fork will start to vibrate. This energy is also transferred across octaves. Morphic Resonance, a theory postulated by Rupert Sheldrake (1988), is an extension of this concept. It originated from the concept of morphogenetic fields that were first postulated by embryologists and developmental biologists in the 1920s to help explain how plants and animals develop. The fields were thought of as invisible blueprints that shaped developing organisms. This concept is now widely adopted by developmental biologists to explain how body parts differentiate in spite of the fact they contain the same genes and proteins (Sheldrake, 1994).

Sheldrake suggests that all natural systems inherit a collective memory of their kind. According to Sheldrake's hypothesis of formative causation, this inherent memory depends on morphic resonance, a process that involves action at a distance in space and time. Rather than being stored as material traces within our brains, our memories result from our tuning into ourselves in the past. Known as 'morphic fields', they hold all the memory patterns of creation. Within these

fields same or similar species connect more strongly with one another because they share similar resonant patterns.

Each species in nature, including humans, has its own morphic fields which it can tune into and add to, much in the same way as in Jung's (1959/1968) theory of the collective unconscious where below the level of the personal unconscious lies the group unconscious of families, tribes and races until one reaches the collective unconscious common to all humanity. This contains universal archetypal structures, or memories described in Sheldrake's theory of morphic resonance.

If this is the case then any healing intent even if directed towards an individual has the potential to influence firstly (or most strongly) close family members, then the extended family and then, rather like a pebble thrown into a pond which sends out ever increasing and widening circles of ripples, the influences can continue to affect whole tribes, a society or a nation. This very challenging thought has made me realize even more strongly how important it is for us to recognise our interconnectedness.

Yet another challenge could be to trace or measure that widening experiential influence during or after healing the connection between just two people. It ties in with my belief that we can tune into the past (our memories) and by changing the emotional attachment to that memory or memories, we can initiate a healing response in our physical body. It is through our emotions that we consciously remember our life experiences. If we acknowledge our interconnectedness and expanding consciousness we can extend this to healing families, communities,

expanding consciousness we can extend this to healing families, communities, countries and universes.

There is an increasing number of nurse theorists who embrace the notion of interconnectedness and I will put forward some of those views in the following section.

### *6.3 Nursing Theories & the Illusion of Separateness*

One of the foremost theorists who embraced this idea is the late Martha Rogers (1970; 1983). Rogers' theory of Unitary Human Beings with its focus on a person's innovative wholeness, his/her integral and continuous relationship with the environment which includes energy and matter exchange is congruent with the emerging quantum view. Rogers contends that energy fields are more than the sum of their parts, and that "the human field and its environment is postulated to be coexistent with the universe" (Rogers, 1970 p. 46). Similar concepts relating to energy fields are found in the nursing theories of Newman (1986; 1990; 1994) and Watson (1985; 1988; 1999).

Dolores Kreiger (1979) based much of her thinking on the nursing theories of Martha Rogers, "as she sought to incorporate the healing techniques of Therapeutic Touch into nursing" (Hutchison 1999, p.43).

As I reflect on how my practice is evolving especially as regards the healing practices that are illustrated in this study, I believe it is getting close to Roger's

goal of nursing which is "to bring and promote symphonic interaction between a human being and his/her environment through participation in a process of change" (Rogers, 1970 p.122).

Newman (1994) and Watson (1999) expand on Rogers' theory of unitary consciousness placing it in the postmodern context, which pushes the human experience beyond being able to be formulated in the traditional sense of objective, quantifiable scientific data.

Watson's model of transpersonal caring-healing goes further, using concepts from quantum theory and psychoneuroimmunology. Watson views emotions as "currents of energy with different frequencies" which are but a part of the wider universal field or universal spirit (Watson, 1999, p.111). Emotions can lower or increase the frequency of our energy fields and in this way can have a either detrimental or positive effect on our physical being.

I believe Watson's model of transpersonal caring-healing conveys the very essence of my practice where I seek to connect with my clients on a metaphysical or spiritual level. Her latest book 'Postmodern Nursing and Beyond' (Watson 1999) invites nurses and indeed all health practitioners, to embark on reconstructing a new ontology for health education and practices. This ontological shift includes honoring the sacred and being open to the deeper mysteries of the human body and the human experience, acknowledging quantum, metaphysical and spiritual concepts and "honoring the connectedness of all; unitary

consciousness....” (Watson, 1999, p.xv).

I read this book as I was in the last phases of finishing this thesis. In one way it gave me a sense of ‘deja vu’, and in other ways a sense of excitement and relief. I have strived for a number of years to combine my naturopathic practices with my nursing knowledge in order to have its’ worth recognized in the wider community of health education and practice. I feel encouraged and hopeful that as more nurses embrace Jean Watson’s ideas of transpersonal caring, we as nurses will have the strength and drive to influence health policy in New Zealand.

Quantum theory and the theories discussed relating to nursing practice, connect with the recent work done in the field of psychoneuroimmunology. It is beyond the scope of my knowledge and this study to enter into detailed description and the research, but I will give a brief synopsis of the work of Candace Pert (1986; 1997), one of the world leading neuroscientists specializing in this field.

I believe the work in psychoneuroimmunology is a place where the human sciences, metaphysics and the arts could meet with the ‘hard’ sciences of physics, chemistry and physiology in order to gain a better understanding of health and illness. I also believe it gives some credence to the type of work I do in my clinic.

#### *6.4 Psychoneuroimmunology*

Pert states that the immune system, like the central nervous system, has memory and the capacity to learn. Thus it could be said that intelligence is located not just

in the brain but in the cells that are distributed throughout the body, and that the traditional separation of mental processes, including emotions, from the body is no longer valid. "Since neuropeptides and their receptors are in the body as well, we may conclude the mind is the body, in the same sense that the mind is in the brain" (Pert, 1997, p.187).

The relatively new science of psychoneuroimmunology has demonstrated that neuropeptides, originally thought only to reside in the brain have now been found not only there and in nerve ganglia but also in the end organs themselves (Pert, 1986). Neuropeptides are small informational substances initially described as neuronal secretions but because other cells both secrete and respond to these peptides they are now called cytokines or chemokines.

This discovery suggests that memories are stored not only in the brain, but in a psychosomatic network extending pathways into internal organs and even the surface of the skin. Pert proved that during stressful (that is emotional) periods chemokines were activated from many sites in the body simultaneously - the immune, the nervous, the endocrine and the gastro-intestinal systems and that these sites form nodal points on "a vast superhighway of internal information exchange taking place at a molecular level" (Pert, 1997, p.310).

Pert also explored the role of emotions in the production of these peptides or chemokines and came to the conclusion that emotions must be seen "as cellular signals that are involved in the process of translating information into physical reality, literally transforming mind into matter" (Pert, 1997, p.189). This gives

new importance to emotions in understanding illness and disease.

I consider these insights are as close as I can get at present to understanding empirically that the mind is not confined to the brain. Nor is the emotional centre of the body confined to the amygdala, hippocampus or hypothalamus as previously thought. The mind and body are inseparable. In fact the body is the outward manifestation, in physical space, of the mind. Pert postulates that the information that runs our body/mind is beyond time and space, matter and energy and has an infinite capability to expand and increase. Because this information doesn't belong to the material world Pert, describes it as having it's own realm of reality. She has coined the term "inforealm" (Pert, 1997, p.310); which she believes has a scientific ring about it but admits it is the same as words others mean when they talk about a 'field of intelligence, 'innate intelligence', 'the wisdom of the body' and 'God'.

### *6.5 Conclusion*

It has taken me nearly a lifetime to recognize the illusion of separateness, to realize our connectedness with each other and with all of life. Yet I also know recognition alone is not enough. I have to try to live it in my personal life and in my nursing practice.

In order to live something one needs to be totally engaged in that experience, learn all there is to know then push the frontiers further, beyond the imaginable. That is what I have tried to do in this study. I have delved into quantum theory

and now know there is a scientific explanation for the sensations I feel when scanning a client's energy field. That these fields may be synonymous with Sheldrake's (1988) morphic fields which extend to embrace past knowledge and memories as well as influencing the future, makes sense to me and has made me more aware of the importance of every thought and action we make, as well as demonstrating the importance of healing connections between people.

I now embrace Watson's (1985) belief that caring is the essence of nursing and for nurses to truly care they must first care for themselves, and seek to expand their own consciousness. I have grown in self-awareness, in self-confidence, in health and happiness. As a nurse I derive enormous satisfaction and a great deal of pleasure from assisting or facilitating others to realize their own innate healing potential.

Pert's (1986) experiments in the field of psychoneuroimmunology are linked to the more qualitative studies on imagery (Achterburg, 1985) and the importance not so much of a traumatic event in our lives but of the importance of the emotion we attach to that event. Rogers' (1983) theory on unitary human-beings together with quantum theory have all helped in confirming for me the illusion of separateness and the importance of recognizing our interconnectedness. Jean Watson's (1999) model of transpersonal caring-healing represents what I am attempting to achieve in my private practice. It will be with greater confidence that I share this information with clients and colleagues alike.



## CHAPTER SEVEN

### **The End of This Road**

“The key to wisdom lies in understanding the relationship of the particular to the universal, to perceive unity in multiplicity, spirit in matter, the sacred in the secular, and the role of the individual consciousness within cosmic consciousness.” Lama Anagarika Govinda

As I read scientific and academic literature on health and healing, I realize there appears to be a worldwide convergence of ideas pertaining to ‘wholeness’, the mind/body/spirit unity and interconnectedness. I have touched on these concepts only briefly in this study, namely the Science of Unitary Human Beings (Rogers, 1983), Sheldrake’s (1988) theory of morphic resonance and the work of Pert (1986; 1997) in the field of psychoneuroimmunology. Each author has helped me towards a better understanding of the illusion of separateness and the importance of healing connections between people.

For a long time I had separated my naturopathic endeavours which included working with subtle energies from my nursing practice, which was still grounded (to a greater or lesser extent) in the reductionist or medical model of health care. A vision I had six years ago during a session when I was receiving Healing Touch was the catalyst for me to seriously combine the two disciplines in a career

pathway that has had great challenges but at the same time has given me more satisfaction than anything else I have done in my working life. I find that I derive so much pleasure from my work that most of the time it doesn't even seem like work. It is much more like a hobby, which I look forward to each day and from which I often return home invigorated.

I believe I have come to a greater understanding of the illusion of separateness and the importance of recognizing our interconnectedness in terms of health and wellbeing. At work I find I can more easily explain the basis of my practice and I can now offer valid references. I believe I can now claim that my practice, though based on ancient practices reflects modern thought and scientific discovery.

Integrating my interest and knowledge of healing with the theories of nurses such as Rogers, Newman and Watson has given me hope that in the fullness of time my practice will become part of an integrated health system that recognizes the interconnectedness of all life and the illusion of separateness.

I share Jean Watson's vision and hope that nursing and all those associated with health care will acknowledge healing not only on a physical level but on the metaphysical level as well. This is part of the paradigm that includes being aware of the importance of the mind-body-spirit connection. It speaks of the interrelationship between people, between people and their environment, and between the environment and the rest of the universe, as we know it. To have an awareness of this is to have an awareness of the sacred and with that comes

responsibility.

A responsibility to love and care for all of life, to do it no harm and to help create a future that reflects that love and care. I try and do this in my personal life and my professional life as a nurse and naturopath. This involves looking within for inspiration and looking without and beyond for knowledge.

It is this vision that has spurred me onto writing this thesis. If I can have a deeper understanding of the illusion of separateness and the importance to our well being of connectedness and can share this with others, then I am fulfilling my own desire, which is to make people happier and healthier and this precious earth a better place to live in.

I invite you the reader, to consider that separateness IS an illusion and to be healthy, healed or considered 'whole', we need to both recognize and experience our interconnectedness fully.

To experience interconnectedness or 'unity' on any level is an unforgettable experience that defies even the best of descriptive language. It is a mystical and sacred experience. I leave you with these words by Albert Einstein that was quoted in Renee Weber's (1986) book, 'Dialogues with Scientist and Sages: The Search for Unity'.

A human being is a part of the whole...he experiences himself, his thoughts and feelings as something separated from the rest—a kind of optical delusion of his consciousness. This delusion is a kind of prison for us, restricting us to our

personal desires and to affection for only a few persons nearest us. Our task must be to free ourselves from this prison by widening our circle of compassion to embrace all living creatures, and the whole (of) nature in its beauty. Albert Einstein.

#### Postscript

As I near the completion of this thesis, I realize I have not come to the end of this road; it carries on. I have only come to a cross road where there is a signpost pointing in several directions. I pause.

One sign points towards working with other nurses in relation to the healing work I do. Another points towards working on a project with Maori. A third points towards doing some research with Aura-Soma (that is a particularly bright and colourful sign). Yet another points towards learning more about homoeopathy.

I peer at the signs and they all interest me. I look down each of these roads. They all seem to be going up hill and I cannot see very far along them.

There is one more road, the signpost is new and shiny and says there is a holiday destination at the end of this road. This road slopes down hill and I glimpse the sea and golden sand.

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## **APPENDIX 1**

### **ETHICAL APPROVAL**

# Taranaki Regional Ethics Committee

P.O. Box 555  
New Plymouth  
C/- Stafflink  
Phone (06) 758 9086  
Fax (06) 758 9278  
Email: [ethics@stafflink.co.nz](mailto:ethics@stafflink.co.nz)

31 July 2000

Mrs K M Kingsbury  
Kelly Road  
R D 3  
NEW PLYMOUTH

Dear Kitty

**To explore, develop and articulate my philosophy of practice, especially with regards to the notion of the therapeutic effect of healing emotional connections between people.**

**Investigator:** Katherine M Kingsbury

**Protocol Number:** 00/07/09

Thank you for your amended Pages 6 and 8 and Information Sheet which were received today. Your research application is now given Approval A:

“Unconditionally approved, either with or without comments or questions addressed to the investigator. Any replies to comments or questions to be forwarded to the Committee in due course.”

It is a requirement of the Committee that if for some reason this research does not go ahead, is changed in any way, terminated before completion, or is completed before due completion date, the Committee must be notified. A report will be due at the completion of the research or in 12 months, whichever is the sooner. For this purpose, we will send out a report form nearer the completion date.

When research involves Maori, reports are also to be sent to the Maori Research Units for their information. A list is attached.

We wish you well in your work.

Yours sincerely



pp Frank Gaze  
**CHAIR**

enc

## **APPENDIX 2**

### **INFORMATION SHEET**



## INFORMATION SHEET

**Title: The Illusion of Separateness.**

I am doing this research as part of the requirement to complete my Master of Arts (Applied) in Nursing.

This study will reveal my journey towards articulating my philosophy in practice, particularly as regards the healing which can occur as a result of a process of realising the illusion of separateness. The way this occurs is unique to each person and involves recognising that ill health may manifest during or after an emotionally traumatic experience involving another person or persons.

My own practice story and the stories of five clients will be woven together in this study to reveal how we each seek meaning and understanding of health and healing.

Participants will be asked to an informal meeting where further information as to the nature of the study can be discussed and where participants will be asked to sign a consent form.

I envision a further two meetings where the first draft of the story and the final draft will be given to the participant to comment on. These comments will be taken into account, as collaborative input to the research. With the consent of the participant these meetings may be taped.

All case notes and tapes will be locked securely in my clinic room. Tapes and transcripts will be coded for confidentiality.

The tapes will be given to the participant at the end of the project or destroyed with their permission.

Computerised information will be accessed only by a confidential password.

**If in the process of the study any participant feels any disquiet or doubt I ask that I be informed so that further support can be arranged.**

**I can be contacted to answer any further questions relating to this study at Health 2000, phone 7578594**

**Thank you**

## **APPENDIX 3**

### **CONSENT FORM**



## CONSENT FORM

**Title Of Research:** To explore, develop and articulate my philosophy of practice, especially with regards to the notion of the therapeutic effect of healing connections or relationships between people.

I have been given and have understood an explanation of this research project.

I have had an opportunity to ask questions and have had them answered to my satisfaction.

I understand that I may withdraw myself (or any information I have provided) from this project at any time without having to get permission or without penalty of any sort.

I understand that any information I provide will be kept confidential to the researcher and a pseudonym will protect my identity

No opinions will be attributed to me in any way that will identify me.

I understand that any tape recording of interviews will be electronically wiped after five years unless I indicate that I would like them returned to me.

I understand that the data I provide will not be used for any purpose other than this study or released to others without my written consent.

I understand that I will have an opportunity to check any transcribed material or discussions for accuracy before publication.

I would like to receive the report of this research when it is complete. Yes/ No

I would like the tape recordings of my interview returned in five years time. Yes/No

I agree to take part in this research.

Name in full

Signature

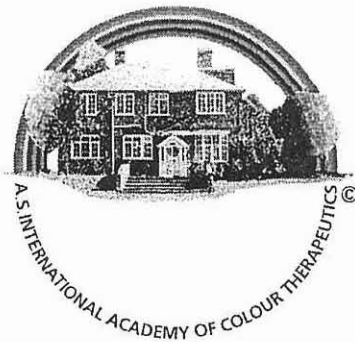
Date

Name of Researcher

Signature

## **APPENDIX FOUR**

### **LETTER OF VALIDATION AURA-SOMA**



Registered Charity  
No. 1063855

Dev Aura, Little London,  
Tetford, Horncastle,  
Lincolnshire LN9 6QL

Tel: (44) 01507 533 218  
Fax: (44) 01507 534 025  
E-mail: [info@asiact.org](mailto:info@asiact.org)

Kitty Kingsbury  
Kelly Road  
RD3 New Plymouth  
New Zealand

13<sup>th</sup> September 00

Dear Kitty

Thank you for your letter of 16<sup>th</sup> August. Unfortunately there is no published research on the use of Aura-Soma that I know of. It is an area that the Academy wishes to develop and in the future we will have such works available. In the meantime I am sorry I cannot be of help. If you had a more specific area of use perhaps I could connect you with somebody who has experience in that area.

I wish you well with your work

Yours sincerely

Dominic Yeoman