SOME PROBLEMS OF TERMINOLOGY AND EVIDENCE

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Unorthodox healing includes a variety of methods and of theories as to the causes of healing. A consistent, agreed terminology would be helpful.

One wide field that may be distinguished is that of spiritual—religious or quasi-religious—healing. It is separated from types of unorthodox healing depending on unorthodox manipulations or unorthodox use of drugs. Within this field there are:

1) *Faith healing*, in which a patient's mental re-orientation is regarded as the essential causal factor. This re-orientation may be faith in the power of God to heal, either as a general religious attitude or as acceptance of some particular means by which this power may be exercised.

2) *Healing by prayer*, regarded as resulting from prayer by the healer, a congregation, the sick person himself, or any combination of these.

3) *Ritual healing*, regarded as the result of some action of a religious or spiritual kind, such as laying on of hands, anointing with oil, or a visit to a sacred place. The ritual act may be carried out by either a minister who heals by virtue of his office alone, or an individual, minister or not, regarded as possessing healing gifts. Or the act may be that of the patient himself, such as visiting a sacred place or washing in water from a sacred place.

4) *Spirit healing*, in which the assumed agent is a dis-

carnate spirit, perhaps that of a deceased person who was himself a physician.

These distinctions of method are not sharp; any actual case may employ more than one simultaneously, or possess elements of several. They are based upon the supposed means of healing, which may in fact not be the true cause of healing. Spirit healing, for example, might be due, not to a spirit but to the personal healing gifts of the healer who invokes the spirit. Suggestion cannot be excluded except in cases where it is known that cures are beyond its power or that the patient was unconscious or not informed that the process aimed at healing was taking place. Yet suggestion, if it is no more than that, may still be of curative value when a religious or quasi-religious setting makes it operate more effectively.

The healer must himself believe that his healings come from more than mere suggestion; otherwise it would be immoral for him to operate as if he so believed. Normally, such healers regard healing as a means to spiritual reorientation toward the disease and its effects, which may in an absolute scale of values be more important than bodily cure. But we, as parapsychologists, are limited to the problem of paranormal cures.

There seems to be ground for holding tentatively that some cases of spiritual healing go beyond any process of suggestion or other "normal" means. There is great need for fuller evidence and for clarifying its implications. A complication is that the presence of paranormal healing does not exclude the possibility that suggestion is also a factor. Normal processes may also enter into paranormal healing and in some cases paranormal healing may be simply an acceleration of a normal healing process.

The evidence presented for paranormal healing is not always satisfactory. The large number of records of healing supplied by Mr. Harry Edwards, for example, fall considerably short of what can be considered satisfactory evidence. Yet they provide a strong *prima facie* case that

deserves rigid testing. Mr. Edwards himself has expressed willingness for such testing; the difficulty is to find a hospital that will be willing to cooperate in allowing patients to be subjected to absent healing without their knowledge or consent, and to supply data.

I suggest a type of experiment in which N pairs of patients are selected by hospital doctors, each pair as similar as possible in the nature of their disorder, its severity and its prognosis. One would be a subject for paranormal healing, the other a control. The name and necessary information about the subject would be given the healer, but neither subject nor control would be informed. Which member of each pair was to be subject of the experiment and which the control would be decided by a random method, and the hospital would not be informed of the choice made. No hospital treatment would be changed. After a certain time the hospital would report which one of each pair showed better progress. Evaluation of results would be by a contingency table. Cases would be restricted to those the healer considers he is able to cure by his methods.