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## Exploring the Use of CAM and Its Influence on the Spiritual Lives of Christian Religious Professionals

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# CAM AND CHRISTIAN RELIGIOUS PROFESSIONALS

Exploring the Use of CAM and Its Influence on the Spiritual Lives  
of Christian Religious Professionals

Jennifer L. Collins and Cynthia J. Sampers

St. Catherine University

June 26, 2015

## CAM AND CHRISTIAN RELIGIOUS PROFESSIONALS

### **Abstract**

Religion and the Church; medicine and healing. Interconnected before the time of Descartes, these integral domains have experienced significant change in recent decades as people have become disillusioned with conventional biomedicine and institutional Christianity. More people are seeking holistic forms of healing—perhaps once again reuniting body, mind, and spirit, as a bone resetting from a centuries-old fracture or dislocation. The purpose of this research is to explore the use of Eastern and energy-based forms of complementary and alternative medicine (CAM) by Christian religious professionals. Based on a qualitative culture of inquiry, we conducted 10 semi-structured, in-depth interviews with individual clergy members, chaplains, spiritual directors, and religious educators/professors, representing diverse denominational affiliations. Following thematic data analysis, results suggest some Christian professionals experience a significant paradigm shift in their spiritual lives concurrent with their CAM use, as they embrace a more open view of spirituality. Results also indicate an increased awareness of the interconnectedness of mind-body-spirit, and a greater propensity for self-care. Implications for future research include expanding the sample size of participants and widening the scope to include more diversity, as well as implications for churches and clergy health are also provided. The findings provide insight for the trending phenomena of medical and spiritual pluralism.

*Keywords:* complementary and alternative medicine, CAM, Christianity, religious professionals, clergy health

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## Introduction

“Healing is so essential to human life that [a] successful healing practice is mind-shaping in the sense of changing one’s belief system” (Cheng, 2004, p. 130). Thus, health care practices—regardless of their philosophical, religious/spiritual, or cultural origin or even their technique—have the potential power to affect belief change in a person whose own mindset or ideology may have previously resisted such beliefs.

Today an integral, holistic worldview appears to be taking root in many aspects of society, namely health care—once again uniting science and spirituality, body and soul, as a bone resetting from a centuries-old fracture or dislocation. This dualistic dislocation arose in the 17th century, stemming from the body of work published by the French mathematician and philosopher René Descartes (1596–1650). Descartes, who posited the rational concept of the reason and certainty, in reaction to Church doctrines of truth, created a duality in which the domain of reason and "Science" took the physical body, and "the Church" took the soul/spirit. Descartes’ influence later served as the framework for conventional scientific biomedicine, which regarded the physical body as a high functioning machine based on a reductionist, materialistic worldview (Micozzi, 2011). Prior to this severing of body and spirit, medicine was an integral part of the religious/spiritual community culture (reflected in the enduring archetypes of the healer, the shaman, the medicine man, the wise woman, etc.), in which all life is regarded as vital and sacred, as it still is in many indigenous and non-Western cultures (Cheng, 2004).

However, Western civilization and other influences separated body and spirit into the separate categories of secular and sacred. This watershed divorce led believers to equate the physical body as flesh and sin, and spirit with all that is God/divine and good.

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It further set the stage for the pervasive sacred vs. secular, body vs. spirit, science vs. religion duality that is still deeply imbedded in the mindsets of many people and institutions today.

Although relatively new to be integrated with conventional, allopathic biomedicine, what is referred to as complementary and alternative medicine (CAM), integrative health, or at times ‘New Age’ or ‘Eastern’ medicine, is anything but new. Ancient systems of healing such as acupuncture, Ayurveda, Traditional Chinese Medicine and herbalism have a time-proven rigor and practice-based evidence that garner faithful adherents and continually welcome new converts. Other forms of metaphysical healing practices such as homeopathy and biofeedback, energy medicine (including Reiki and Healing Touch) or energy-based movement practices that originated in Asia, including Qigong, Tai Chi and yoga, have seen a resurgence in the U.S. during the 20<sup>th</sup> and 21<sup>st</sup> centuries. People in the U.S. have shown enthusiasm for these CAM practices to the tune of \$33.9 billion out-of-pocket costs in 2007 (Nahin, Strussman, & Bloom, 2009). A diverse segment of the population uses CAM—both nonreligious and religious professionals of all faiths as well as Christian and non-Christian individuals.

For a time, mixing Christian religion and non-Christian CAM modalities would be seen by orthodox Christian leaders as misguided syncretism at best and unbiblical idolatry or occultist witchcraft at worst. Thus, these two domains have not had the propensity to intermingle positively in the last two centuries during the rise of the scientific biomedical mainstream and the denouncement of New Age practices (including healing) by church leaders. Yet despite this, religion/spirituality and many of the healing modalities now called CAM have coexisted from the beginning (Reisser, 1997; Brown,



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2013). The nature of this relationship, however, has shifted through various stages in the last century. First, “the consolidation of a medical mainstream against which to define CAM; second, differentiation of CAM from the mainstream; third, reintegration of CAM within the mainstream” (Brown, 2013, p. 7). The mainstreaming of the holistic health movement takes place within the New Age movement since the “Holistic Health Movement is arguably the most visible, if not most important, sub-movement of the New Age. It repackages ancient healing methods, injects new vitality and transforms into advanced healing remedies” (Cheng, 2004, p. 131). In fact, the term ‘New Age’ includes spiritualities and forms of healing that are detached from existing religious systems and take on a non-religious soteriology of their own. New Age healing as a category is difficult to classify since scholars acknowledge that “...‘spiritual,’ and the ‘New Age’ healing are heuristic and are, in reality, very difficult to be distinguished” (Cheng, 2004, p. 141).

Yet despite warnings, prohibitions, and cautions issued by both Catholic and Protestant leadership to engage in various forms of “New Age” or “Eastern” medicine, of which CAM is included, Christian religious professionals continue to use many forms of CAM for their health care (Brown, 2013; Jankowski, Stilton, Galek, & Montonye, 2010). Yet how their use of these CAM practices has influenced their spiritual lives is a topic not substantially addressed or explored in existing literature.

Therefore, our research purpose is to explore how the use of Eastern and energy-based forms of complementary and alternative medicine (CAM) modalities (e.g. acupuncture, Traditional Chinese Medicine, homeopathy, Ayurveda, Reiki, Qigong,

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energy medicine, etc.) has influenced the spiritual lives of Christian religious professionals (e.g. pastors, chaplains, spiritual directors, Christian professors).

In the following chapter we present a review of the literature, including a relevant historical context, the current picture of CAM use, and the religious/spiritual roots of CAM. Next we disclose our theoretical framework as well as our professional and personal lenses that influence us as researchers, and also the design and implementation of this study. In the methods chapter we describe the specific design of this study for data collection and data analysis. In the results chapter we provide the qualitative results of our data, namely a description of the participants and five major themes that emerged from the data. We conclude with a discussion chapter, including implications for holistic health education, for religious/theological education, for churches and clergy, and for future research.

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### **Literature Review**

In this literature review, we provide a brief historical context regarding the disillusionment with dominant biomedical and religious systems and how it has given rise to the increased use, and at times development, of CAM. Then we present a current picture of the use of CAM today, including statistics on types of CAM used, by whom and for what purposes. Next, we describe the use of CAM by religious professionals and the concerns by Christian religious leaders about CAM. Additionally, we explore some of the religious/spiritual roots of CAM, specifically Traditional Chinese Medicine (TCM) and acupuncture, homeopathy, naturopathy and energy medicine. Lastly, we touch on the perplexing phenomenon of both medical and religious pluralism. We conclude with a summary and our research question.

There are a few challenges to acknowledge upfront. The use of CAM by religious professionals is a relatively recent phenomenon observed in academic literature. While one research study has thus far documented this and has called for future studies (Jankowski et al., 2010), the literature is relatively silent on how the use of CAM by Christian religious professionals has influenced their spiritual lives. We also note that there is some discrepancy regarding both the definitions and connotations of religion and spirituality. While many people in the U.S. use “‘spirituality’ in association with ‘religion’” (Streib & Hood, 2011, p. 433), the concepts have distinct, yet overlapping meanings. Religion refers to “the rites, texts, rituals, and formalized structure for those practicing a doctrine” (Gregerson, 2008, p. 196). On the other hand, spirituality has many facets and interpretations (both theistic and humanistic). Spirituality can be defined as “the inner experience of the sacred” (Gregerson, 2008, p. 196). Spirituality can also

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encompass “a search for purpose and meaning through an internal drive for a relationship with God or a supreme being” (Rayburn, 2012, p. 183); or also a “driving force, which gives meaning, stability, and purpose to life through relatedness to dimensions that transcend the self” (such as God, nature, loved ones, etc.) (Rovers & Kocum, 2010, p. 3). Rovers and Kocum (2010) acknowledge that the meaning of spirituality has changed tremendously in recent decades and that “the meaning, place, and scope of spirituality now seems to have replaced religion as the more operative word, especially in the social sciences field” (p. 2). They posit “spirituality seems to be a catch-all word used for a vast array of experiences that reflect a tension between secular, sacred, and religious views” (p. 3). Thus, it could be generally said that religion is more externally organized, whereas spirituality is more internally experienced. This is congruent with Streib and Wood’s (2011) findings, which suggest that spirituality can also be understood as a “privatized, experience-oriented religion” (p. 433). Thus, for the purposes of this review we sometimes refer to religion and spirituality together, unless intentionally used as individual concepts, such as when referring to the disillusionment with religion, discussed in this next section.

### **Historical Context of the Disillusionment with Medicine and Religion**

In the last few decades there has been growing disillusionment with the dominant biomedical and religious paradigms (Brown, 2013; Smith, 2003). Societal shifts in both healthcare and religion/spirituality come as a result of widespread disenchantment with traditional religion and conventional medicine. Both domains have historically been characterized by paternalism, hierarchy, exclusivity, objectivity, empiricism, etc. and tend to reject mysticism and pluralism. In this section we present a brief historical

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perspective that provides context for both the disillusionment with conventional medicine and traditional religion.

**Disillusionment with conventional biomedicine.** In the West during the nineteenth and twentieth centuries, interest in metaphysical healing grew in response to “widespread disillusionment with dominant medical and religious models” (Brown, 2013, p. 7). This disillusionment among many individuals—patients and, at times, also physicians—came, in part, after wartime, “during which modern scientific technologies brought death rather than healing, raising questions about the value of scientific ‘progress’” (Brown, 2013, p. 7). Fast forward to the latter part of the 20<sup>th</sup> century and today where a broadening variety of health care providers, specialists, and available pharmaceutical drugs contributed to a fragmented healthcare system in which the effects of iatrogenic illness became even more pronounced (Smith, 2003). In this fragmented system, individuals needed to take more responsibility in seeking out health information and managing care for themselves or a family member (Center for Advancing Health, 2010). This is in contrast to the industrial age paradigm, in which patients heavily deferred their health decisions to physicians, who were viewed as the sole authorities on medical matters (Ferguson, 2007). Snyderman and Weil (2002) state “[t]he integrative medicine movement is fueled not only by the dissatisfaction of consumers with conventional medicine, but also by the growing discontent of physicians with changes in their profession” (p. 396). They go on to clarify that:

[i]ntegrative medicine is the term being used for a new movement that is being driven by the desires of consumers.... It insists on patients being active participants in their health care as well as on physicians viewing patients as whole persons—minds, community members, and spiritual beings, as well as physical bodies (p. 396).

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There is increasing evidence indicating that health care that is patient-centered, participatory and integrative is more effective treatment. This emerging model of healthcare is contributing to a shift away from the authoritarian, hierarchical, paternalistic style of healthcare to a more collaborative, participatory model where patients are taking more responsibility for being the drivers in their own health and treatments (Ferguson, 2007; Prasad, 2013). As today's patients have greater access to health information online, the phenomena of participatory medicine and the e-patient describes the new class of web-savvy health consumers who take a more proactive role in their health by searching for health information and participating with their health care professional about their health care choices and decisions (Lober & Flowers, 2011). In this context, one can see participatory medicine as an innovative solution in response to disillusionment with the status quo.

“Growing recognition of the limits of biomedicine opened space for alternatives within, instead of rivals against, the medical mainstream” (Brown, 2013, p. 12). Clearly, the disillusionment with the status quo of medicine is nothing new and it has given birth to many innovative healing arts and sciences throughout modern medical history. In fact, in the West, the rise of innovative “alternative” healing practices developed as a direct result of the disillusionment of physicians with the standard practice of medicine of their day.

Osteopathic medicine, for instance, began in the nineteenth century when Andrew Taylor Still, MD, DO, the father of osteopathy whose own father was Dr. Abram Still, a Methodist minister and physician who cared for his congregation medically and spiritually, became disenchanted with the contemporary practice of “scientifically based

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philosophy of medicine” and questioned its standard medical treatments, which were often more harmful to patients (Micozzi, 2011, p. 233). Dr. Oliver Wendell Holmes shared Still’s disillusionment, as reflected in his summation of medical pharmacology: “...I firmly believe that if the whole of *materia medica* as now used could be sunk to the bottom of the sea, it would be all the better for mankind—and all the worse for the fishes” (Micozzi, 2011, p. 233). Still’s questioning of the ineffective and dangerous medical practices of his day and his experiences and belief in the body’s innate healing abilities led to the development of osteopathic medicine, now a distinct and respected form of medical practice. What was then seen as an offshoot of standard medical practice eventually became incorporated within the biomedical mainstream. For instance, today osteopathic physicians have the same practice rights as medical doctors in all 50 states in the U.S. (Micozzi, 2011).

Samuel Hahnemann, a German medical doctor, became the father of modern homeopathy after he became disillusioned with what he saw as the standard medical treatments during the late 1700s and early 1800s. While his views and writings made him unpopular with the medical establishment of his day, his experiment with Cinchona for malaria led to the development ‘like cures like,’ the basic premise of homeopathic medicine (Micozzi, 2011).

As innovative healing modalities, homeopathy and osteopathy are relatively recent compared to ancient “Eastern” medical systems whose ancient healing practices, such as Traditional Chinese Medicine and acupuncture as well as Ayurveda and yoga, largely predate the countries and religions to which they are often attributed, namely Taoism, Buddhism and Hinduism. However, both disillusionment in the 20<sup>th</sup> century with

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standard scientific medicine and globalization led to the growing interest in ancient forms of healing.

**Disillusionment with traditional religion.** Parallel to the growing disillusionment with conventional biomedicine is the disillusionment with traditional religion. As Brown (2013) notes, “Christian clergy warned parishioners to beware religious contamination but did little to inspire hope of healing from the Christian God” (p. 7). Furthermore, as a result of dualism, Christian religious leaders have historically not placed great value on the physical expression of the body, or the flesh, even going as far as to place blame on the afflicted. Some have even “discouraged prayer for miraculous healing” (Brown, 2013, p. 156). Thus, people who perceived conventional Christianity “as irrelevant to their daily health needs...looked elsewhere for help” (p. 156). Interestingly, as noted by Brown, an increased lack of faith in conventional Christian religion also contributed to the rise of CAM use. Holistic forms of healing naturally appealed to disillusioned Christians who were frustrated with their dominant religious institutions.

Hughes (2006) examined the regional patterns of religious affiliation related to CAM availability. This study looked at the availability and number of CAM practitioners and CAM advertisements along with the self-declared religious affiliation of 30 regions in Ireland, a country that “has seen rapid growth in the CAM sector coupled with a dramatic fall in traditional indices of religious observance” (p. 551). The data showed a statistically significant inverse correlation between the availability of CAM and religious affiliation. It offers that the public’s growing interest in CAM in many countries is partly in response to a hunger for and acceptance of mysticism as well a corresponding decrease



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in the social acceptance of formal religious participation. It concludes that the rise of “CAM may be filling a ‘mystical void’ left by the decline of orthodox religion” (p. 553)

The decline of orthodox religion can be seen in the U.S. as well. The Pew Research Center (2012) reported the results of their survey on religion and public life, which found that one-fifth of the U.S. public (and one third of adults under age 30) are now religiously unaffiliated. This increased from just over 15% in 2007 to just under 20% in 2012. Yet many of the religiously unaffiliated identify themselves as spiritual, but not religious. Two-thirds professed belief in God. The Pew Research report provides four root-cause theories about these changes in the U.S. religious landscape: 1) “Political Backlash” has turned many, especially young adults, away from organized religion; 2) “Delays in Marriage”, as married adults are more likely to have a religious affiliation than unmarried adults; 3) “Broad Social Disengagement,” linked to the decline of social capital and isolation; and finally, 4) “Secularization,” stemming from the 1960s (2012, p. 29–31). These factors reflect the societal changes that also signal a shift away from the previous paradigm. For example, the same hierarchical, paternalistic paradigm that governed conventional medicine throughout the late nineteenth century and better portion of the twentieth century also dominated traditional religion for centuries. According to Brown (2013), “People turn to CAM therapies that seem to offer benefits of medicine and religion, while overcoming apparent limitations of each domain” (p. 161). Together, the societal shifts and the perceived limitations in the domains of religion and medicine have helped open the door to the increased usage of alternative forms of healing—such as acupuncture, homeopathy, energy medicine—beyond Western medicine’s scope of orthodox medicine.

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### **Description of CAM Use**

In 2002, the first comprehensive population survey of CAM use in the U.S. was included in the National Health Interview Survey conducted by the Centers for Disease Control and Prevention and the National Center for Health Statistics. (The 1999 survey only asked one question about CAM use in the past 12 months). The 2002 study involved more than 31,000 people and included several questions on their use of CAM. The report indicated that 36% of U.S. adults used some form of CAM in the past 12 months. When prayer for health concerns is included in the definition of CAM, these numbers raise to 62% (Barnes, Powell-Griner, McFann, & Nahin, 2004). The report also identified the most commonly used types of CAM. Beyond prayer for one's own health or prayer by others, they included: natural products, deep breathing exercises, meditation, chiropractic, yoga, massage, and diet-based therapies. The report found that women used CAM more often than men, and was most often sought by adults for treating back, neck, and joint pain, colds, anxiety, and depression Barnes et al. 2004). Even the most recent report, which analyzed combined data from over 88 thousand U.S. adults collected during the 2002, 2007, and 2012 National Health Interview Surveys, showed relatively consistent statistics on CAM use (Barnes, Bloom, & Nahin, 2008; Clarke, Black, Stussman, Barnes & Nahin, 2015). One of biggest changes from the 2002 report to the 2012 report was that the use Eastern CAM therapies such as yoga, tai chi, qi gong increased significantly, with yoga being the most prevalent. There was also a "small, but significant linear increase" in the use of homeopathy, acupuncture, and naturopathy (Clarke et al., 2015, p. 3). Surveys conducted in the United Kingdom report that nearly half of people were using alternative therapies and these reports further indicate that over half of general practitioners in the

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U.K. advise these alternative treatments (Smith, 2003). The numbers further illuminate the story of the dollars spent on alternative care. Snyderman and Weil (2002) found that nearly half of all Americans use some form of alternative medicine “and the amount of money they spend on it exceeds the amount of money spent on primary care medicine” (p. 395). As healthcare consumers’ decisions reach into the pocket book of health care providers, researchers as well as providers seek answers to questions of why consumers are making these choices.

Next, we explore some of the reasons people choose to use complementary and alternative medicine as well as provide demographic descriptors of those who do.

**Why people use CAM.** The reasons people select to use CAM as part of their health care is multifaceted. Some health-conscious consumers are proactive in their selection of CAM, while others are reactive and seek out CAM in response to less than adequate care or answers provided in the allopathic world. In the study conducted by NIH, as many as 55% of people surveyed believed it would help to use CAM combined with conventional medical treatments (NIH, 2004). As the generation of baby boomers age, it is their belief and practice that they will be able to purchase wellness and health (Reisser, 1997). Some consumers’ reasons for choosing to use CAM cite personal reasons such as a treat or luxury following a stressful week (Bishop, Yardley, & Lewith, 2008). Many consumers use CAM and cite reasons such as increased immunity with the use of vitamin or supplement therapy (Eisenberg et al., 1998). In using CAM, many consumers feel a sense of control over their own health outcomes and are proactive in their pursuit of improved health and wellbeing (Reissner, 1997).

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The literature is robust with references to patient dissatisfaction with conventional medicine as cause to look elsewhere for treatment (Snyderman & Weil, 2002; Eisenberg et al., 1998; Reissner, 1997; Smith, 2003). “The combination of deteriorating patient-physician relationships, the high reliance on expensive and invasive technology, and the widespread perception that physicians today are more focused on disease than on healing and wellness has opened tremendous opportunities for providers of alternative therapies” (Snyderman & Weil, 2002, pp. 395-396). This “single minded focus on the pathophysiological basis of disease has led much of mainstream American medicine to turn its back on many complex clinical conditions that are neither well understood in mechanistic terms nor effectively treated by conventional therapies” (Snyderman & Weil, 2002, p. 395).

From these statements of general dissatisfaction emerge themes of why consumers seek healthcare outside the allopathic world. Consumers have noted that much of traditional Western medicine focuses on disease and reduces illness or wellness to one portion of the body (Snyderman & Weil, 2002). The lack of time spent with a health care provider is also noted: consumers report less face-to-face time with a provider and more time with the computer or keyboard present (Smith, 2003). Exploding costs of healthcare also influence consumers’ choices (NIH, 2004; Reissner, 1997). These rationales represent the most commonly documented reasons why patients select to use CAM.

Additionally, though much less cited, some people select CAM in an effort to embrace a more natural approach to healthcare and believe that the body is capable of healing itself (Reissner, 1997; Smith, 2003). Globalization and migration may also influence one’s exposure to alternative methods of wellness. As people migrate, they

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bring their culture, their medicine, and their religion with them. Geographic location influences may play a part as well. In the UK where the Royal Family embraces CAM, and homeopathy in particular, researchers estimate that the Royals may influence CAM's popularity. Another regional influence was cited in Ireland where CAM has seen "rapid growth coinciding at a time when dramatic fall in traditional indices of religious observance" was observed (Hughes, 2006, p. 551). Lastly, avoiding iatrogenic illness, whereby consumers experience toxic side effects of drugs, or inaccurate dosages, or additional mistakes by the physician, is also a factor in patients' draw toward CAM (Smith, 2003). Occasionally, CAM users note an increase of viable solutions available as they address a chronic rather than acute illness (Reissner, 1997).

**Who uses CAM?** In 2004 the NIH conducted a study and found that women are more likely than men to report the use of CAM. Additionally, people with a higher level of education, those who have been recently hospitalized and former smokers were noted in the group of frequent users of CAM. "African American adults were more likely than white or Asian adults to use CAM when megavitamin therapy and prayer were included in the definition of CAM" (NIH, 2004, p. 2).

In another study, Reissner (1997) found that as baby boomers age, they continue to challenge the status quo. As a group, the boomers are expected to live longer lives, remain active, and take more control of their own health and wellbeing. A 2004 press release by the NIH noted that many more people are taking greater responsibility for their personal health.

The investigation of existing research that looks at the duality of Christian religious professionals utilizing complementary and alternative medicine produced few

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results. In further pursuit, as these general terms were reduced to a single professional practice such as chaplaincy and a single form CAM such as Reiki, and the quantity of research increases dramatically. Because of the paucity of specific findings, we are unable to generalize the use of a single CAM modality by a specific segment of clergy to all forms of CAM and all Christian religious professionals.

Jankowski et al. (2010) described the use of complementary and alternative medicine among religious professionals based on a survey, which mirrors the use by the general public as surveyed in 2002 and 2007. The two practices used most frequently by religious professionals for themselves or with others were meditation and deep breathing exercises. Similarly, women were more frequent users of CAM than men. The most recent survey in 2007 shows a 2% increase in reported use of CAM as compared to the 2002 data collected (Barnes, 2007). CAM practices listed to be most popular among religious professional include deep breathing, meditation, chiropractic, osteopathic manipulation, massage, and yoga. “Out of the eight most frequently used CAM practices among the sample, energy healing/Reiki and progressive relaxation were the two least frequently used practices (for themselves and with others)” (Jankowski et al., 2010, p. 178). Another finding in this study is that although 38% of religious professionals surveyed use CAM for personal use, fewer numbers use CAM in their professional practice. Some of this discrepancy may connect back to their training. One chaplain notes that most chaplaincy training reflects the duality of body and spirit as indicated by Western attitudes towards the body. “There is no understanding of holistic healing taught in divinity schools and seminaries around the nation. Chaplains are not asked to perform healing rituals as part of the Clinical Pastoral Education training” (Hall, 1999, p. 50).

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Additionally, a hospital chaplain reports about the use of Reiki in the hospital. “Reiki is not a religious or belief system. However, the spiritual ramifications for this modality cannot and should not be ignored as there appears to be a commonality of healing with religious traditions that encourages the interrelationship between medical and religious beliefs or practices” (Mitchell, 1998, p. 16). Reiki practitioners believe that Reiki cleans, harmonizes, or detoxifies the body increasing the effectiveness of medications and treatment for the patient. The practitioner takes in the energy as does the patient, therefore receiving the same benefit as the patient receiving Reiki (Mitchell, 1998).

There are some Christians who find themselves in opposition to so-called “New Age” complementary and alternative medicine. As recently as 2009, U.S. Catholic Bishops issued a warning to Roman Catholics to avoid using Reiki because it is filled with superstition. Since the theological underpinnings of Reiki are based in Eastern religion, it is believed to be an energy force in opposition with church teachings (Lori et al., 2009). Additionally, many Protestants, once they learn about the religious dimensions of CAM, often choose to shun such practices that appear to be in opposition to their faith (Moon, 2013).

### **Religious/Spiritual Roots of CAM**

The majority of doctors, researchers, and patients ask, “Does CAM work?” This question, while important, limits the answers to one of efficacy. Asking another question, however, elicits a hypothesis of a different kind. Asking *why* CAM is supposed to work opens “a fascinating window into how CAM may influence your health but also your religion” (Brown, 2013, p. 1). This premise may seem foreign to a Western mindset, and even American Christian religious professionals, who still often subtly subscribe to a

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duality of body and spirit (Hall, 1999, p. 50). However, to Eastern cultures, the concept of interconnection makes sense. For example, in traditional Chinese culture, there is no separate word for religion because the concepts of religion and medicine are interconnected (Brown, 2013). Several CAM modalities are derived from Eastern religious roots and energy-based or metaphysical principles. These include Traditional Chinese Medicine and acupuncture, Ayurveda and yoga, homeopathy, Reiki/energy medicine, and chiropractic and applied kinesiology. Yet “[t]here is diversity among and within CAM approaches, which may have no one founder or founding movement or tradition but multiple schools, each of which has changed over time” (Brown, 2013, p. 27). The literature is inconsistent on how to categorize the religious roots of these specific CAM practices. There is no agreement among scholars on which modalities derive from which religious traditions. For instance, some literature groups homeopathy into Eastern religions, when actually it’s based on the principles of vitalism and developed in Germany by Samuel Hahnemann, a metaphysically minded medical doctor. Therefore, in this next section we briefly describe some of the religious roots of a few of the major forms of Eastern-based and metaphysical-based CAM addressed in the literature.

**Forms of CAM based in Eastern religion/spirituality.** When referring to CAM that is based in Eastern religion/spirituality, what is typically meant are forms of healing with roots in Hindu, Buddhist, and Taoist culture or tradition. Many CAM practices have close ties to these three religious/spiritual cultures traditions, including acupuncture, Traditional Chinese Medicine, Ayurveda, yoga and Reiki (Brown, 2013). One defining characteristic of all of these systems is the principle of energy—known as *chi* in Chinese



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Medicine, *ki* in Japanese, from whose culture Reiki arose, and *prana* in Ayurvedic medicine and yoga, which arose from Hindu culture.

Between 2002 and 2012, the use of acupuncture and yoga (among other forms of CAM, such as massage, meditation and naturopathy) saw a statistical increase in the U.S. (Clarke et al., 2015). Acupuncture, a part of Traditional Chinese Medicine, which also includes Chinese herbalism and Tuina (a form of massage), seeks to balance and restore chi through the use of needles in specific points along energetic meridian lines in the body. Yoga, now popularized as a form of physical fitness in the U.S., shares a sister science with Ayurveda. Reiki comes from the Japanese word Rei (“spirit) and ki (“energy”) and is frequently referred to as “universal life energy” (Brown, 2013, p. 180). There is much debate whether Reiki is a neutral form of spirituality or steeped in Buddhist religious roots, or even Christian origins, based on some Christians’ beliefs that it is a form of healing that mimics Jesus’ laying on of hands. While the historical lineage of Reiki is disputed, its practice as a form of energy medicine is not. Most Reiki practitioners define it as spiritual, but not religious, and able to be practiced by people of any faith. Practitioners and proponents of Therapeutic Touch and Healing Touch, other similar forms of energy medicine, usually hold to this position as well. Yet some believe that this is simply a way to market metaphysical religion as medicine for mainstream acceptance (Brown, 2013). This concern is often applied to practitioners of Western metaphysical-based forms of CAM as well.

**Western Metaphysical-based CAM.** Similar to the energetic concepts of chi, ki, and prana is the Western metaphysical concept of vital energy, vital force, or life force. Vitalism is “the belief that living beings depend on the action of a [non-material] special

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energy or force” (Brown, 2013, p. 33). This metaphysical energy serves as the basic philosophy for osteopathy, chiropractic, naturopathy, and homeopathy. At their core, these forms of CAM hold to the philosophy of holism (that a person is mind, body, and spirit) yet their public advertising may differ. Today, naturopathy and homeopathy both still share the goal of strengthening the vital force of each patient. Modern osteopathy and chiropractic have typically centered on alignment of the body and thus despite their vitalistic and supposed “non-Christian” origins, have largely enjoyed public acceptance and become integrated into the mainstream due to being “marketed as science to offset American fears of religious contamination” (Brown, 2013, p. 25).

Homeopathy, a systematized therapeutic approach to healing based on the theory of “likes cure likes,” uses diluted remedies of medicinal substances to strengthen the body’s vital force (Micozzi, 2011, p. 344). Licensed physicians and health care professionals around the world continue to practice homeopathy today despite much skepticism from the biomedical community, and thus homeopathy has not been integrated into the mainstream. The reasons for this stem in part from Hahnemann’s own medical and spiritual background. Though he was a member of Germany’s Protestant Lutheran church, he was a Deist and a Freemason, and studied Confucianism. “Despite Hahnemann’s empirical methods [of provings], homeopathic theory presupposes vitalism.” The homeopathic ‘Bible’, the *Organon*, refers frequently to the individuals “spiritual vital force” (Brown, 2013, p. 30). Hahnemann’s early followers—intellectual elites and physicians—were often mesmerists and Transcendentalists. Some homeopathic practitioners today speak of the “spirit world,” see with “eyes of the spirit” and “release patterns of energy that are stuck” or repair “energy leakages” (Brown, 2013, p. 32).

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Another CAM modality based on the philosophy of vitalism is Naturopathy, “nature cure,” or naturopathic medicine, is “a distinct system of health-oriented medicine that, in contrast to the currently dominant disease-treatment system, stresses promotion of health, prevention of disease, patient education, and self-responsibility (Micozzi, 2011, p. 307). It is a concept of healing that uses various natural means (i.e. therapeutic nutrition, hydrotherapy, functional and environmental medicine, etc.). Benedict Lust, known as the father of American naturopathy, referred to this form of healing as “absolute reliance upon the cosmic forces of man’s nature” (Brown, 2013, p. 33). One naturopathic physician compares vital force with prana, qi, and the Holy Spirit. Naturopathy itself may be seen as taking a pluralistic approach to healing, by using many means to aid patients in the restoration of vital force.

### **Medical and Religious Pluralism**

A review of the literature in relation to CAM and religion would not be complete without mention of the rife references to pluralism—not only religious and theological pluralism, but medical and therapeutic pluralism as well. While pluralism seems a modern value, it has existed prior to the U.S. becoming a country. Albanese (2012) notes, “[T]here is abundant evidence of an American spiritual pluralism existing from colonial days and before. We can begin with Native American pluralism—a plethora of cultures with a cornucopia of religious beliefs, beings, and practices. Or with African American practices and ideas that mixed and mingled with those of Indians and English and European whites” (p. 60). By the late 1960s, the New Age movement was active in U.S. culture and today it has been absorbed into a “new spirituality that was and is ubiquitous” (p. 61). A burgeoning metaphysical worldview has become more mainstream and has

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“combined with other views and ideas, with institutions no longer its major carriers but instead publishers, social networks, and then the electronic media. Hence, to conceive of American religiosity purely in terms of Protestantism decidedly misses the mark” (p. 61).

These insights serve as a historical footnote for why The Pew Forum on Religion & Public Life reported that the “religious beliefs and practices of Americans do not fit neatly into conventional categories,” (Pew Research Center, 2009, p. 1). The report also found that many people blend Christianity with Eastern and New Age beliefs and practices. Interestingly, despite their frequent oppositions to these “non-Christian” New Age practices, Evangelical eclecticism is quite common when it comes to CAM, notes Brown (2013), since Protestants tend to be Word-oriented in their approaches to Christianity. Thus by simply changing the words one uses to describe a practice, one changes its meaning and the intent. The rise of Holy Yoga and other forms of Christian Yoga practices, which attempt to offer the physical benefits of a yoga practice without the spiritual ties to Eastern religions are evidence of this syncretistic approach. However, marketing plays a significant role in the acceptance of CAM among discerning and cautious Christians. “Once-suspect health practices became mainstream as practitioners recategorized them as nonreligious (though generally spiritual) health-care, fitness, scientific techniques—congruent with popular understandings of quantum physics and neuroscience—religious rituals” (Brown, 2013, p. 2).

It is not only U.S. Christians wary of some forms of CAM. Even Asian Christian pastors express concern. For example, Cheng references a pastoral periodical (written in Chinese) in Hong Kong that issues caution regarding some alternative healing methods and advises not to give up accepted forms of healing and not to accept Western medicine

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as the orthodox standard, since it is based on materialism (Cheng, 2004, p. 133). This is the only article out of the several dozen we reviewed that raised this important point about the philosophical underpinnings of Western medicine. It is interesting to note that it came from a non-Western scholar. Therefore, it is our view that this factor needs to be considered more among Western researchers and Christian religious professionals. Our view is supported by Hall's (1999) assertion that most chaplains "have been brought up with a Western attitude towards the body. They have been subtly convinced that there is a duality between body and spirit. There is no understanding of holistic healing taught in divinity schools and seminaries around the nation" (p. 50). This lack of education about holism might fuel the general Christian resistance to accepting Eastern spirituality in their health practices.

Yet not all people who use CAM are looking to strip holistic healing practices from their spiritual origins. "People look to CAM not just for medical help but also for firsthand spiritual experiences to supplement, or replace, inherited doctrines" (Brown, 2013, p. 157). For example, a Christian nurse who practices Therapeutic Touch finds benefit in feeling the tangibility of energy fields, while reasoning that "the Holy Spirit is greater than just the energy fields" (p. 157). A Christian pastor described his experience of Reiki as "a very spiritual experience not unlike my experience of baptism, as I felt an increased connection to God and to His healing power" (p. 157).

### **Summary and Research Question**

It appears that the draw in humanity toward the sacred is strong, in both religion and health. As Albanese (2012) states:

American 'sacred' exists in the public square and in private hearts, in the press and on the screen. It is a complex, squirreling, kaleidoscopic, and protean

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production—chameleon-like in its ability to transform and reconfigure itself as times and challenges invite (p. 61).

A desire for the divine has led some to search outside the confines of orthodox religion for spiritual experiences. A search for salvation in the form of healing that honors the body, mind, and spirit has led many people outside the borders of biomedicine. Holistic health or CAM, despite some questions of efficacy and scientific rigor, stands at the intersection of these two parallel paths. This quest led one researcher to note that “[h]ealing is ‘the new soteriology’” (Bowman, 1999, p. 181). Only today, this working doctrine of salvation is a more nuanced approach when healing is involved, as salvation takes on layers of meaning—whether one is saved by God, faith, nature, medicine, science, or the self. Thus, exploring the intersection of religion and holistic health raises questions that touch theology, philosophy, sociology, history, and medicine. The literature offer some insights for future investigation and one article even offers a hypothesis to be tested in the future: “whether holistic health practices can be immune from the influence of so-called spiritual realm” (Cheng, 2004, p. 143). Based on this line of thought, it is conceivable that the use of CAM, even when just for medical or health reasons, can influence a person’s spiritual life to some degree. Since Christians and Christian religious professionals’ use of CAM mirrors that of the average American, this leads us to our research question: How does the use of Eastern or energy-based forms of CAM influence the spiritual lives of Christian religious professionals?

### **Lenses**

The purpose of this chapter is to describe the theoretical, professional, and personal lenses that have influenced the development and implementation of this research study. This chapter is, in essence, where we transparently acknowledge our individual and shared worldviews and how they influence the research process from conception to interpretation. We're aware of how our personal and professional experiences naturally carry underlying assumptions and biases in how we selected and framed our research, how we gathered information for our literature review, as well as how we heard and interpreted data from the research interviews. First, we describe our research paradigm and culture of inquiry in which our research is grounded. Next, we present our integrated theoretical framework, followed by relevant individual experiences that contribute to our unique professional and personal lenses.

### **Research Paradigm and Culture of Inquiry**

As a research team, we have chosen to ground our study in the constructivist paradigm. The constructivist or interpretivist paradigm holds that there is no one single external reality, but rather a multiplicity of experiences are what create realities in people's minds. Reality is therefore what we construct and co-create together. With its relativist ontology and subjective epistemology, this constructivist paradigm led us to the conclusion that a semi-structured, in-depth, individual interview study grounded in a qualitative, phenomenological culture of inquiry was the most appropriate methodology for this study (Brinkman & Kvale, 2015). Our constructivist paradigm also influences the qualitative design of this study. For example, we constructed our own schedule of interview questions based on the literature that served as the basis for our interviews to

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answer our research question. From this set of questions, we have allowed the subjective, individual experiences and stories of each participant to emerge from their own constructed realities. This paradigm creates a space for us to honor the truths that reside in the multiple realities of each person as a whole and as a collective group.

Furthermore, our qualitative culture of inquiry has several presumptions: human interaction is full of nuance, conversations may be rich and descriptive as people share their current reality of health and spirituality, and the complexity of a phenomena may emerge. Our qualitative orientation is influenced by phenomenology, since we “wished to understand, to gain access to the meaning of human phenomena as expressed through an individual” (Bentz & Shapiro, 1998, p. 98). Additionally, phenomenology operates “with the assumption that the important reality is what people perceive it to be” (Brinkman & Kvale, 2015, p. 30).

### **Theoretical Framework**

Two theoretical frameworks provide the necessary conceptual grounding for this study. First we describe how the theory of holism influences to this study, followed by the theory of faith development. We summarize each theory below and draw relevant connections to this study.

Our research is grounded first in the theory of holism. That people are more than the sum of their mind and the body is not a new concept. However, the term ‘holism’ wasn’t coined until the early twentieth century. The word holism is derived from a Greek word meaning *whole*, while the concept is influenced from Indian Vedic culture and “means that when the physical form of the human being is instilled with an omnipotent source of energy (or spirit) derived from the universe, it is whole, uninjured, and intact”



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(Erickson, 2007, p. 139). In other words, everything is interconnected. The beliefs, choices, and actions we take in one area of our lives affect all other areas to varying degrees. What we eat affects how we feel. A health challenge or illness affects a person physically, emotionally, mentally, spiritually, relationally/socially, financially, and occupationally. Thus, the health care choices or interventions human beings use also have the potential to influence any or all of these human dimensions to varying degrees. The effects of health care choices, and specifically CAM, on a person's spiritual life has not been substantially explored in academic literature. This theory of holism and interconnectedness forms the basis for our theoretical lens as we examine the existing data and collect new data.

As researchers of Christian adults ranging from 30 to 69, we are also keenly aware of the developmental theories set forth by professionals for decades. While some of these developmental theories focus on cognitive abilities, such as Piaget, others focus on moral development (i.e. Kohlberg), and Erik Erikson's psychosocial development. Fowler's (1981) book, *Stages of Faith: The Psychology of Human Development and the Quest for Meaning*, laid the groundwork for the discussion of faith development. Fowler posits that humans follow a developmental sequence and that each stage builds on the last one. Between 1981 and 2008, 90 empirical studies on faith development have been conducted (Parker, 2010).

As demonstrated in this literature, multiple researchers (Jardine & Viljoen, 1992; McCullough, Enders, Brion, & Jain, 2005; Rayburn, 2012) have challenged this theory of faith development. Others (Streib, 2004) have used Fowler's theory as a basis for further study. As researchers, we acknowledge this faith development theory as a backdrop for

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our inquiry. We critically analyze this theory knowing others have challenged these assumptions while still acknowledging Fowler's work is routinely cited in studies conducted in recent years (Haynes, 2009).

### **Professional Lenses**

We acknowledge that as researchers we are crucial instruments in the collection and analysis of this data. Therefore, we briefly describe our professional background and experiences and how they shape and contribute to our research process, as well as our credibility as researchers.

**Cynthia Sampers.** Nearly 40 years ago, I began my studies of human development and family relations. Although this view included many types of development (language, cognitive and motor), it did not include spiritual development, which I found unusual and have continued to contemplate over my years as an educator. The curiosity about spiritual development has continued to fester and grow.

During these same years, the diversity of our school district has expanded significantly. We are now home to many Somali families that display outwards signs of their faith and its devoted practices. With my natural curiosity for faith as well as fascination with the story of human experience, I sought to learn more about Islam and how it works for families as well as how it integrates with my Christian experience. Many Muslim women have been eager to share their story with me and help me learn. I have learned that much of our faith experience and rituals surrounding it have many things in common. Fox's (2000) book title, *One Well, Many Rivers*, is a spiritual concept that makes sense to me as a believer. I believe that there is one source of Divine energy, which serves as current for all and there are many ways it is expressed in ritual and

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tradition. I understand that my attitude of openness will allow me to hear faith stories of a diverse nature and appreciate them for the sense of a sacred connection that they bring to people.

My work as a home visitor and educator has required a wide range of interpersonal skills. In order to build rapport and meet the needs of a specific family, I have interviewed parents and facilitated diverse groups of parents. The skills necessary for building rapport with strangers in a timely manner is an ability that I have honed over many years. This expertise will help facilitate the interview process. Currently, I coach 65 professionals as they set and work towards individual goals aimed at improving student learning and growing the skills of the professionals. Job responsibilities include: a one on one conversation related to goal development, an observation, data collection and sorting process, as well as a second conversation when the results of the data collection are shared. Coaching principles indicate that the coaching conversation is focused on the experience of the teacher with little time for personal story sharing from the coach. This is also a requirement of qualitative interviewing whereby the interviewer is required to focus on the story of the participant. It is my belief that these experiences as an instructional coach will assist me as I collect and analyze data in an objective manner during the interview process. These experiences have also influenced and strengthened the skills necessary for qualitative interviewing.

**Jennifer Collins.** I hold a bachelor's degree at a nondenominational Christian liberal arts college, where I majored in Communication with an emphasis in public relations/journalism and minored in biblical studies. In my 10-year career as a professional and published writer, I have conducted dozens of journalistic interviews

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(individual and group) for publications and market research, while working as a writer, communications specialist, and magazine editor at a nondenominational Christian liberal arts college for more than seven years. Currently, I work as a self-employed copywriter and content marketing director for a personal growth and holistic development company. My experience and skills as a writer, interviewer, and editor influences my role as a researcher, and specifically as a qualitative research interviewer, in the following ways: I am practiced at conducting interviews, building rapport with a subject, listening, observing, and asking follow up questions while taking notes during an interview and then subsequently writing an article or story based on the interviews and additional research.

I have also completed the basic and advanced Bethel SOZO training curriculum, an inner spiritual healing and prayer ministry developed by Bethel Church in Redding, CA. I have assisted ordained ministers with the facilitation of several SOZO sessions with individuals ranging from seven years old to senior citizens. My primary role in these sessions is to listen, observe, take notes, and minister through intercessory prayer. At no point do I insert my own feelings or story, as the focus is entirely on the person seeking healing, support, and prayer. This training and experience also impacts my role on this research team as it pertains to listening to participants with an open mind and practicing non-judgment.

### **Personal Lenses**

As graduate students in the Master of Arts in Holistic Health Studies program we share similar graduate-level educational experiences. The following personal lenses provide insight into our individual worldviews we bring to this research.

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**Cynthia Sampers.** Looking back over the years, and integrating what I know now about human development, I see that I have been drawn to the holistic view. As a student and educator, I studied and taught many areas of development; yet frequently spiritual development was eliminated from these discussions, much to my chagrin. It's my belief that spiritual development forms the cog of the wheel for human development surrounded by other aspects of development.

My formative years were during the hippie era of the 1960s where the 'natural' was idolized. Although I was too young for many aspects of the 1960s to have an impact, being natural always felt like it made sense to me. One example of this, I never embraced the diet soda fad that so many of my friends did, and went on to further explain to my children, "we know that sugary pop will rot your teeth and make you fat, but no one knows for sure what the chemicals in diet pop will do: they could be pickling your brains!" Although I wasn't always able to afford organic and natural foods or being in charge of my own health with resources like applied kinesiology and supplements, it has always made sense to me and been a 'gold standard' in my way of operating in the world. I can see that my belief that the natural world leads to wellness may influence my openness to complementary and alternative medicine and its ability to facilitate wellness.

Similar to other young adults, I changed churches from my childhood Lutheran church in my twenties. I made a thoughtful, educated choice in becoming Roman Catholic and was supported by diverse and open-minded staff. Times and people change and these progressive leaders left my church only to be replaced by others steeped in the Roman tradition where male patriarchy rules. I grew to understand that my time in the Roman church might be limited. After a time, two admired professional employees of my

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faith community were dismissed from their positions with little justification or dignity. At that point, I knew it was time to leave the Roman church to find another church community that aligned with. Currently I attend a community affiliated with The Old Catholic Church of the United States of America. At times, the pain that accompanies leaving a group of people that I loved and a faith community that I was instrumental in forming still brings a tear to my eye and rawness in my gut. As we conducted this study, I realized that my experience of growing into an adult faith as well as the raw emotion of switching churches on the heels of an injustice may cloud my understanding as I listen to others share their faith journey stories.

The lenses that I bring to this research study are tinted with a critical eye that much of the world operates from a reductionist perspective. I'm also aware that this perspective has never felt complete to me nor made sense. At times, I have longed for the simplicity of seeing the world through black and white terms, as everything seems more complex when it's all gray. I believe that my holistic view of medicine and religion may influence my perspective on this research study. I understand that things make the most sense to me when they are integrated rather than reduced or dissected.

**Jennifer Collins.** I acknowledge a number of personal biases related to the topic for our study. As a Protestant Christian who has attended various evangelical and nondenominational churches in the U.S. since I was in elementary school, I naturally possess a distinctly Protestant Christian experience of religion and spirituality, even though I grew up in a non-evangelical household. While I grew up in a conservative Christian tradition, I have experienced significant shifts in regards to my spiritual beliefs

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and expression and currently am connected to a non-traditional prophetic and charismatic-leaning Christian church.

In the past I have ministered in traditional religious roles, such as teaching Sunday School, serving as a camp counselor at Christian camps in South Dakota and Oregon, and have led Bible studies and small groups in college. I have participated in numerous personal and group spiritual retreats, attended a number of spiritual life conferences, and sought my own inner healing/spiritual healing in addition to practicing prayer and prophetic ministry. My range of experiences in several churches and expressions of the Christian faith allow me to relate to the spectrum of individuals who participated in our study.

Also, as a Christian woman who uses many forms of Eastern and energy-based CAM modalities for my own healthcare and wellness, I myself am a living embodiment of reconciling both Western Christian spirituality and holistic health care that has roots in Eastern medicine and spirituality. I realize that in doing this study, I am in fact, also further navigating and exploring the perceived tensions of the two dimensions and continuing to better understand how to integrate these practices with my faith and lifestyle and how to articulate those interconnections to the people around me.

### **Method**

In this chapter, we describe the culture of inquiry and methodology used to design this research study in order to answer our research question: How does the use of Eastern or energy-based forms of complementary and alternative medicine (CAM) influence the spiritual lives of Christian religious professionals? First, we provide rationale for our selected interview method and why we elected to conduct qualitative, in-depth interviews grounded in phenomenology for this study. Next, we cover sampling, instrumentation, and ethical considerations used to protect human subjects, followed by the specific data collection and data analysis procedures undertaken for this study. Finally, we conclude this chapter by acknowledging and articulating the design-specific strengths and limitations of this study.

### **Rationale and Culture of Inquiry**

Based on our review of the literature and noticing a gap, we conducted semi-structured, in-depth, individual interviews grounded in a qualitative, phenomenological culture of inquiry (Brinkman & Kvale, 2015). Given the constructivist paradigm from which we approached this study, we chose a phenomenological orientation, which is for “understanding social phenomena from the [participants’] own perspectives...as experienced by the subjects, with the assumption that the important reality is what people perceive it to be” (Brinkman & Kvale, 2015, p. 30). The strength of this research design has allowed for the co-constructed, co-created realities of the participants’ experiences to emerge. We interviewed individual participants as a research team to collect this data because it served to produce rich information and knowledge from a unique audience (Brinkman & Kvale, 2015; Stake, 2010). The use of 60–90 minute interviews with a



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sample size of 10 participants allowed us, as researchers, to gather in-depth information about the phenomenon of Christian religious professionals who use CAM. These semi-structured face-to-face interviews also allowed us to guide, respond to, and observe participants as they shared their experiences and to seek clarification (Stake, 2010).

While we were both present at every interview, we took turns with one of us conducting the interview as a first chair and the second researcher serving as the observer-scribe and second chair interviewer.

### **Sampling**

Due to time constraints and location, we chose to do a convenience sampling for this study. Our sample consisted of 10 Christian religious professionals in Minnesota who used various forms of Eastern or energy-based CAM. Participants were required to meet the following inclusion/exclusion criteria: Christian (Catholic and Protestant), religious professional (e.g. pastor/minister, priest, chaplain, spiritual director, and/or Christian university professor of theology/ministry) and be a currently active/frequent user of at least one or more of the following Eastern or energy-based CAM modalities, including but not limited to: Ayurveda, acupuncture, applied kinesiology, homeopathy, energy medicine (e.g., Reiki, Healing Touch Program™, Rukha®), naturopathy, Traditional Chinese Medicine (TCM), and yoga. For the purposes of bringing some measure of consistency to participants' religious educational backgrounds, we limited inclusion to those individuals who possessed a bachelor's or master's degree in theology or divinity, and/or graduated from an accredited seminary or were ordained, or who had at least held a two-year certificate in spiritual direction from a particular Christian denomination and also had several years of equivalent lay experience serving in church ministry.

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**Recruitment process.** Given the limited time frame in which we had to recruit participants, we recruited our participants via convenience sampling, sourcing from our existing networks of acquaintances and friends in the Christian professional community. We sent 32 total emails based on a consistent email script (Appendix A) to several personal and professional contacts describing our study and participant criteria and requested they share the information and refer potential participants. Some of our acquaintances met initial screening criteria and elected to participate in this study. Some of these contacts shared our information and recruitment flyer with colleagues and on social media pages. One acquaintance posted the information on her Facebook page, another shared the information with her group of spiritual directors, and one person posted the recruitment information on the United Theological Seminary graduate page, and another shared it with other pastors belonging to the Evangelical Lutheran Church of America in the St. Paul Synod. This outreach netted us several inquiries, which resulted in a total of 10 participants; six of whom had a prior connection to one of us, while four participants who were not previously connected to or known by us as researchers.

**Screening and selection process.** To narrow our research interview candidates to participants who most closely fit our previously discussed criteria, we implemented a short screening process to ensure participants met our identified criteria. To determine if participants met these criteria, we set up an initial screening phone call or entered into an email conversation to ask more about their backgrounds and understand their current use of CAM. Screening questions were as follows: What is your current religious profession? What is your affiliation with the Christian community? What types of complementary and alternative medicine do you use regularly? How long have you used CAM? Some

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participants who met screening criteria elected not to participate in the study either for personal/professional reasons or simply because the interview timeline did not work with their schedule or availability. Five of the individuals who contacted us to participate were not eligible for the study since they did not fit the criteria established for the scope of this study. For instance, some individuals who contacted us to participate did not consider themselves to be affiliated with Christianity, another was Jewish, and others did not have sufficient CAM experience beyond mainstream modalities of chiropractic, massage, and/or nutrition. Therefore, they were not included in this study.

### **Instrumentation**

The structure of our interview schedule (see Appendix B) brought participants through a series of eight questions related to facts (e.g., background, details of their CAM use and professional life) and delved more into deeper, reflective, more open-ended questions as the interview progressed. We crafted our interview schedule by seeing both connections and gaps in literature and prompted by our personal readings and personal and professional experiences, as well as anecdotal narratives from our preliminary discussions in choosing this topic. Some of the questions were directly influenced or suggested by experiences described in existing literature (e.g. Brown, 2013; Jankowski et al., 2010). Other questions were shaped by news reports and stories, for instance, the Catholic Bishops 2009 letter denouncing Reiki. Josselson's (2013) work influenced us greatly in how we structured the sequence of the interview questions in the schedule, as well as how we phrased the language of the questions themselves. We included the final question as suggested by Brinkman and Kvale (2015).

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**Reliability.** To ensure maximum reliability in a qualitative setting—not only during the data collection process, but also for data analysis—we as researchers were both present for every interview and followed the interview schedule above. In order to maintain inter-rater reliability, one researcher served as the first chair, primary interviewer while the second observed and served as a scribe/recorder and secondary interviewer. As a research team, we each served as first chair interviewer for five interviews. In an attempt to increase reliability, we intentionally avoided being the primary interviewer of participants with whom one of us had a previous acquaintance.

**Validity.** We acknowledge that we as the interviewers and researchers are also a research instrument, in that the interview schedule, study design, and the data collection and analysis are influenced by our perspectives and our theoretical, personal, and professional lenses, which are discussed in the Lenses Chapter. We did, however, bracket our assumptions and perceptions about the topic and participants' experiences during the data collection and analysis process, as advised by Brinkman and Kvale (2015). We also paid careful attention to guard against missing random findings (Marshall & Rossman, 1999). We were mindful of the possibility of imposing our beliefs and values into the research findings. We avoided making data fit into categories and instead noticed the themes that emerged from our data (Marshall & Rossman, 1999).

### **Ethical Considerations—Protection of Human Subjects**

The St. Catherine University Institutional Review Board approved this project in January 2015 prior to recruitment. All participation was on a voluntary basis. Due to the nature of in-person interviewing, the interviews were not anonymous, but participants' personal information and their interviews have been kept confidential. To ensure this,

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interview data and recordings have been kept on a password-protected hard drive. Each participant was assigned an alias and referred to in our discussion and presentation according to their alias. Data was compiled and de-identified and no complete individual report has been shared with anyone outside of the research team. Two professional transcriptionists were hired to support us in transcribing each interview and both transcriptionists signed letters of confidentiality (see Appendix C). These letters have been retained by the researchers.

### **Data Collection**

Here we describe the processes through which we collected and produced the data via the in-depth interview method.

**Interview process.** Participants who met the research criteria and agreed to volunteer for the study were notified through email and an interview date and time was agreed upon. We conducted these interviews as a research team in various locations where participants would feel most comfortable: workplace offices, private meeting room in public libraries, home offices, and participants' homes or home offices/studio. More than half (6 of 10) of the participants invited us to their home or home office/studio. We met three participants in their workplace office. One interview occurred in a public library meeting room. Before we met for the interview, the consent document was sent to the participant for their review and pre-approval. At the interview, we allowed sufficient time for participants to review the informed consent document and ask any questions prior to beginning the interview. Only after each participant verbally acknowledged that they understood the confidential and voluntary nature of the study and physically signed the informed consent document, did we then begin the interview. All interviews were

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audio-recorded while the interview was in session. During the ninth interview, however, only one third of the interview was recorded due to a malfunction of the audio recorder. For this interview transcription, we relied on and supplemented with the extensive field notes recorded for the audio portion that was missed.

The interview progressed following the interview schedule. Early questions springboarded from our initial screening conversation and ranged from demographic data such as age, length of time in current role, educational and religious background, and the types of CAM used to more in-depth questions that explored the influence of CAM on their spiritual life. As the interview progressed, questions and interview prompts became more open-ended in order to allow participants to tell a part of their story that we had not specifically asked questions about. The words used by the participants served as a basis for additional question prompts and follow-up questions for clarification. For example, when a participant used the word “oppression,” we asked for further explanation on the participant’s meaning of that word or experience by restated the exact word or phrase used by the participant. The nature of these questions was to achieve clearer understanding of information or experience shared, if the meaning was not clearly understood.

Throughout the course of each interview, we demonstrated responsiveness in each interview as participants frequently shared a rich, detailed story of their CAM experiences, which covered and answered question(s) to be asked later in the sequence of the interview schedule. Even if a participant had provided an answer preemptively to a question that would later have been asked from interview schedule, we still used the remainder of the interview schedule to make sure all aspects had been covered. As

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researchers we built initial rapport with each participant upon meeting and throughout the interview as they shared deep, emotional, and personal data. We concluded the interview time by thanking our participants and providing them with a courtesy \$5 gift card to Caribou Coffee and invited them to attend the public presentation of our findings on May 20, 2015 at St. Catherine University in St. Paul, Minnesota.

### **Data Analysis**

In preparation for reading our transcripts, an attributive code book was assembled, as described by Saldaña (2009). Factual data was added to the code book in order for us to be able to quantify some of the information reported, such as CAM use, educational levels, professional positions held, age of participant, past and current religious affiliation, gender, assigned alias names, and connection with the researchers. This code book also served as a place for us to document answers to one or two of our interview questions. For data analysis purposes, we gave each participant an alias name, which allowed us to refer to participants and quotes said by them in a confidential, yet still human way. Their personal experiences and stories were too sacred for us to refer to them by a cold, impersonal number, such as “Participant 1.”

Our data analysis process began with each of us mindfully reading and re-reading our transcripts individually. We chose to analyze the data using an inductive thematic analysis approach, which allows for the themes to emerge from the raw data, rather than fitting the data into existing categories. Thematic analysis is a process that is favored with analyzing qualitative data (Boyatzis, 1998). Specifically, a theme is “a pattern found in the information that at minimum describes and organizes the possible observations and at maximum interprets aspects of the phenomenon” (p. 4). Or, according to Auerbach and

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Silverstein (2003), a theme is also “an implicit idea or topic that a group of repeating ideas have in common” (p. 62).

Themes can be identified at both the manifest level, in which themes are directly observable in the data, and at the latent level, where meaning is underlying the phenomenon (Boyatzis, 1998). For this project, our decision to use thematic analysis was for the purpose of having a way of analyzing qualitative information and a way of systematizing our participants’ experiences. We also incorporated aspects of a phenomenological analysis approach, by generating a rich description of their experiences and by pulling out specific quotes that support the themes, as well as understanding how our participants make sense of their phenomena in their own life worlds.

In our analysis of the data, we noticed repeating patterns with experiences and frequency of words used to describe their experiences. This is consistent with Auerbach and Silverstein (2003), in that “...different research participants are often expressing the same idea, sometimes with the same or similar words.” These are referred to as repeating ideas (p. 44). They go on to describe that “[a] repeating idea is an idea expressed in relevant text by two or more research participants. Repeating ideas are the beginning blocks from which you will eventually assemble a theoretical narrative” (p. 45). Our thematic analysis included a systematic organization of data. We sorted relevant data according to the question their answers pertained to. One of us employed hard copy cut and paste method from the transcriptions for this, while the other did this electronically on a computer. As the repeating ideas surfaced through the data, we sorted and filtered the data according to initial theme idea containers, repeating ideas and language, and



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patterns that related to the research question. We conducted a few keyword searches for significant words on each transcript to confirm the prevalence of themes. The language of our subjects then informed the theme subheadings (Olson, 2011). Though as we named our themes, we needed to revise some of them in order to more accurately represent the nuances of the data. Here we were consistent again with Auerbach and Silverstein (2003) in that “it is not unusual at this point to go back and change several repeating ideas and relevant text in order to conform to your new understanding of the data” (p. 65). They acknowledge this is a positive step “because it means that you are learning about your participants’ subjective experience in a more nuanced way” (p. 65).

Data that didn’t neatly fit into these themes was set aside and analyzed further for relevance. Data that was not relevant to our research question was edited out of further analysis. Some of the less prevalent, but relevant findings that did not make it into the final themes are shared in our findings as unanticipated findings or description of participants.

### **Design-Specific Strengths and Limitations**

The advantage of phenomenological interviewing is that it “focuses on the deep, lived meanings that events have for individuals, assuming that these meanings guide actions and interactions” (Marshall & Rossman, 1999, p. 113). The strength of phenomenological interviews is that the experiences shared by a few religious professionals can be explored (Marshall & Rossman, 1999). One strength of the interview process, as related to religious professionals, is the ability of participants to share their experiences in depth. Therefore, it was advantageous that we collected data directly from and co-produced knowledge with the individual who has had or is having the experience

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of leading a religious professional life and using an Eastern or energy-based form of CAM (Brinkman & Kvale, 2015).

The limitations of using this interview method indicate that data collection is dependent on the cooperation of selected subjects during the interview process. One limitation regarding the phenomenological life world interview method in particular, as acknowledged by Brinkman and Kvale (2015) is that it is not without its presuppositions. The ways in which the interview schedule questions were crafted and framed represent our own educated viewpoints and presuppositions from the literature, as well as our observations and life experiences as researchers, as we describe in the Lenses chapter.

One additional limitation, in part due to convenience sampling, is that some of the participants were already in our existing social circles/networks as researchers. Six of the participants were known to at least one of us. Those who were unfamiliar with and had to prior acquaintance to us were separated from us by one degree of separation. Therefore, it is possible that our participants possessed a biased view of us before we met them and started our interview process. It is our belief that this bias would have been in favor of us as researchers in earning their trust, respect, and rapport for the purposes of self-disclosure. Another potential bias that we identify as possibly influencing our participants' level of openness with us is our disclosure of our affiliation with St. Catherine University, which carries its own reputation as a more open-minded, liberal religious institution of higher education.

Another design-specific limitation regarding our study is that in order to effectively answer our research question, we have intentionally chosen to limit participation to those Christian religious professionals who regularly practice at least one

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form of CAM therapy that is rooted in Eastern philosophy/medicine (Ayurveda, Traditional Chinese Medicine, including acupuncture or Qigong) and/or metaphysics or energy-based principles (homeopathy, Reiki, Healing Touch, applied kinesiology). The rationale for this decision is primarily due to the perceived “non-Christian” religious nature of these particular CAM modalities or practices whose roots are based in Eastern philosophies, cultures or religions, such as Buddhism, Hinduism, Taoism, or Western metaphysics and vitalistic principles (Brown, 2013). Many of the participants used more than one of the above CAM modalities as well as other forms of CAM, such as nutritional and dietary supplements, chiropractic, osteopathy, massage, prayer, meditation, and more. Some of these practices, such as chiropractic and massage, have become part of the mainstream and are no longer exclusive to CAM. Other forms are not exclusive to CAM either, such as prayer and meditation, which are spiritual expressions practiced in various ways by adherents in many different religions and are already disciplines of particular importance in Christianity. Therefore, these two specific spiritual practices were not listed in the final CAM counts reported by participants.

## Results

*Stories are data with a soul.*

- Brené Brown, Ph.D.

The purpose of this chapter is to report the findings from our research study. Our objective in this qualitative study was to explore how the use of Eastern and energy-based forms of CAM influences the spiritual lives of Christian religious professionals. Our data was collected through 10 individual, in-depth interviews, each lasting between 60 and 100 minutes in length and took place between January 11, 2015 and February 12, 2015.

In this chapter we provide a detailed description of the interview participants, including relevant demographic data. Next we share some of the observations we took note of during the interviews about the participants and ourselves. Finally, we present each of the 5 main themes that emerged from the data, along with supporting documentation.

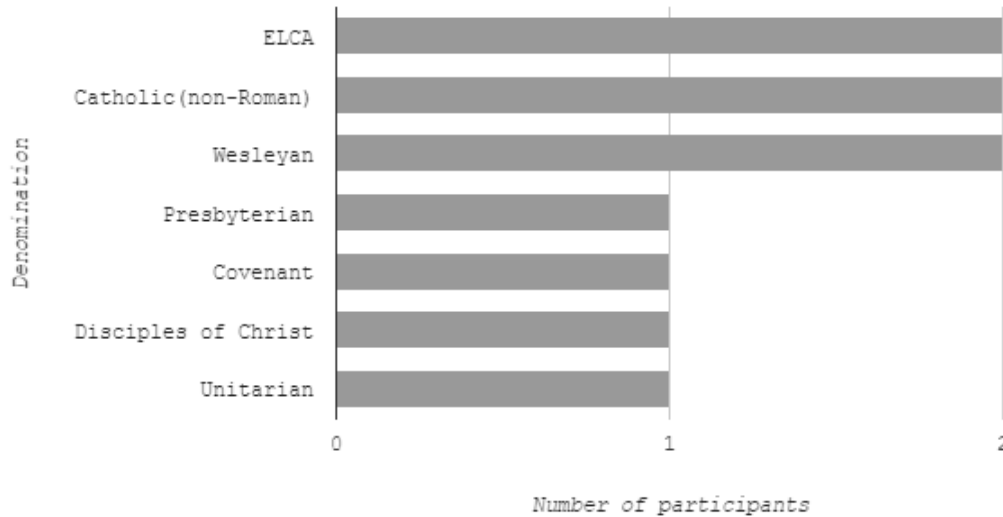
### **Description of the Participants**

A total of 10 individuals—eight women and two men—participated in this study. They range in age from 30 to 69 years old, with a median age of 51 years. Six of the 10 participants had prior acquaintance to one of us as researchers. Participants self-identified their current religious affiliations/denominations, which represent a wide range of Judeo-Christian traditions: Catholic (non-Roman) (2), Wesleyan (2), Evangelical Lutheran Church of America (ELCA) (1), Presbyterian (1), Charismatic Covenant (1), Disciples of Christ (1), and Unitarian (1) (see Table 1).

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Table 1.

Denominations Represented By Participants



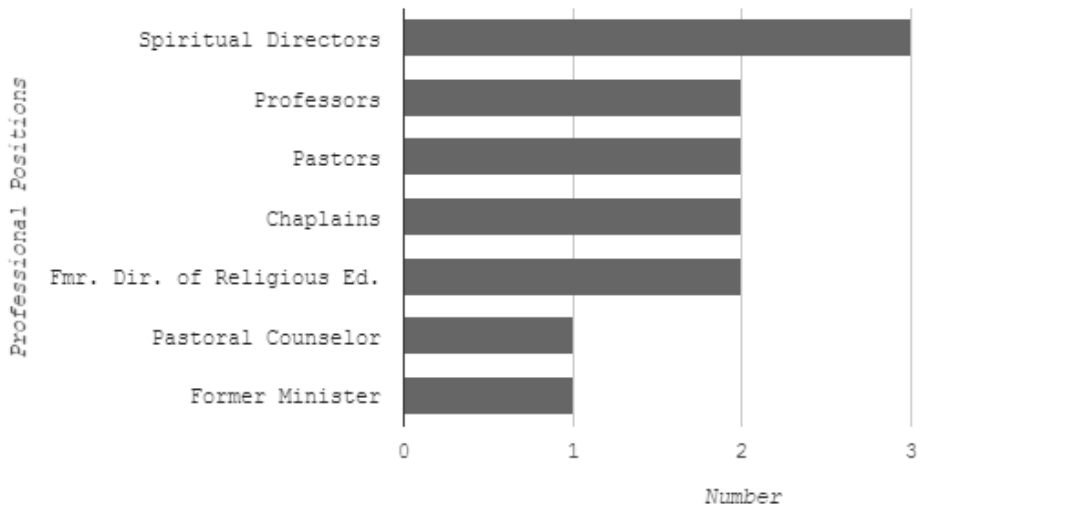
The levels of education achieved by participants beyond post-secondary training ranged from a two-year certificate in spiritual direction to Masters of Divinity (M.Div) degrees to a Doctor of Philosophy (Ph.D.). Six of the 10 participants hold graduate or doctoral degrees from either Asbury Theological Seminary, Luther Seminary, St. Catherine University, St. Paul Seminary/University of St. Thomas, Wesley Theological Seminary, and Yale Divinity School. Three of the 10 are also certified practitioners in various forms of energy healing in addition to their religious professions. All participants currently hold or previously held professional positions in the Christian community. Since a few of the participants held multiple roles, the roles represented include: spiritual

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directors (3), chaplains (2), pastors (2), professors (2), former directors of religious education (2), former minister (1), and pastoral counselor (1) (see Table 2).

Table 2

Professional Positions Held By Participants

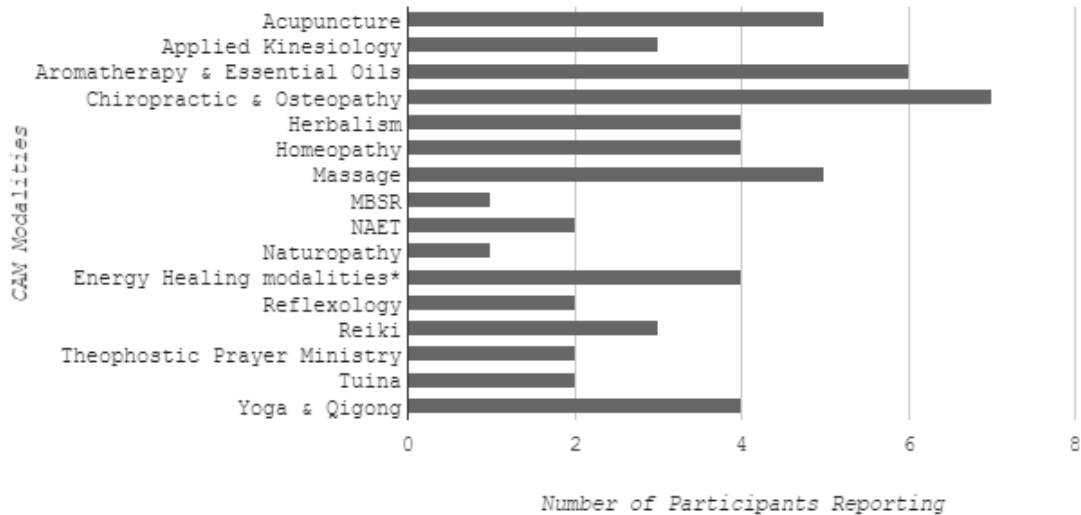


Participants reported to use a plethora of complementary and alternative (CAM) modalities beyond Eastern and energy-based forms of CAM (see Table 3).

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Table 3

### CAM Use Reported by Participants



\*Other energy healing modalities: Healing Touch, Healing Touch Spiritual Ministry, Higher Brain Living, Reconnective Therapy, Ruhka®, Bioenergy Feedback

Though we did not ask participants to speak to their innate dispositions as they related to a possible predilection of their CAM use, half (5) of the participants expressed on their own a predisposition to being drawn to more natural, holistic, or cross-cultural approach to life and health, citing their own childhood upbringings or innate personality.

The following quotes from two participants support this:

*I've always gardened. Eating well and living holistically has been a part of my life. So it fits in well with who I am and what I believe.*

*My cross-cultural experience throughout my whole life I think really exposed me to lots of different perspectives about how care for and healing of our body can take place. ... I think maybe it came from a little bit of my mother who had a tendency not to take us to the doctor but fix us up herself ... and my family for a good chunk of my life was pretty poor.*

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Just as some of the participants observed certain influences that shaped their beliefs and behaviors, we as researchers also noted some observations of our participants during the interviews, which we describe next.

### **Observational Data**

During the interviews, we observed a wide range of emotions. Participants smiled or laughed and expressed good-natured humor. A few tears were observed. Many of the participants were thoughtful, reflective, and occasionally paused to collect their thoughts, before articulating themselves. Occasionally a participant would pound on the table to emphasize a point or express frustration—often when describing their experiences with conventional biomedicine or when retelling how a particular church or another clergy or person spoke about CAM.

A few of the participants mentioned books and authors that have been instrumental in their process to learning more about CAM, spirituality, and/or their particular health issue. Almost all participants shared a story of their spiritual beliefs and their beliefs about Eastern and Western medicine. Several participants asked us questions about our study, topic, and process as we concluded our portion of the interview. And several expressed interest in hearing the results of the findings of our study.

### **Results of Thematic Analysis**

Through the process of thematic analysis, several themes emerged from the data collected. After significant time sifting through the data, we identified the following five main themes:

- Health Journey: A shared narrative of healing
- Shift: A moving from this to that



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- Interconnectedness: Becoming more conscious of the connections of body-mind-spirit
- Benevolent Self Care: Caring for self to better care for others
- Integration: Making sense and making meaning of the whole puzzle

### **Health Journey: A Shared Narrative of Healing**

In sharing their experiences with CAM and what factors led them to use it, every one of our 10 participants expressed a similar story and sequence of events. The shared narrative included having a persistent or chronic health issue or crisis, one that conventional Western allopathic biomedicine could neither provide answers for nor relief or healing. Having *tried everything* or finding that *nothing worked* or even *made it worse*, this led to a disillusionment or significant frustration with Western medicine. For every one of our participants, they then listened to a trusted fiduciary—in the form of a relative, friend, co-worker, neighbor or another trusted individual—who first introduced them to CAM, which sometimes also included a personal testimonial of its efficacy. This fiduciary served as the catalyst for our participants' entry point with CAM. As a result, each of the participants reported on the efficacy and healing power of their particular CAM modalities by saying things such as *it worked*, *it healed me*, or even *it's worked miracles*. In the following three subsections we unpack this health journey theme by sharing participants' introduction to CAM, followed by their unique spiritual experiences, and finally participants' experiences with energy healing.

**Introduction to CAM.** Every one of the participants described their experiences of how they first became introduced to CAM and their initial responses to it. The following excerpted quotes show the differences and yet overall similarity of this shared

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narrative of the healing journey, beginning with this first participant's entry into the world of homeopathy.

*Somebody at work had started with homeopathy, and we were just discussing it. She said that it [her health condition] was all stress. I said, "Oh really?" because she had pretty severe symptoms. I asked, "How did you find that all out?" and she said, "Well, I went to a homeopath." Never heard of it. At the time I was having a lot of leg and back pain that Western medicine hadn't done anything for and therapy made it worse. I had tried everything else, so I thought sure I am going to try this. So I said, sure set me up with her. So I started with homeopathy in 2007. I saw it working so much that it was proving itself to me.*

Another participant shared her process and experience with a chiropractor/applied kinesiologist in this way:

*I got to the end of what the medical doctors could do for me and they couldn't give me any answers so then I started looking for other options. An uncle of mine suggested a kinesiologist chiropractor, a naturopath that he knew. I had never done anything chiropractic. We went to him and that was when I finally started getting some answers .... It was definitely weird at first, muscle testing and all that stuff, but because I was the one experiencing it, it was like, it works.*

This next participant described her positive experiences and results with acupuncture and herbalism, it was contrasted with her expressed frustration with the system of Western medicine:

*I totally attribute my health today to working with her [acupuncturist] for all those four years and continual, consistent acupuncture treatments, and herbalist. Over the years I found myself almost not using Western medicine at all. And you know, using a holistic approach, which includes eating organically. ... It's just flabbergasting to me that that's not a key part of their [MDs] education. I know there's good people who are doctors, but I think the system is really broken.*

For at least two of the participants, simply finding out answers from their holistic practitioners, by discovering their food allergies, contributed significantly to their healing process and continued use of CAM, as illustrated by this participant:

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*I found out about food allergies. I couldn't believe the difference that made! I could breathe through my nose for the very first time in my whole life! It was little fascinating things like that. [laugh] It was amazing! I got off all drugs...no Excedrin, no antihistamines, got off everything—started the healing process through all the natural stuff. Yeah, for me it was life transforming.*

There was only one participant who did not experience specific healing or relief for the healing issue that prompted the first visit to an acupuncturist. However, that individual shared the enjoyment of receiving other healing benefits from the acupuncture sessions:

*I started acupuncture... I was first introduced to it...I was trying to stop smoking. Like I said, that wasn't successful, but what I did find was the relaxation that I experienced after it. So about every three months now I'll do a session with the practitioner and I ask her to specifically focus on relaxation, like tension release, whatever. My nerves get a little [pffff – buzzing sound effect] My mind gets too much stuff in it. It empties the RAM in my brain. [laughs] Even for just a half hour. It's nice.*

Several participants described that since their first experience with a particular CAM modality was positive, it became a gateway into trying many more healing methods and seeking out other holistic practitioners:

*I think what happens for me is someone comes into my life, a healer will come into my life and I'll go see that person until I feel like I've accomplished whatever it is I came for and then I'm done for a while and then someone else new will come in and I go seek that out.*

**Unique spiritual experiences.** As part of their healing journey with CAM, at least two participants spoke at length about how their use of CAM, and specifically energy medicine, was catalyzed by or correlated with a significant spiritual encounter or vision. The following experience by one participant describes this process:

*There was a very significant event that happened in my life that prompted me to go seek out understanding about energy healing more and that was I went to a retreat, It was all about experiencing God's unconditional love. I had been raised*

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*in a very violent, abusive household growing up. I had a lot of my own emotional issues that I've been dealing with... When I was at this retreat, the Sunday of the retreat, I had what I know now is called a kundalini awakening in which I felt all kinds of energy, opening up, chakras coming from head down and then also from the bottom up. I ended up when we were standing a circle at the end getting Holy Communion I kinda fell to the ground. Another word for it, which I don't like is called being "slain by the spirit," I absolutely hate that terminology but that's what it is referred to. Then when I was down on the floor I felt a cleansing and an opening of my lower chakras. When I got up off the floor, and I cried uncontrollably, I felt like there sounds coming out of me that weren't even from me. It was a very, very deep healing. When I got up I felt like a new person. I felt I had so much peace and joy. People told me I looked physically different. That's what prompted me to go "what in the world was that?" I had no idea what chakras were at that time. I had no idea what was really going on in me. That's when I thought I know this was of the Spirit but we don't really talk about the Holy Spirit very much in church. ... That's what's been driving me ever since to understand energy healing and how that all worked and what in the world that all was. Now I think I finally after all these years understand what it was and that it was my chakras opening and it all makes sense to me now. ... it's been a 12 year process. [slap slap slap (for emphasis) It's a long time to try to understand [laugh] what happened to me.*

Another participant experienced a unique spiritual vision that was initially prompted by a word from a church leader around the same time she was using CAM:

*The [choir director at church] came and he looked at me in total fear. And he said, "God gave me a vision in August about you." And I think he thought I was going to think he was crazy or hit him or something like that. And I said, "Tell me, tell me." And he said, [chuckle] "He told me you weren't listening to him. And I went "Oops!" [laugh] "And so he's got to give me your vision 'cause you're not open to receive." And I said, "oh yeah"*

*And he said, "He showed me this big stone wall big and thick stone wall and you're standing here and he said you've got to get through that big stone wall and then there's your path beyond it and there's big boulders and then are from smaller to smaller rocks. He asked me, "Does that make any sense?" And I said, "Oh boy does that make sense to me. Yeah."*

*And so the next morning [husband] and I—we'd sit in the chairs and hold hands and we'd just pray for people, just prayer time. Well I left [in a vision]. [husband] just stopped because he knew I was holding his hand but I wasn't there anymore.*

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*That's all he knew. And I was sitting there praying and then I was gone and where I was I have no idea, except there were all these gorgeous colors. There were just lines of the most beautiful beautiful colors that went on forever. They were bright, they were sharp, they were gorgeous. And God said "This is how much I love my creation." And then it winked out and then it came back again and said, "This is how much I love you." And then it winked out and I was back with [husband]. And in that moment, second, who knows, my whole being shifted. I guess I had opened up to God and God could finally come here. And in that I knew that all religion went to the same base, all people went to the same place and in that I knew that all of creation was one period. I mean, that's all there is. And yeah, I changed. And of course began changing It's like, began a new journey in the midst of the old one.*

**Experiencing energy healing.** Another common experience that participants spoke to was their first experiences with encountering energy healing and experiencing the chakras. That experience with something new opened them up to new concepts, and specifically new ways of experiencing their body, emotion, and spirit. For most, this produced astonishment and amazement, and for some their experience with energy healing prompted a strong desire to learn more about it, or even pursue training and certification in it. The following three quotes from three participants illustrate this phenomenon:

*The first thing I remember is my mind just woke up like, "What the hell is happening here?" What is this energy thing? ...I just tried to read everything I could find about where the roots of energy healing and what cultures have been doing it and what are chakras...? I was just on fire about it! just wanting to understand it. It was so different than anything I'd ever consciously encountered before. I'm sure I experienced it but I just didn't know that that's what it was. ... Hard to put into words but I had this experience of being held by something bigger than myself. A lot of energy moving through my body, releasing stuff and just a big huge smile coming over my whole face and body; just feeling a presence somehow and being held. It was amazing. I would be completely swept away by waves of joy. I would start laughing and laughing and feeling like I was overflowing with joy. I had incredible spiritual experiences where Jesus appeared to me...*

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This next participant was new to the concept of energy and reflecting upon her first experience with a form of energy healing said this:

*That one could feel electricity from another human being was kinda a new concept to me. But it definitely is real. It's [energy] always been there. I just never felt it before."*

Finally, this participant described his initial encounters with massage that incorporated energy healing:

*I had a couple massage therapists who really taught me a lot about energy chakras and centers. ... But I could feel even as their hands would pass over these different areas. They wouldn't even touch you. ... She could put her hands over my body and identify what was whacked out, where I was feeling stressed. It was amazing. You could feel the heat—like I don't know if it was the heat from my body or the heat from her hand—but in one area my body it would be cool and in another [snap sound] area you could just feel it. Wow! ... When I started to experience some that then I had to think, there's gotta be something to this. I don't know if it has to do with circulation or with nerves. But you know we're human bodies so ...something a little more tied together than we what we tend to think.*

In this next theme, we present the results that reflected a clear shift in the participants' life worlds.

### **Shift: Moving From This to That**

In their experiences with using CAM, each of our 10 participants described some type of shift beyond the shift they experienced with healing. This shift influenced other aspects of their lives, their beliefs, and their spiritual practices, signifying a distinct moving away from something and to something else. For example, *I went from studying about God to knowing God*, or *I've changed in my belief system so hugely*, or even *the Bible shifted*. For a few of the participants the contrast and change was subtle, while for others, the shifts and transformation were dramatic, as evidenced by how they described

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their own process of shift and change. From the data, we identified five areas where shift and change occurred: A shift in their spiritual practices; a shift in their theology and beliefs; a change in their place of worship or denomination; experiencing an emotional/mental shift; and a shift in paradigms. While a few participants explicitly stated that these shifts weren't a direct result of using CAM, but rather parallel phenomena, one participant was adamant that her experiences with CAM were responsible for the shifts in her life world. This theme concludes with data that supports a subtheme of openness that also emerged in the context of shift.

**Shift in spiritual practices.** For several participants, how they approached spiritual practices such as prayer, Bible reading, and meditation shifted the most. The following quote from a participant reflects this aspect:

*Prayer has changed. It went from a very regimented structure to wide open. We still do [it] but it doesn't look or feel the same. It's more of putting out to God our thoughts. I became very contemplative... So my prayer time is silence. I just sit and be. Bible reading I have to say almost came to a halt except for Lectio [Divina]. I spent my life in the Bible, doing Bible study and teaching it. And all of a sudden the Bible shifted. As God became universal I guess my knowledge base has opened up to include other religions, other faiths, and other spiritual books and writings. I mean how can you not love Rumi? [laughs] So that really shifted me.*

This next participant shared how her views about meditation changed while she began to go deeper with doing homeopathy:

*One of the things that I resisted so much was meditation ...it's like ugh this is all that Eastern stuff and they just changed the word, and I didn't like that. Then I thought to myself, you know what I just want to do? Is just come, and in 20 minutes just simply presenting myself to God, to the Spirit, however. "I am here." I am going to try to keep a space, a mind, you know, not go on about my other things, bring my thoughts back, but it is simply, "Here I am, and whatever you want. I am seeking to be present to you ... I mean teach me, whatever. I'm here.*

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*When I finally gave in to that, I started quickly realizing that you know I started to feel happier, more peaceful, calm.*

Next, we present how this theme of shift translated in the theological beliefs of participants.

**Shift in theological beliefs.** Many of the participants expressed a clear shift within their belief systems, specifically related to Christianity and theology, often expressed as a moving away from certainty or from a specific church doctrine. The following quotes from four participants highlight this theological/belief shift:

*I think the Christian religion, it's so Christ-centered and has a very high Christology, meaning the whole idea of Christ dying for our sins because we're such awful people that somebody needed to do that to save us. That whole belief is not in me at all anywhere, anymore. I think it's shifted my view of who Christ is, which I think I have more, is what's called a low Christology, in that I think Christ was a healer just with his own presence and his own high vibration of light and love that people were drawn to when he was here. I think he was someone to look to...to fashion our lives after, but I don't believe anymore in the "He was slain on the cross to die for our sins." I just, I don't believe in that anymore.*

For this participant, getting into CAM and studying it more led her to a process of deconstructing and reconstructing her life-long faith and beliefs:

*Before I would have said that, of course, you know, there is church, there is Bible study and it was kind of more growth in knowledge. Being certain of your beliefs. Here's the beliefs of the [denomination] church. Here's what scripture says. Here's your beliefs. To move from that to a sense of... I reached this sense of "AHHH I am so done with classes right now!" ...I feel like a good faith is one you can push and stretch, doubt and pull at. Several times I felt like, through the reading I have done we will kind of get this stripped off and this stripped off, and this stripped off and finally getting down to bedrock—okay what is there!? What is there in your faith? So then we start building it back up, and hang on to things loosely, and question and search and allow for insight. So the fact that I feel like I am not following any program.....prescribed, here's the next step, you do this, and then you do this idea of how you grow. And I am open and waiting. I was in more of an evangelical background that I have kind of been moving away from. And there is a prescribed way of "This is how you accept Christ." This is how it is supposed to look. This is... there is a sense of people having to conform to that type of expression. And...I had been pulling away from that.*



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Another participant who expressed passionately how embracing different forms of CAM transformed her beliefs and practices said it this way:

*I've changed in my belief system so hugely and we ended up in a very conservative church before we went to [current church] and I really rebelled against it when I realized what their base was which I really didn't agree with it. So I left the church...[I] called it "God had me at home on the couch for two years." That happened twice where I had huge transformation change [and] shift at home on the couch [instead of going to church].*

This next participant offered a clear explanation on what prompted the shifts in her life world:

*Studying other cultures shifted my understanding of religion. Those religious shifts opened me up [to CAM].*

Next, we continue this theme of shift to present how it influenced a change in some of participants' choice of church and/or their denominational affiliation.

**Changing churches and denominations.** As expressed from some of the quotes above, for some, participants' shift in beliefs caused them to leave a church and relocate to a new house of worship. While 8 out of 10 participants have changed church denominations in their adulthood, four participants expressed a shift in their church/denominational affiliation or ministry focus in conjunction with using CAM. The following quotes support this, starting with a participant's description on why she left a previous church and why she chose her current church:

*Just going into alternative [medicine], the church we were at previously...they called it [forms of CAM] "New Age" [and] put down all of it across the board. "We don't do the labyrinth, we don't do herbs," all of it was just "Okay you don't do me." So when we went to [the new church] he was open and welcoming of that, right on down the line, and we said "we found our home." It fits. It fits my beliefs. I fit! Where God has taken me fits. Which is good. ...it fit the diversity and openness that had shifted and changed in us. ... I went from studying about God to knowing God. ... From then on... I couldn't stay at the church I was in. My whole being shifted.*

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This next participant described her denominational shift into a *more charismatic* church community, which she found to be more open:

*I've shifted denominations from what I grew up in. Started going to a...church that was more charismatic and open to gifts of the Spirit and things like that. That's when I started seeing some of a little bit more openness in that church...just the emotional healing piece of it and some understanding of the connection between the emotional and physical I was seeing at church not just in my doctoring. ...and now I'm in a charismatic [church]. I'm around a lot more charismatic crowd now. They're a lot more open. They just seem more open to that kind of thing [CAM]. ... I think part of it they're open to things that you can't see because they're open to the Holy Spirit. They're open to things that we can't necessarily understand.*

Next, this theme of shift is demonstrated by the emotional and mental shifts some of the participants described.

**Emotional/mental shifts.** Every one of the participants reported experiencing remarkable healing from CAM, as noted previously in the first theme. But some also described that they experienced unique emotional or mental shifts as a result of using CAM, too:

*It [homeopathy] did remarkable things as far as movement and shifting things. I felt that I was shifting emotionally and mentally myself. It was very powerful feeling. ...the feeling that you aren't stuck in a routine, in a mindset anymore, that there is potential, there is room for movement, that you are growing. ...right in the midst of the remedy, too, and it felt so good....Wow, this really moves, something shifted. Just something about the movement...things had shifted to what felt like healing and hope.*

**Shift in paradigms.** The experiences that participants shared and the words they expressed painted a picture of contrasting paradigms (as it relates to their health care and their personal and spiritual beliefs and practices). Several often used the word *before* to indicate their belief, mindset, practice, or paradigm prior to using CAM. Words that they used to describe the *before* that governed their previous experience were as follows:

*Western, regimented, rote, prescribed, perfunctory, structured, certainty, labels, left*

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*brain, intellectual, knowledge, study, separate.* While none of our participants used the term positivist, these words aptly describe a positivist/empirical/objectivist or post-positivist paradigm. The words they used to describe the contrasting paradigm that they began shifting toward include: *Eastern, open, contemplative, meditative, intuitive, mystery, mystical, right brain, body-centered, nature, knowing, connected, whole body.* Several of the participants described themselves fitting into the former paradigm prior to CAM, while all of the participants described favoring the latter paradigm. The following quotes by two participants support this paradigm shift theme:

*A lot has shifted in me. I had a small window of understanding God. [There were] all these other dimensions of God beyond my worldview.*

Another participant described her shift as follows:

*I would just say that I'm not so focused on the mind, ...the rest of my experience was very much intellectual and pulling apart the scripture and studying every word of it and where it came from and what the context was and so on. ... That stuff isn't that important to me anymore.*

Two individuals offered unsolicited, yet insightful explanations about the catalyst for their own transformations. For example, *pain is a great motivator.* Or in the case of this participant, motivated by crisis:

*Certainly when you're in crisis you have more radical transformation, you know. Trial, struggle, cause that in people.*

Next, we describe a sub-theme that emerged from the data and was integrally related to the theme of shift.

**Openness.** In sifting through the data that reflected the theme of shift, we also saw a significant overlap with openness. Many times as they described a shift, participants reported being or feeling more open, or even being drawn to people and churches that were more open. Therefore, even though we identify it as a sub-theme here

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for presentation clarity—since openness came either as a result of or connected to their shift—it is an integral part of the theme of shift, as experienced by the participants.

Though from what the participants expressed, it is impossible to say which came first—shift or openness—as with the proverbial chicken and the egg. In one instance, being open created space for a shift to occur, while other times a remarkable shift took place, which then opened up space to something new. It was an iterative cycle. The following excerpts from participants reflect this sub-theme of openness:

*I think for acupuncture and with chiropractic and with massage it's almost like it's opening up these channels. Roadblocks are being taken down. That's what it feels like internally to me. ... it feels like literally they're letting go; also maybe even spiritually that what's happening, too. I think that maybe I feel like I get pulled a little wider, a little more whole every time ... I think because of the experiences that I've had with CAM I feel like I connect more, I'm more open.*

This next participant described it in terms of opening a door to being less fearful:

*That whole experience from acupuncture to aroma[therapy], all of it, it's opened the door to less fear. I'm less fearful. Maybe I'm just getting old. But it's like "what's the heck? [laughs]. It might open another door that you're not seeing, you know. So what do you got to lose? In the spiritual life, what do you got to lose, really? I mean, give it a shot. See if it works.*

Finally, this participant's quote ties together how the conceptual themes of shift and openness are integrally linked:

*A lot of it was about getting into herbal medicine, the Native American medicine, because of a couple of my teachers were Native American, opening myself up to alternatives instead of being so controlled and narrow box, "walk this way, talk this way, think this way...." It was like I was being called by God more and more into being more and more open, more and more accepting. And then I received a few visions and that threw me wide open because we're all one. And all is one. That's where I ended up.*

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We continue with the results of the data that reflected this next major theme.

### **Interconnectedness: Becoming More Conscious of Mind-Body-Spirit**

As participants reported their experiences with using CAM and related their stories of healing, all 10 used the word *connect* in one form or another (e.g., *connected*, *connection*, *interconnected*, *interconnectedness*) or described an experience of how using CAM helped them to become more aware of and more in tune with the interconnections of their own mind, body, and spirit, and the connection of all life in general. This theme of interconnectedness reflects this process within, both about becoming more conscious of the whole, of the interconnectedness of life and making connections between medicine, CAM, and religion/spirituality. The following quote from a participant illustrates this:

*I would say...getting more in touch with what's getting on internally in terms of this idea that everything about us is connected. And I think that's something that's not Western culture philosophy. It's not in our religion, it's not in our Catholic church, it's not in our culture. It's not in the way we practice medicine. We're seen as our mind and our body aren't connected and so that's the biggest change for me is coming in touch with that piece. That my mental health does affect my physical health and my physical health does affect my mental health and that's all part of my spirituality.*

Another participant shared her thoughts on interconnectedness in this way:

*I think it just expanded my view of that as well as again, that interconnectedness of us whereas sometimes in the Christian Western world we try to subdivide ourselves. I think the Eastern, so to speak, kept that togetherness better than we did. It's coming back to that original how God made us body, soul and spirit and that interconnectedness of those three and taking care of all three, not trying to separate things out and oh, here's my spiritual life and here's my physical life. It's all combined together.*

Frequently participants reported how their experiences with CAM taught them how to pay attention to their own bodies and how to better tune into the physical-emotional-spiritual connections in their own bodies, as shared by this participant:

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*I started seeing the connections more and more of, I just had a fight with someone and now my back is hurting. It's not because there's anything wrong with my back it's because I'm emotional right now and that's how it's showing itself. Starting to pay attention to the fact that not everything was a physical issue, sometimes it was emotional stuff and learning how to allow myself to process, allow myself to take care of my emotional health. I was a huge stuffer and I think that was a big part of my physical problems as well as I just stuffed all my emotions inside and they came out physically, sideways.*

Additionally, all participants also used the word *whole* during their interviews in regards to having a more *whole faith*, *whole body*, or becoming a more *whole person*. A few participants expressed how using CAM contributed to a need or desire to become more aware of their body; to connect their faith and theology with their whole body; to, in a sense, ground their faith and beliefs in their body, as offered by this participant:

*It really feels like it's a whole body faith as we are created beings. This flesh and blood, that we need to tend to that too. Often I think faith pulls us out, that we have theological thoughts. ... I would say it's harder to bring it into your being and your breath and your feeling internally as a body.*

Finally, this participant described his process of how he now connects to his body more intimately and tunes into the pain, rather than masking pain with a drug:

*I just said okay I want to listen to my body. How can I speak to my body? I don't even know how to describe it. How can I be aware of what I'm feeling and talk to myself? To me it's praying, too. Being thoughtful about what my body's communicating and how I manage that pain. In part because I want to be more aware of my body instead of taking a drug to mask something, then I can be much more ... I was the same way when I broke my foot. I don't think I took any pain medicine except when I left the hospital. I wanted to be aware of my own body, what the healing process was instead of masking it with a pain medication.*

This next theme that emerged from the data was, not surprisingly, connected to the theme of interconnectedness, yet stands alone because of its prevalence.

### **Benevolent Self-Care: Caring for Self to Care for Others**

With this broader awareness of the interconnections of their emotional, physical, and spiritual dimensions, several participants spoke to how that awareness contributed to

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a greater level of self-care on a holistic level for their own health and wellbeing. Some spoke to how self-care in the form of CAM helps them minister better or provide more support for the people they serve in their ministries. The following quotes from three participants expressed this, beginning with this excerpt from a participant who is a pastor:

*Pastors are also some of the most unhealthy people. We're some of the most expensive people to insure. Clergy can get very isolated and I think part of it for me, with my different tools, is that it's another way for me to reach out and get help but not from anybody here [at the church]. I see them [CAM practitioners] as....my support staff. I can be a really healthy minister because I have a great chiropractor and a great massage therapist and a great acupuncturist.*

Another minister shared how CAM was what first helped her start attending to her own needs and the common resistance to self-care:

*It [doing CAM] was really the beginning of my starting to look at myself and what my needs were instead of always taking care of other people's needs, just the classic female thing. Then you add to that ministry, and you add to that missionary kid, it was just foreign to talk about self care. ... Come back into my own body and start listening to my own inner voice about, "How was I?" [Laugh] I wasn't always so good, under a lot of stress.*

This participant described how CAM facilitated her self-care, and even addressed the sometimes fatalistic approach that some Christians have toward their bodies:

*Whereas before [using CAM], it was like "I'll eat whatever I want and if I die young, oh well." You know, just sometimes that's the attitude in the Christian community. I didn't really have an attitude of exercising or eating well or knowing how to take care of my body emotionally. The complementary [therapies] really helped me ... That was a big piece of helping me learn how to do that.*

Some of the participants viewed CAM as a teacher, for giving them new ways of thinking about their bodies, as well as new and more effective ways for learning how to care for their bodies—in essence becoming more participatory in their own health care.

The following quote demonstrates this:

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*Then learning how to take care of my own body so it takes a lot of the fear away and gives you confidence just to know your body. And to know how to help it as well as taking ownership for eating healthy and exercising and wanting to care for my body in that sense grew as I did CAM because it teaches you that. Emotionally it also teaches you how your emotions can affect your body.*

Another participant described this process as follows:

*I think we tend to use our body almost as a commodity. Like drink energy drinks so you have more caffeine, energy to stay awake and DO things as opposed to actually seeing your body as an important organism that needs to be respected. That actually we can learn things from being more closely connected to our body and listening to what our body has to tell us. That just wasn't on my radar screen [before].*

Some participants offered their own theological or biblical defense for CAM and self-care:

*God made our bodies to be healthy and to be able to fix and heal themselves and learning how to work with that versus against it. As Christians we believe that our body is the temple of the Holy Spirit so we need to be good stewards of that. Working with that as well that I want to be the healthiest person I can be so I can be the most effective and be around the longest I can to do what God wants me to do.*

Another participant went as far as to describe how the absence of caring for self and the environment is not in alignment with God's design for creation:

*There are chemicals that can make us well, I guess, but there's a lot of crap we put in our bodies that makes us sick, too, and on our food, and in our clothes, and in our laundry soaps. I was just reading an article about how toxic dryer sheets are. .... and [farming practices/pesticides] those are not living in the way God created the earth, and for us to be good stewards and in harmony with God's creation.*

One participant, a pastor, who referred to her CAM resources as a *toolbox* acknowledged that her own CAM experiences have helped her support others in her church who have also sought out CAM for their health, so they don't have to be afraid or feel like they can't talk about it at church.

*All of those things [CAM practices] help us with being the whole person that God created us to be. Being able to encourage and support people and so they don't*



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*feel like “I’m doing something but I don’t want the church to know because they would think that’s weird.” That’s horrible. ... it’s how do we help people see that there is this toolbox? Prayer and worship is a part of that too, doing devotions, being with other people to encourage you, all of that fits in to our whole mind, body, spirit experience.*

Another participant acknowledged how she’s incorporated the self-knowledge gained from her own experiences with CAM, about how emotions manifest physically in the body, into her ministry and counseling work:

*I know within even my counseling at work and when I’m praying for someone...I pay a lot of attention to the pains that people are having because of what I’ve experienced with CAM and what I know about the body and the emotional/physical connection. A lot of times when somebody’s telling me “oh this or that is hurting” I’m able to take the knowledge I have of the physical/emotional, combine it with the knowledge I have spiritually and have a better knowing of how to pray for them or a better knowing of what might be going on emotionally in their life. It’s given me a lot of cues that I wouldn’t have had even in my counseling. I kind of know the emotional connection that’s associated with those parts of the body because of CAM.*

Lastly, we present the results that emerged around this final theme of integration.

### **Integration: Making Sense and Making Meaning of the Whole Puzzle**

This ubiquitous theme emerged from the data and illustrates participants’ ways of making meaning and making sense of their CAM experiences, as well as integrating, understanding, and reconciling their CAM experiences with their Christian faith. This theme was present in all ten interviews with the participants. Given its prevalence, this theme of integration has three dimensions: integrating or better understanding the contrasts of Eastern vs. Western medicine, integrating their CAM experiences with their Christian theology, their practices, and even early Christian history; and finally integrating the philosophy of CAM with other faith traditions, including how the role of language influences meaning. This theme concludes with data that supports a subtheme

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of fear, which coexisted with participants' experiences while integrating CAM into their lives.

**Integrating Eastern and Western medicine.** As participants talked about their experiences with CAM, they shared how it broadened their perspective of medicine. Participants reported that they ran into roadblocks with Western medicine and sought out alternatives to this approach for healing. By seeking out forms of CAM rooted in non-Western philosophy and culture, they encountered the contrasts to a Western approach. As a result, several participants spoke to this contrast and the limitations and weaknesses of Western medicine, as evidenced by the following quote:

*Then I started to see how Western medicine so separates the whole person. You know they treat the elbow and complementary medicine treats a person. So I thought, "You know, guys, could your theory be wrong?! Could you have gotten it so screwed up that you forget that this is a person here, and this person has spiritual, this person has energy, this person has feelings, emotions, thoughts; it's not just a body.*

Another participant integrated his thoughts about it in this way:

*Too quickly in Western medicine our response is to dismiss things that can't be measured and quantified in a certain way. It's a real ethnocentric and colonialist mindset that our way is the best and dismisses non-Western approaches to healing and wholeness. My cross-cultural experience throughout my whole life I think really exposed me to lots of different perspectives about how care for and healing of our body can take place. It [CAM] just didn't seem like a new thing to me.... God, within his creation, has wired us as humans, you don't need a chemical for everything, and that seems to be the Western approach.*

Next, this theme of integration continues with how participants integrated their CAM experiences with their Christian theology and practices.

**Integrating CAM with Christian theology, practices, and history.** In an attempt to make sense of new ways of knowing and understanding, participants reported how they began to integrate, or possibly even recontextualize, their CAM experiences,

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practices, and philosophy with their understanding and experience of Christian theology.

These 10 participants have integrated their CAM experiences with their theology.

*The Bible doesn't tell us everything. Jesus laid hands on people. Obviously he practiced some alternative form of medicine. Maybe he understood the power of human touch in order to bring healing to people. There's nothing explicitly against it in the Bible. It might be against a Western perception, but in Christian communities...around the world they use alternative forms of medicine and don't see any conflict with it in their Christian faith. I think it's more of us in the West that have a different perspective. ... I think, too, an awareness that there are ways that God made us, about the way energy moves through our body, which God made. If God is the source of all things living on earth that he flows in and through us. It's not a very evangelical perspective in the traditional sense, but ...just because it's not 'Christian' doesn't mean it's not true.*

For two participants, their use of Traditional Chinese Medicine, including acupuncture, provided a new lens for which to think and speak about God, energy, the tension of Yin and Yang, and the nature of truth. These participants acknowledged making sense of the new concepts juxtaposed with information previously known.

*The other thing I really appreciate is the tension...is being able to hold things in tension. The whole Yin and Yang concept. It isn't just one or the other. That it's actually both being held in tension together. And there's so much even in Scripture that's like, this AND this. They're not contradicting each other. There's this healthy tension and somehow truth resides in the middle of that. I think that makes us, in my experience in the Western church, is that makes us very uncomfortable. ... I appreciate a more Eastern perspective of being very comfortable in the tension. Balance isn't this [gesture] and throw away everything else. [brush other arm away] it's...that collective sense that we're all connected to each other.*

Integrating the concepts of chi and Yin and Yang with his theology led one participant to offer this question and thoughts in response:

*What if God is that energy source that travels through all living things and through all of earth? What if that's God who gives all things life and breath and being? We know without that we'd die. There would be no earth as we know it. What if God's that energy source? ... I thought that's kind of an interesting thought. I think that kind of opened my mind to say to a little wider perspective ...*

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*Something that had kind of been in the back of my head I just didn't have a framework for it. I thought it kind of makes sense to me. God is the source of all life, all living things of everything we do and see and breathe.*

For some, integrating a CAM modality into their theological framework also meant adapting a part of the language to fit within their Christian spirituality, as illustrated in this quote from a participant about her experience with yoga:

*One yoga instructor that I had...she was a fabulous yoga teacher, sometimes we would do these chant things...whatever the original language was. She would say, "You can do this chant or" whatever mantra in your own head would work because it was meant to be a centering practice. Wouldn't chant the whatever it was, but I may take on something, "God is as close as my breath" or "God is with me in the shadow and the valley," whatever it may be that I needed as my centering at that time. Those go back to old Christian practices then, too. ... I feel like things can be adapted too and that we take on different traditions and adapt them to what we can learn from them.*

While 9 out of 10 participants acknowledged that they did not know much about the religious or spiritual roots of the CAM modalities they used, however, as their theological scopes expanded, some participants started to acknowledge that other Christians may have used these same practices centuries before them. That rather than being labeled New Age, they acknowledged many CAM practices such as meditation, herbalism, and energy healing, were, in fact, not new at all. The following quote depicts this:

*When they say Jesus laid his hands on people, I think that's possibly what they were talking about, but we never saw it as something that any of us could do. [Laugh] One of my favorite scripture passages,...the phrase that's really, really important to who I am is when Jesus said, "These things that I do, these things you shall do and more." The whole idea of Christianity being an empowering process is very important to me and that we can do what Jesus did and not see it as wrong or egotistical or anything like that, but that Jesus was trying to show us how we were to be in the world as co-creators with God. I would say [doing acupuncture] deepened my appreciation of the integration of the human person, the whole human person—body, mind, soul, I actually think the church in its infancy really did understand that maybe at a different level than we give them credit for.*

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One participant even shared how she integrates her Christian practice of prayer when she goes in for an appointment or session with one of her CAM practitioners:

*Tending to all of that for our minds and our bodies and our spirits. Every time I go for massage or acupuncture or chiropractic, I pray for my time there and I pray for the person so whether it's the massage therapist or whoever it is that God work through that person and that God give them wholeness and healing where they need it and that God work through them for my own wholeness and healing.*

For another participant, knowing that another Christian spiritual leader was integrating ministry and doing CAM provided comfort and insight:

*Even though I only met her [Sister Rosalind] once, briefly, that was a comfort to me to know that there was somebody out there who was very much a spiritual leader and doing massage even on [athletes]. [Laugh] I thought that was a little odd ...but still it was a comfort to me to know that there was somebody out there that was putting those [Catholic spirituality and massage] together. Then I would laugh and say, "Oh we talk about the body of Christ; the church is the body of Christ." Do we pay attention to the bodies in the body of Christ?*

Some participants even took their integration into the realm of other spiritual traditions and philosophy, as reflected in these next results.

**Integrating the philosophy of CAM and other spiritual traditions.** Some of the participants even began seeing the universal nature of the philosophy of energy-based forms of CAM practices and its connection to the wisdom in other cultures and traditions, beyond Christianity.

*I guess I started to recognize that cultures all over the world were talking about the same thing, which was energy in all things, life force, chi, prana, drawings to try to explain it that looked the same across cultures.*

*I think the wisdom of the elders through the ages— that long before we had synthetic medicines, chemicals—understood those kinds of things about how energy flowed through us and how to tap into the body's source of energy to heal itself or in the power of our mind to bring healing and wholeness to bring balance to ourselves or tap into the gifts of God's creation that can work in conjunction with our body.*

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Another participant, offered an astute observation of the role that language, or rather the lack of willingness to engage with the language, plays in regards to assumptions about Eastern medicine and spirituality.

*I think that lens can hinder us seeing the values or even the value of a different way of looking at the world. And sometimes that lens is colored by language and the lack of our ability to willingly engage in the dialogue. So if I say something like “God is great” you know, Western Christians some even non-Christians would say “That’s not bad.” I say “Allah Akbar” and people go, “Oh man he’s gonna bomb the place.” And I just said the same words, right? But our lack of willingness to engage in the language brings on a whole host of assumptions and presumptions about somebody else and what they’re about or what they even believe.*

This lack of understanding and lack of willingness to dialogue often leads to fear-based assumptions, which several of the participants spoke to. This is reported next with this sub-theme of fear.

**Fear.** More than half of the participants spoke about fear in regards to having to account for and let go of their own fears and apprehensions about CAM, or in the case of the majority, learning how to manage or respond to the fears other people had for their using CAM. For example, one participant said:

*I would think most of my colleagues would probably not be open to it. They would think that’s weird or that’s not Christian or that’s strange.*

Another participant, who now does yoga and acupuncture, acknowledged her previous reservations about it:

*I thought acupuncture was weird. Yoga was New Age, Eastern was New Age. I didn’t know any Christians who did it. I think I had weird liberal notions about it. Where I came from, it was more conservative. ‘Caring for the earth’ was for tree huggers...which is weird when you think about it—the “conserving”/conservative paradox.*

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Another participant described how the more she used and studied CAM and benefited from it, there was still a residual fear of God and judgment for getting into something that wasn't correct and how she overcame that fear:

*...even though there was fear of my faith and of God going [laugh] 'Are you gonna strike me dead?' ... But as that extremely narrow fear got thrown out, then what is there to fear? God is in everything. And through everything. And there's no place I go that God isn't. So throwing out fear ... The fear of God being that man sitting behind the big desk with the grey beard and bringing down judgement disappeared in an instant [after my vision]. It was just gone. It became a loving presence that's here for me; here for all.*

But a majority of the time, however, the theme of fear emerged as participants described having to deal with the fear and ignorance of other people, mainly other apprehensive Christians or spiritual leaders in their communities, who expressed concern that using CAM was anti-Christian and meant they were dabbling in Eastern religion or even opening a door to Satan.

*I heard a sermon where [the pastor] was talking about New Age and he was talking about herbs. And I thought "Well, God kinda created those in the beginning." So I thought, "You really don't know your stuff." ... That was the pastor, standing up in front of 800 people telling them. I was a little angry. I kinda left actually and went out the door.*

The following quote from a pastor illustrates this fear and how she responded to it in a lighthearted way:

*When we started hosting yoga [at the church] there was one guy who was like "Oh it's not a Christian thing you can't do yoga and be Christian." It's okay, we're not going to lose our faith because we're doing downward dog. [laugh]*

One participant shared that it is precisely because of others' reactions and concerns that she typically doesn't talk about her use of CAM in depth or in detail with others.

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*I got a lot of weird stares or people telling me, “Oh that’s Eastern religion, I don’t know if you should be doing that.” I kind of kept it close and I only told people I really trusted that I was even doing anything CAM related. ... I’m pretty much not wanting to get into debate with that. I can’t stand the look in people’s eyes when they’re like, “What are you getting into?”*

Several participants offered rational reasons for how they understand and make sense of why other people express fear and questioning, as illustrated by this participant’s quote.

*When you deviate from the mainstream you have to be prepared to be questioned. Yes, people question. But the longer I’ve been in that relationship [with someone], they see I didn’t go off the deep end.*

These two participants addressed the roles that ignorance and fear play when other people dismiss CAM practices with certain labels attached to them:

*I think those are terms [New Age., etc.] that are often used to dismiss something that we’re scared of. If something is unfamiliar, scary or seems wacky you can put one of those labels on it and dismiss it right away.*

*I think that’s more in ignorance. I think when we downplay or discount especially the Eastern experience of medicine and the Eastern experience of spirituality. I’m not saying that people are not right or whatever, but I think most things are said in ignorance or out of ignorance rather than out of experience.*

Another aspect that a few participants reported was that one’s place of employment influences the degree to which you use CAM, or at the very least, influences your ability to talk about it without fear of the response of others. In fact, during the recruitment phase of this study, one qualified professional dropped out and declined to participate based on the fact that their Christian workplace would not approve of their particular use of CAM. Thus, fear tied to the workplace was a factor in participants’ ability or willingness to participate in this study. The following quote from one of our



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participants demonstrates this aspect of dealing with the fear or concerns of others at the workplace:

*The position that you work in impacts you too. I don't work in a conservative Christian environment. That in some ways has been liberating for me. There might be more internal struggle if I couldn't talk to people about the things that interest me and the things that I believe in. Not working in a Christian environment right now has been really freeing. I'm not having to bump into some of the...stereotypes and prejudice right now.*

In response to the question if there were any forms of CAM they would not use and if so, why, many of the participants responded similarly saying in effect or verbatim: *I'm sure there are, but none that I can think of at the moment or I haven't discovered any yet.* Most of them attributed their certain apprehension to simply not being drawn to a particular modality personally, such as Ayurveda or Emotional Freedom Technique/Tapping, not because they were fearful or thought those practices were wrong or bad. However, the following two participants acknowledged the role discernment plays with not feeling comfortable spiritually with some practices that didn't resonate with their Christian spirituality:

*Things I don't understand, some of it scares me. I don't doubt that it exists. Some people take it to an extreme. I have a gut-ometer [gestures to gut area]. This rings true to me.*

*I suppose if it didn't make me feel comfortable. I think that's sometimes the discernment or reading about some alternative medicines or approaches to healing. I think being thoughtful and discerning about it. Sometimes I've read some stuff that say the core of this is good, but there's some pretty whacked out stuff that people attach to it. It just rubs my spirituality the wrong way.*

One participant, however, was able to name a few of the CAM modalities, namely Reiki and yoga, and why she would be hesitant to use them, out of concerns that their spiritual roots wouldn't match with her beliefs and comfort level.

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*I think [Reiki] would be one I would be hesitant unless it was explained more to me or something like that. I've just heard some things that I'm not so sure about that one. I've been hesitant about yoga, so I've just never done it. I don't know that there's anything wrong with it, I just really didn't know what box to put it in. ... If I was going to go do...something like that, I think I would just be careful who I went to, just knowing that some would have spiritual stuff that I might not want to be a part of. I'd be totally comfortable going to do that with somebody who either had God as their power source ... versus somebody who saw it as a very spiritual experience and they're doing stuff to you, and to them they're also channeling something spiritually.*

To summarize the results of this study, we offer the words of one participant, who, though responding specifically to the question of what has changed in her spiritual life since doing CAM, shared the following experience that transcended the specific topic of the story. In essence, her experience becomes a representative metaphor for all participants, as a symbol not only for the theme of integration, but also for integrating all of the themes that emerged, condensed in narrative that touches on the essence of each the five themes:

*The other thing on a very practical sense, I have been doing jigsaw puzzles, and I never would have thought that I would have liked that and I got hooked on it from a friend. It is whole brain activity and....OH it's healthy, it's actually healthy YES! It's a really good thing to do.*

*Then I noticed that I was needing it. It was like it ordered my brain, and I am not sure there are times when I am actively thinking about something or listening to music, other times I will put on some hymns and ...I am wondering if it isn't a meditative process in itself because I notice that it is like sometimes after its been some days or there has stuff been going on, I need my puzzle time tonight. This "I have to get in," and so there is something, there is something there, too, for me. It is doing something for me as a person.*

*I work on something, and I would work on another thing and I am feeling like there is some other area, and try to pull things together and finally find its place, you know for this section, but then there is all this, and I got this, and maybe this and maybe that one, and you know it is all over the place and that sense of I just*

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*have to keep working at it. Just calm down, work some more, you are making some progress here, you know.*

*Then that realization of how the pieces were or sections were finally starting to come together, and the delight I saw when, “oh this is where it goes, okay I didn’t see that, but it actually fits over here and not over there.” As you fill in the holes, **and things connect**, I love that when finally this piece, group of pieces that had been sitting there, **and I finally got it connected to the whole**. Then I went oh! [knock sound] this is happening in life... it was a wonderful object lesson. The other [puzzles] are just enjoyment, but that 1500 piece one was a life object lesson.*

### **Discussion**

The purpose of this chapter is to interpret our research findings. In order to do this, we first discuss the themes that emerged in our results. Next we discuss findings that are supported by the literature, followed by a discussion of unexpected findings that surfaced from the data. Finally, we provide several implications this study suggests. These include implications for holistic health, churches and clergy, and implications for further research. We conclude with a summary.

### **Discussion of the Themes**

The themes that emerged from the data are significant in that they resemble some of key stages of *The Hero's Journey*, the narrative, mythic structure identified by Campbell (2008). The three main acts identified in *The Hero's Journey* are Departure, Initiation, and Return. Within these three main acts Campbell outlined 17 stages, including The Call to Adventure, Supernatural Aid, Crossing the Threshold, The Ultimate Boon, The Crossing of the Return Threshold, Master of Two Worlds, and Freedom to Live (Campbell, 2008). The three main acts serve as a big-picture narrative in which our 10 participants experienced their own journeys and transformation. First, there was a clear departure from the ordinary (i.e. conventional medicine, current paradigm), then they crossed the first threshold by choosing a new path to healing and became initiated into the world of CAM, experienced a shift and found healing and new insights, and returned with a more wholly integrated understanding and a feeling of freedom.

Some of the literature helps us better understand the worldview or paradigm the participants departed from and the worldview they later shifted to. Hall (1999) asserts that since most chaplains are steeped in a Western worldview, they subtly subscribe to

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dualism since holism is not incorporated into the education at divinity schools. This serves as a baseline position for where most of our participants started from—brought up with a dualistic Western paradigm of religion/spirituality and medicine. But our results found that participants then shifted to embrace a more holistic paradigm in conjunction with using CAM. Once they crossed the threshold, the participants found the holistic worldview more attractive for personal and theological reasons since it honored the whole person—including integrating the spiritual dimension, and not just the physical aspect (Smith, 2003). Brown’s (2013) research presents a contrasting perspective; noting that novice CAM users may “restrict participation to the physical side of the practice or replace metaphysical with Christian content. Over time, participants experience subtly coercive pressures to internalize a wider swath of meanings, leading to unpremeditated shifts in worldview” (p. 216). While it is true that each of our participants experienced some form of unpremeditated shift in their life worlds, they did not allude to any external pressures or coercion prompting their shifts. But a few participants did speak to replacing metaphysical language with Christian language in order to integrate it for themselves, or to explain it in such a way to make it more palatable for other Christians.

Some of our participants cited the *wisdom of the ages* and acknowledged that the early Christian *mystics got this* when it came to understanding and embodying holistic principles and honoring the interconnectedness of the mind, body, and spirit. Indeed they did, as St. Mechthild of Magdeburg, a 13th century Christian mystic, wrote, “Do not disdain your body. For the Soul is just as safe in its body as in the Kingdom of Heaven” (De Bertodano, 2003, p. 51). Rather than being ‘New Age,’ many of these Eastern and energy-based forms of CAM reflect an ancient, or even timeless wisdom.

### **Findings Supported by the Literature**

The literature supports some of the results of our study. First, we confirm our findings that Christian professionals are using CAM. Next we provide rationales for why CAM has become popular, with explanations as to why whole person medicine has become attractive. Additionally, our findings are consistent with the literature that further examines disillusionment with Western medicine as well as Western religion. Other findings that we had not anticipated, but are confirmed in the literature include a fiduciary referral and overall lack of health amongst clergy. As anticipated, many of our participants were not familiar with the roots of CAM. Next, we discuss the findings that relate to the spiritual roots of CAM, or rather specifically, that no one seemed particularly concerned with how CAM worked. Lastly, we discuss the small yet significant number of our participants who self-identified or professed being influenced by the charismatic or Pentecostal affiliation, which related to having an openness to healing through CAM.

**Christian professionals using CAM.** As documented by Nahin, Strussman and Bloom (2009), we expected that Christian professionals already use CAM. All interviewed participants used several complementary and alternative healing modalities, some of which are based on Eastern religion. As Cheng (2004) noted, “Healing is so essential to human life that [a] successful healing practice is mind-shaping in the sense of changing one’s belief system” (p. 130). As previously noted, since the time of Descartes the Christian church and Western medicine have maintained a separate status in regard to the human body. It would seem to the general public that this is the prevailing thought, yet as noted by Reisser (1997) and Brown (2013), religion/spirituality and many healing modalities commonly known as CAM have coexisted for centuries. Many of our

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participants noted that the *ancient church* or *mystics* or *Native Americans* “got it.” Other research confirms the fact that Christian religious professionals continue to use many forms of CAM for their health care (Jankowski et al., 2010).

**Attraction toward whole person medicine.** Smith (2003) noted one of the reasons that “holistic health has become popular is the idea that there is a greater awareness of the supernatural and spiritual, making the concept of the ‘whole person’ medicine attractive” (p. 5). As we conducted interviews with these 10 Christian professionals, it quickly became apparent that all of them shared an affinity for CAM as it acknowledged or honored the spiritual dimension. As their experiences with CAM grew, participants also embraced a more holistic, more open view of spirituality. Even though several of the participants have switched churches and/or denominations and some may not be certain of which church community to which they fit with now, they did not leave their faith, but actually embraced a broader view of God and of Christian spirituality. Many even cited global views on spirituality and saw merit and value in faith traditions other than their own. For instance some participants revered Native American spirituality and culture for its respect for creation and knowledge of the natural world, using plants and other living growing materials as a basis for healing. As evidenced by the theme of shift, participants shifted to become more open in several aspects of their spiritual life, opening space for embracing spiritual/religious pluralism, as well as medical/therapeutic pluralism (Brown, 2013; Pew Research Center, 2009). This eclecticism is shown in the plethora of CAM modalities participants reported to using, often valuing them for their ability to effectively address their whole person, not just symptoms. Also, once participants embraced the concept of whole person for themselves they sought out

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practitioners who shared their views. Our participants acknowledged experiencing how interconnected their mind, body, and spirit are, as evidenced by the theme of interconnectedness that emerged.

**Disillusionment with Western medicine and traditional religion.** As previously discovered by Brown (2013), our participants shared their own feelings of disillusionment with Western medicine, citing *tried everything* and *nothing worked* or even *made it worse*. Our findings were consistent with this literature in that frustration and disillusionment of the status quo or standard practice of medicine of their day was inadequate to address the healing of participants. Also noted by Brown (2013), frustration with biomedical sciences provided space for holistic medicine to grow. This same frustration was sensed by our participants as they painstakingly described stories that began with a persistent health issue or crisis. After several unsuccessful attempts to heal, they *started looking for other options*, which eventually resulted in finding and using CAM, after which and/or through which, healing occurred. In both cases, feelings of frustration allowed space for participants to seek additional answers.

Also found by Brown (2013), the increased lack of faith in conventional Christian religion contributed to the rise of CAM use. Holistic forms of healing naturally appealed to disillusioned Christians who were frustrated with their dominant religious institutions. Similarly, our participants found themselves examining their spiritual communities as some pastors or other professionals *called it [CAM] “New Age” [and] put down all of it across the board*. We observed that as some of these same participants reported experiencing significant health in their physical and mental health from CAM, it contradicted from what they had heard preached from some Christian church leaders.



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And thus what they experienced in their own bodies health-wise was incongruent with the beliefs of the religious community to which they currently belonged. As a result of this disconnect, feelings of restlessness, misunderstanding, discontent, and frustration surfaced. Others shared frustration of a different kind as they described Western medicine's tendency to *separate the whole person, or dismiss things that can't be measured and quantified in a certain way*. Fueled by disillusionment participants changed their personal health care system and their church home. For these Christian religious professionals, congruency became more important than carrying on childhood tradition. Our participants were looking for places in which they could be fully appreciated and invested wholeheartedly, where the whole of them is loved and cared for mind, body, and soul.

**Fiduciary.** All participants noted that a trusted friend or family member's recommendation or referral led them to seek further help through complementary and alternative methods of healing. After reporting frustration with western medicine and the lack of results, each participant was guided to try one form of energy healing or another. Our findings are consistent with Honda and Jacobson (2004) who also found that "positive referrals and friend support were associated with a significantly increased likelihood of using mind-body modalities" (p. 49). Rossi et al., (2008) found that the most common referral for CAM came from a friend or relative. Frequently testimonials and anecdotal evidence shared by trusted friends and family members are proof enough for a person to try an alternative form of healing.

**Health of clergy.** One participant mentioned that pastors were the most expensive to insure and further labeled them as an unhealthy group of people. Although previously

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unexplored by us, the literature confirms this information to be true. Stress is most commonly cited as a cause for poor health amongst clergy. Multiple studies (Bedell & Kaszkin-Brettag, 2010; Proeschold-Bell et al., 2011) explore the details of how stress and job expectations contribute to a lowered sense of wellness. Other researchers (Weems & Arnold, 2009) contend that clergy health concerns are similar to those of the general population citing current societal issues with blood sugar, blood pressure, and cholesterol, even though these health problems are more significant amongst clergy (Proeschold-Bell & McDevitt, 2012).

Most participants acknowledged that since they began using CAM, they are more attentive to their whole self, occasionally citing Scripture as rationale for taking care of oneself. This intentional self-care led them to be able to better care for their church and its members. Concerning factors found in the research that lead to decreased health and less willingness to access self-care center around expectations of congregation members, issues of time and boundaries and congregational conflict. Additionally, pastors cited additional criticism if they carved out personal time to take care of themselves, as if they're being selfish (Proeschold-Bell et al., 2011). As with all people in a vocation where the care of people is involved, self-care is essential to one's ability to continue helping others. In a business that is frequently described as "shepherding the flock," it would seem that more time and money should be focused on the care of the shepherd. In addition, it might be noted that each shepherd may have individual needs that deserve attention in order to enjoy full health.

**Spiritual roots of CAM.** Our results are consistent with the pioneering research by Brown (2013) who found that Christians who use CAM often focus on the physical

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aspect first, not the spiritual or metaphysical aspects. “A recurring pattern...is that people, including theologically conservative Christians, seeking physical health benefits and failing to find help from medical doctors or churches experiment with CAM” (p. 216). Brown also found that most Christians have little to no knowledge of the Eastern and metaphysical influences of the forms of CAM that they use or practice. This is likely because of the fact that most users of CAM focus on the efficacy side of CAM, wherein they ask ‘Does CAM work?’ rather than ‘Why does CAM work?’ (Brown, 2013). Also, most of our interview participants had only a generalized knowledge that CAM wasn’t Western and that acupuncture was Eastern, for example. This is likely due the fact that most conversations about CAM focus primarily on efficacy and once a person experiences positive results with CAM, it removes or assuages the fear that it might be spiritually dangerous or questionable. Also, consistent with Hall (1999) and Brown (2013), we found that some participants expressed how Eastern spirituality and cultures embraced holism and the interconnections, because it is based on an entirely different paradigm and hermeneutic. Only one of the participants had delved deeper into the religious underpinnings of yoga and didn’t feel comfortable with incorporating it into their wellness care. This is consistent with Brown (2013), who found that some Christians who use CAM are uncomfortable with the “bad roots” of certain modalities or therapies that relate to Hindu pantheistic practices (p. 70).

**Use of CAM by Pentecostals/charismatics.** The basis for Brown’s (2013) seminal research on Christians and CAM, which influenced our study, began while she researched and interviewed Pentecostals about their divine healing practices. Since Brown found that Pentecostals began sharing about their love for and use of CAM, it is

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worthy of mention that our findings, while limited in sample size, support this. While only one participant who was a frequent, enthusiastic user of CAM identified as affiliated with a charismatic Christian denomination, another participant shared that while today they more closely affiliated as Wesleyan, their Pentecostal upbringing still had a large influence on their current faith. As one participant shared in their interview, this is likely because many Pentecostals and charismatics emphasize the active role of the Holy Spirit in a believer's life and by nature of their faith, they are more open to unseen dimensions and less reductionist. However, as Brown (2013) found that "Some Pentecostals prefer CAM's spiritual premises to biomedical materialism" while others "worry that wielding spiritual energy is unbiblical" (p. 70). This also serves to explain this same participant's hesitancy with doing Reiki, Healing Touch, or any form of energy healing that wielded or tapped into a spiritual source that wasn't the Holy Spirit.

### **Unexpected Findings**

Contrasted with findings previously found in the literature, this study also identifies a few of unexpected findings that we did not find in the literature. In this section, we discuss several unanticipated findings from our study. First we cover the emergence of the holistic mind-body-spirit worldview that participants professed. Next, we discuss the prevalence of fear that played a part in participants' experience. Then we present the occurrence of several participants who pursued a bivocational path with CAM. Finally, we include our observations of how the interview questions facilitated a process for mindful reflection.

**Holistic mind-body-spirit worldview.** For the purposes of this study and to limit its scope of exploration, we intentionally framed our research question by somewhat

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committing a holistic health sin: that of reducing the questions to explore their spiritual lives. We did not expect to find that the majority of our participants professed a fairly holistic, integrative worldview, and thus could no longer abide by reductionism. Whether this holistic view of the world was innate by nature of their temperaments and/or religious profession or whether it was adopted as the result of experiencing CAM is unable to be measured. But they nevertheless embodied this mind-body-spirit connection as they shared their experiences with CAM and conveyed their thoughts and beliefs with language that spoke to the interconnectedness and wholeness—even to the degree of eschewing or rejecting anything of the opposite. Some clearly articulated how their spirit has become more integrated with the physical self. Most shared how they no longer could see their mind, body, and spirit as separate entities, but rather connected as a whole. So although our questions heavily favored them to speak to their spiritual lives by separating out their spiritual dimension of self, they in response, spoke to the wholeness. It was clear that prior to their use of CAM, most of them would not have been quite as conscious of the interconnectedness. But as they continue to use CAM, their experiences with acupuncture, homeopathy, or energy healing, for example, are no longer relegated simply to improving a physical condition, but rather contribute to healing or benefiting their whole person—physically, emotionally, mentally, spiritually. Several spoke to how eating healthy and caring for the environment affects their emotions and spirit or how attending a church service or liturgy impacts one's wellbeing and vice versa. It was evident to us that indeed their use of CAM provided each individual with a more sophisticated understanding and appreciation how interconnected he or she is as a whole person, but also how connected he or she is to nature, to creation, to each other, and to

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God. And since most of the participants were raised in a predominantly Western world, their experiences with CAM provided them with a more sophisticated language and a more robust framework from which to speak about concepts typically attributed to an Eastern worldview: the spiritual, emotional, and physical realities of wholeness. As evidenced by the results, their language is now one of interconnection born not merely from intellectual study, but from deep experience and personal encounter.

**Prevalence and influence of fear.** We did anticipate that there could be some apprehension by religious professionals who work in a more conservative Christian environment or that a few may not feel comfortable talking about their CAM experiences with us, even with the terms of confidentiality. However, we did not expect that fear would be a deterrent to participating, as it did for at least one person who dropped out, due to the perceived fear for perhaps putting one's job in jeopardy. In regards to the fears that some participants expressed—fear of God, fear from others' reactions to their using CAM—each of the participants had to grapple with and account for this fear, whether internal conflict or external concerns. Each participant dealt with this differently. A fear of going against God or one's faith by using CAM was resolved as a participant's view of God changed to one of nearness, love, and acceptance vs. distance and judgment. In responding to the fears and concerns of loved ones, some took their CAM use underground so to speak, and only disclosed it to close friends/family who they could trust or who also used CAM. Others never did disclose it out of concerns for health privacy or the thought that if they did, they would think that's *weird* or *strange*. Some were open in their frustrations with others' fear and found themselves searching to educate themselves more so they could talk to other Christians on CAM and the Bible.

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**Biovocational path.** Since there is no literature that describes this bivocational Christian career/ministry path, our first unexpected finding was that three Christian religious professionals who participated in this study were also certified practitioners of at least one or more forms of CAM, including homeopathy, massage, and energy healing. Our criteria for participation did not specify or limit a Christian professional who also is practitioner of CAM, and thus three bivocational professionals were included. This is a significant finding since it shows the merging and integration of two fields often at odds with one another in recent decades. It reflects the experience of both medical and religious pluralism, in that these individuals are able to connect the two fields as being aspects of one ministry in their minds. Each of these three participants serves as a representation of the path to a bivocational ministry career that incorporated CAM and ministry.

**Interview questions as process for mindful reflection.** Some of our participants shared with us that our questions got them thinking and that they enjoyed the time to reflect and share. The real-time, interactive experience of participating in an interview caused many of the participants to articulate their experiences and stories in a way they had not previously reflected upon. Truly, the knowledge produced during the research interviews was indeed being constructed in the present moment, as participants took time to think, to ponder, and to share. A participant could be mid-sentence and then decide to pause and regroup, literally collecting their thoughts, or how to express them. It is our belief that the interview questions, and the follow up prompts that they generated, invited participants to go within and translate their experiences into language, inviting further

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reflection. This process served to benefit the participants in addition to us as researchers, to spark our own reflection.

### **Implications**

We have identified numerous implications from the results of our study. First we discuss the implications for holistic health—both for practitioners and holistic health education. Next, we discuss implications for religious and theological education, followed by implications for churches, clergy, and other Christian professionals. Finally, we provide recommendations for future research and clergy health.

**Implications for holistic health practitioners and education.** The findings from our research demonstrate that some Christian religious professionals do indeed use a variety of Eastern and energy-based CAM modalities for their health and wellness. Some of them have additionally studied to become certified practitioners of CAM. We found that most participants, including those who were practitioners, knew little about the spiritual and religious roots of the modalities they used or why they work. Instead, participants spoke enthusiastically to how it worked, focusing on the efficacy of CAM. Yet since the focus of much CAM debate and study centers purely around efficacy, this is what continues to frame the context, the conversation, and the curriculum of most CAM education and literature, both academic and popular. Thus, it follows that the conversations among practitioners and their clients about CAM often stay centered on efficacy: *what* works, *that* it works, or maybe even *how* it works, from a biomedical standpoint, but they don't touch on *why* it works, from a spiritual standpoint or a holistic—mind, body, spirit—approach. This lack of awareness, knowledge, and dialogue about the religious influences and spiritual roots of CAM is simply a byproduct that these



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philosophical foundations are not a part of the education and certification of practitioners. As a result, it creates a vacuum in which CAM practitioners and their clients/patients must draw their own assumptions from their own understanding, experiences, and existing theological frameworks. Collected into this vacuum is a mix of truths and half-truths, assumptions and anecdotes, misnomers and misunderstandings, fears and failures. And thus ongoing conversations and controversies about CAM often get stuck in limbo land debates over efficacy and results, where one person's testimonial of how acupuncture worked miracles for knee pain faces off with another person's research study saying it doesn't.

Instead, as CAM appears to continue on a path of popularity, the conversations need to elevate beyond efficacy only and also integrate explorations of the source, intention, spirituality, philosophy, and religious roots of CAM practices. (Western medicine, which arose from reductionism, rather than holism, could be served by these same explorations, too, if it is to participate effectively and equitably in conversations surrounding integrative health and medicine.) Otherwise, CAM and holistic health risk falling prey to the very spirit of reductionism it set out to extinguish. Without including philosophical/foundational dialogue about *why* CAM works, the field of holistic health fails to distinguish many CAM modalities and their practitioners from truly embodying the holistic principles they espouse. When CAM is reduced to conversations of efficacy only, it runs the risk of falling into the rut of reductionism, which marks both the praises and pitfalls of Western biomedicine, and it gains credible attention only when it is reduced to its superior outcomes.

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Another implication relates specifically to holistic health/CAM practitioners. Our research suggests that some Christian religious professionals who experience CAM will wrestle with, shift, and/or integrate their beliefs as they open up to expand the capacity of their spiritual frameworks. Thus, as suggested by one participant, it may be important to work with a practitioner who shares their faith or has a similar religious/spiritual lens and draws energy and strength from the same Source, or at the very least a practitioner who respects and understands their faith. Rather than dismissing any concerns with redirected conversations about scientific efficacy, practitioners would do well to validate and engage in dialogue around the topic, or, if a patient requests, to be referred to a practitioner who may be more spiritually compatible.

Another specific implication for holistic health education pertains to the education and curriculum at St. Catherine University. Currently, the M.A. in Holistic Health Studies program offers one course on spiritual wellness, but there is not much study around this topic of the spiritual/religious roots of CAM modalities and their influence on the spiritual lives of practitioners and patients. It is our recommendation that given that St. Catherine University already offers a Master of Arts in Holistic Health Studies and a Master of Arts in Theology degree and a certificate program in spiritual direction, that consideration be given to promoting more cross-disciplinary study to allow holistic health students to better understand theology and spirituality and for theology and spiritual direction students to better understand holistic health. This interdisciplinary study would allow for this further study, exploration, and reflection.

**Implications for religious and theological education.** Likewise, religious and theological education would benefit from educating clergy about holism and holistic

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health and CAM modalities, not only as an option for their own health, wellness, and self-care, but also so they can become more informed spiritual leaders working with congregations and parishioners, many of whom also use CAM. If seminaries and divinity schools incorporated more opportunities for their students to experience, they would begin to build a personal and theological framework for how CAM, health, and religion/spirituality intersect. Since many chaplains work in healthcare settings, many of which are starting to incorporate integrative medicine, it would behoove them to understand more about CAM from a healthcare and spirituality standpoint. Seminaries and divinity schools could also incorporate holistic principles into the curriculum opportunities for students (Hall, 1999). This would allow future clergy members to study healing methods practiced by the early church, ancient mystics, and early faith and wisdom traditions and how they relate to today's 'New Age' medicine and spirituality. By studying it and having exposure to it, clergy may have less tendency for preaching fear or misinformation from the pulpit.

Christian clergy and religious professionals who study CAM and the historical, cultural, and religious/spiritual roots of CAM would do so for their own benefit both personally and professionally. As they become more informed, their influence increases. But when clergy are misinformed or ignorant, it has wide-reaching consequences. As one participant of our study, who is also a clergy member, said:

*I think spirituality has a voice that needs to be heard in that discussion. But you have to know enough about the discussion in order to have a voice that can be heard. Otherwise you're speaking out of ignorance like that [Catholic Bishops] Reiki statement, I think. If you don't have an idea of what it is, it's better to keep your mouth shut and say "that's interesting."*

Since seminaries and divinity schools offer theological and religious education for church leaders, clergy and other Christian professionals, there are naturally also

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implications for church leaders and the religious professionals who work in church ministry.

**Implications for churches, clergy, and other Christian professionals.** As church attendance continues a path of steady decline and the non-affiliated, or “nones”, and “dones” are on the rise (Pew Research Center, 2012), this study has significant implications for churches, clergy, and other Christian professionals. Our study provides significant implications for church leaders/pastors/ministers who are wondering why people are leaving the church. Some participants shared that they left their particular church after the pastor spoke out of ignorance about CAM practices from the pulpit. Many of our participants also spoke to the lack of understanding and support they received from their churches and pastors for using CAM, which turned some of them away from church or led some of them to find a new church that was more open-minded and aligned more closely with their shift in beliefs. As was present in the stories from several of our participants, when their clergy or church leaders are uninformed or misinformed about CAM, they tend to fear it or even preach that fear from the pulpit to encourage members to abstain from and fear it as well. This creates a wall between the church and members/congregants/parishioners who do use CAM to feel a sense of marginalization, confusion, or judgment. Our study suggests that clergy and church leaders who are more understanding and accepting of CAM and understanding the benefits of it are known as welcoming, open communities, rather than communities known for turning people off or turning people away.

Several of our participants also spoke to observing a disconnection among many Christians for not understanding how to take care of their physical and emotional health.

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They expressed that not only are these Christians not living integrated or even emotionally healthy lives, but as one participant described from her experience that the Church wasn't a very whole, integrated place. Thus, since Christian churches are largely made up of Christian members, it could be suggested as well that might be contributing to the declining health of churches, too, as evidenced by the declining numbers reported by existing research (Pew Research, 2009; Pew Research 2012). The more churches become aware of the implications of honoring and healing the whole person and the more aware they are of holistic healing practices, the less likely people are to turn away out of fear of judgment. Church denominations could help their pastors and church leaders who are fearful or skeptical of CAM find opportunities to acknowledge their own reservations or biases about CAM. Church denominations could also help support their clergy who do use CAM to be able to feel less isolated and more open about sharing their experiences, and thus creating a healthy, open culture of dialogue and reflective learning.

Other implications for clergy and churches relates to the potential role CAM has on the health of clergy, not only for their physical health, but mental and emotional health as well. As noted earlier, the health of clergy has been the topic of much research, yet CAM has not been studied for its impact on the self-care practices and health and wellbeing of clergy. Since clergy are less likely to seek out self-care, perhaps clergy who are open to CAM could be encouraged to incorporate it into their health and wellness care.

**Implications for future research.** Future research studies of CAM use by Christian religious professionals could be expanded to include geographic regions outside of Minnesota. Additionally, the sample size of participants could be expanded in order to

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broaden the base of participants. Additionally, recruitment of a more diverse population in terms of ethnicity, race and economic status, may generate additional and diverse findings not explored by us, as researchers. Another possibility for future research would be to either include or focus on religious professionals who are not affiliated with Christianity. For the purpose of this study, we limited participation to Christian religious professionals, but future researchers could explore either the use of CAM by all religious professionals or by another specific religious group (e.g. Muslim, Jewish, Hindu, Native American, or Buddhist spiritual leaders). It would be interesting to discover how the dynamics of various religions interact with Eastern traditions and beliefs. Additionally, a comparison study whereby researchers examine and explore what, if any, changes occur in the spiritual lives of individuals who practice more earth-based, non-liturgical, or even non-Western spirituality where the dualism isn't present or less incorporated, such as with Native American and indigenous spirituality.

In the last decade, there have been extensive efforts to remedy the dismal health reports of clergy (Bucholtz, 2006; ELCA, 2008; Zylstra, 2009). As we reviewed these studies, no evidence was found that would indicate that CAM is being used or studied as one of many *tools in the toolbox* to improve wellness. Future research studies may include the introduction of CAM and follow with measurement or anecdotal records to examine the effects on the health of clergy. Additionally, a comparison study between various Christian professional occupations could be explored. We wondered if all Christian religious professionals report high levels of stress and the health repercussions. Recent research (ELCA, 2008; Proeschold-Bell et al., 2011) conducted by Mayo Clinic in conjunction with the ELCA (Evangelical Lutheran Church of America) and Duke

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University, respectively, focuses solely on the health of clergy. As described, some of the issues around time would be lessened because chaplains may have working hours that more closely resemble 9 to 5 with another person working the next shift. On the other hand, stress issues may be different, spiritual directors frequently struggle to make ends meet and may not have health insurance coverage which leads to other health complications. The studies (Bedell & Kaszkin-Brettag, 2010; Proeschold-Bell et al., 2011) we've explored examine Western medicine alone with little or no reference to holistic or Eastern medicine noted on the surface. As noted by the participants we interviewed, it would seem to take on a truly more holistic view of health to include CAM.

### **Conclusion**

As documented by previous researchers, some Christian religious professionals who experience a chronic health challenge not resolved by conventional medicine do seek complementary and alternative medicine (CAM) (Brown, 2013; Jankowski et al., 2010). This phenomenological interview study, however, is the first of which we are aware to explore how the use of Eastern and energy-based forms of CAM influence the spiritual lives of Christian religious professionals. Our findings suggest that the physical experience of healing served as a catalyst to a journey of mind-body-spirit transformation. The results of this study found that using CAM may contribute to significant, unpremeditated shifts in Christian religious professionals' paradigms, worldviews, and overall life worlds. In the process of transformation, participants expanded their intellectual, theological knowledge to integrate a more open, experiential spirituality and body-centered sense of knowing. Findings also indicate that as Christian

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professionals become more consciously in tune with the interconnectedness of their own mind-body-spirit, it prompts a greater pursuit of self-care for wellness and holistic equanimity.



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## Appendix A

### Recruitment Emails

**Email scenario 1:** *Responding to emails we receive from a referral. They initiate, neither of us know each other.*

Hello \_\_\_\_ Thank you for contacting us about our research studying complementary and alternative medicine. Jenny Collins (Cynthia Sampers) and I are graduate students in the Master of Arts in Holistic Health Studies program and would like the opportunity to speak with you further. We hope to be able to talk with Religious Professionals who regularly use complementary and alternative medicine.

Please let me know when would be a good time for me to call this week and talk with you for a few minutes about your professional role and your CAM experience to see if you'd be a good match for our research. I can answer any questions or share more details when we talk.

**Email scenario 2** - *to colleagues, friends, acquaintances, etc.*

Hello \_\_\_\_, (acquaintances, etc.)

As you know I'm working on my master's in holistic health studies at St. Kate's. It has come time for me to do my research. I need to identify people like you: a Christian religious professional who also uses complementary and alternative medicine.

I know you are/were a chaplain/spiritual director/director of religious education/etc. I'm also aware that you have used Traditional Chinese Medicine/ energy based healing/ etc. Would you have time for a five minute conversation about your experience? At that point, you can decide if you'd like to participate in an interview for my research project and share more about these experiences.

If you know of others like yourself, I could send you a flyer to share with him/her. My contact information is provided and he/she can contact me if interested.



**Appendix B**

**Interview Schedule**

1. Demographics: Confirm name, age, educational background, professional background, and religious/denominational affiliation.
2. Tell us about your experience with complementary and alternative medicine up to this point. What factors led you to use [those CAM modalities]?
3. What did you think about complementary and alternative medicine, Eastern medicine prior to using it? After your experience with [those modalities], what, if anything, has changed in your life, health, lifestyle?
4. Has using [that CAM modality/modalities] shifted or transformed or expanded your thinking or views about religion/spirituality in any way? If so, how? If not, why?
5. Has your spiritual life changed since using CAM? How is your spiritual life, spiritual practices/spiritual disciplines, your experience of spirituality, different from before you started using [CAM]?
6. Are there any forms of CAM that you would *not* use? If so, what and why?
7. Some people have regarded some forms of CAM as “New Age” or “Eastern medicine” or even superstition. What are your thoughts on this? How aware are you of the roots of [those CAM modalities]? Have you ever been concerned about using forms of medicine that some believe to be rooted in Eastern or “non-Christian” cultures or philosophies?
8. Is there anything else you’d like to share on this subject? Anything we’ve neglected to ask? A story or experience you’d like to share?

**Appendix C**

**Confidentiality Form**

The Exploratory Research Study of the Use of Complementary and Alternative Medicine  
by Christian Religious Professionals

Jennifer L. Collins & Cynthia J. Sampers, Graduate Student Researchers

St. Catherine University, St. Paul, MN

**CONSULTANT NON-DISCLOSURE AGREEMENT**

THIS AGREEMENT is made the \_\_\_ day of \_\_\_ Year \_\_\_ BETWEEN:

(1) Jennifer Collins & Cynthia Sampers of St. Catherine University (the Client ); and

(2) \_\_\_\_\_ of \_\_\_\_\_ (the 'Consultant').

NOW IT IS HEREBY AGREED as follow:

That to induce the Client to retain the Consultant as an outside consultant and to furnish the Consultant with certain information that is proprietary and confidential, the Consultant hereby warrants, represents, covenants, and agrees as follows:

1. Engagement. The Consultant, in the course of engagement by the Client, may or will have access to or learn certain information belonging to the Client that is proprietary and confidential (Confidential Information).

2. Definition of Confidential Information. Confidential Information as used throughout this agreement means any secret or proprietary information relating directly to the Client's business and that of the Client's affiliated companies and subsidiaries, including, but not limited to, products, customer lists, pricing policies, employment records and policies, operational methods, marketing plans and strategies, product development techniques or plans, business acquisition plans, new personnel acquisition plans, methods of manufacture, technical processes, designs and design projects, inventions and research programs, trade 'know-how,' trade secrets, specific software, algorithms, computer processing systems, object and source codes, user manuals, systems documentation, and other business affairs of the Client and its affiliated companies and subsidiaries.

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3. Non-disclosure. The Consultant agrees to keep strictly confidential all Confidential Information and will not, without the Client’s express written authorization, signed by one of the Client’s authorized officers, use, sell, market, or disclose any Confidential Information to any third person, firm, corporation, or association for any purpose. The Consultant further agrees not to make any copies of the Confidential Information except upon the Client’s written authorization, signed by one of the Client’s authorized officers, and will not remove any copy or sample of Confidential Information from the premises of the Client without such authorization.

4. Return of Material. Upon receipt of a written request from the Client, the Consultant will return to the Client all copies or samples of Confidential Information that, at the time of the receipt of the notice, are in the Consultant’s possession.

5. Obligations Continue Past Term. The obligations imposed on the Consultant shall continue with respect to each unit of the Confidential Information following the termination of the business relationship between the Consultant and the Client, and such obligations shall not terminate until such unit shall cease to be secret and confidential and shall be in the public domain, unless such event shall have occurred as a result of wrongful conduct by the Consultant or the Consultant’s agents, servants, officers, or employees or a breach of the covenants set forth in the agreement.

6. Equitable Relief. The Consultant acknowledges and agrees that a breach of the provisions of Paragraph 3 or 4 of this Agreement would cause the Client to suffer irreparable damage that could not be adequately remedied by an action at law. Accordingly, the Consultant agrees that the Client shall have the right to seek specific performance of the provisions of Paragraph 3 to enjoin a breach or attempted breach of the provision thereof, such right being in addition to all the other rights and remedies that are available to the Client at law, in equity, or otherwise.

7. Invalidity. If any provision of this agreement or its application is held to be invalid, illegal, or unenforceable in any respect, the validity, legality, or enforceability of any of the other provisions and applications therein shall not in any way be affected or impaired.

IN WITNESS OF WHICH the parties have signed this agreement the day and year first above written

\_\_\_\_\_ Signed by or on behalf of  
the Client

\_\_\_\_\_ in the presence of (witness)

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Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Occupation \_\_\_\_\_

\_\_\_\_\_ Signed by or on behalf of the  
Consultant

\_\_\_\_\_ in the presence of (witness)

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Occupation \_\_\_\_\_