A GENTLE UNFOLDING:
THE LIVED EXPERIENCES OF WOMEN HEALERS
IN SOUTH-CENTRAL INDIANA

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This research examines the lived experiences of nine women healers in South-central Indiana. As a phenomenological case study, the goal is to discern the essence of participants’ experiences becoming healers. The study examines interview data using an inductive approach to answer the following research question: what is the essence of these specific participants’ experiences becoming healers? The study explores the following sub-questions; 1.) What can be understood about becoming a healer, in a general sense, by interpreting these specific women’s experiences and life stories from a phenomenological perspective? 2.) How do participants make meaning of their lived experiences, their chosen path, and their identities as healers? In answering these questions, this study employs feminist, critical, and social theory frameworks.

Nine women consented to participate in open-ended, semi-structured interviews and discuss their life histories, current paths as healers, and worldviews. One participant-observation and one observation were conducted to immerse the researcher into the lifeworld of healing. Results are organized into four thematic areas that shed light on the nature of participants’ experiences of the phenomenon.

The major themes represent aspects of a cyclical, ongoing process or journey towards becoming and being a healer. These themes are; 1.) “Awakening,” or the importance of inner transformation to facilitating healing work, 2.) “Open-mindedness,” or the importance of developing a critical awareness of the self and society at large to the process of becoming a healer, 3.) “Grounding,” or the importance of building connections to sustained empowerment as a healer and as a woman in order to reach a state of “Groundedness”, and 4.) “Integrity” and
maintaining an ethic of care, or the importance of living by a certain set of ethics to ensure individual empowerment, a positive conceptual relation to clients and the wider world, and maintained efficacy. These themes inform conclusions about the essence of the phenomenon, Empowerment.

Detailed analyses of themes and the essence are provided, and implications for further research are considered. Connections are made to human development, adult identity transformation, and women’s journeys of empowerment. The study concludes with the researcher’s reflections.
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CHAPTER I: INTRODUCTION

Purpose of the Study

The purpose of this study is to articulate, from a phenomenological perspective, the essence of participants’ experiences of becoming a healer as Anglo-American women in the context of South-central Indiana. By illuminating the significant thematic elements of participants’ processes of becoming, the study will demonstrate the overall essence of their experience with the phenomenon in question. All of the participants are energy healing practitioners, and though they all employ additional modalities in their individual healing practices, participants do not practice faith-based healing, such as Christian laying-on-of-hands, or practice an Abrahamic or other monotheistic faith. As a phenomenological case study, the main research question explored is: what is the essence of these specific participants’ experiences of becoming a healer?

In seeking to answer this question, the study interprets participants’ individual life stories, paths, and journeys toward becoming a healer into thematic elements, which in turn illuminate the essence of the lived experience of becoming a healer, for these participants. Additionally, the study explores the following sub-questions; 1.) What can be understood about becoming a healer, in a general sense, by interpreting these specific women’s experiences and life stories from a phenomenological perspective? 2.) How do participants make meaning of their lived experiences, their chosen path, and their identities as healers? Indirectly, the study also explores the rise in popularity of alternative healing among Anglo-Americans, among Anglo-American women, and issues of cultural appropriation in the US.
Significance of the Study

Due to their significance to communities and cultures around the globe, healers, shamans, witches, and health/wellness practitioners have been widely researched, especially within the fields of medical anthropology, folklore, and cultural anthropology (Achterberg, 1990; Chilson & Knecht, 2003; Huber & Sandstrom, 2001; Keeney & Mekel, 2004; Struthers, 2003, 2000; Turner, 2006). However, there is little research on these types of healing arts practitioners within Anglo-European and Anglo-American contexts, especially from a contemporary perspective rather than, for example, a historical-folkloristic perspective, such as research into folk remedies and folk healing.

Research is lacking on processes of contemporary Anglo-Americans becoming healers, an interesting anthropological phenomenon in its own right; the popularity of alternative health approaches is on the rise, and as this demand rises, so will the demand for specialists who can provide these services, such as alternative healers and complementary medicine practitioners (Eisenberg, Davis, Ettner, Appel, Wilkey, Van Rompay, & Kessler, 1997; Nahin, Barnes, Stussman, & Bloom, 2009; Whorton, 2002; Zhang, 2004). From an anthropological perspective, this group warrants consideration, especially considering that as interest in alternative healing rises, the number of individuals emerging as or becoming self-identifying healers will rise. Regardless of remuneration and economic considerations, the demand (or need) among those seeking healing will contribute to a rise in those providing services sought; exploring how people come to the path of facilitating or performing healing can shed light not only on what societal forces may be prompting a surge in the need for healing, but also what processes and experiences lead someone to the path of healing and why.
Existing research related to Anglo-American modern alternative healers often restricts itself to case studies about Therapeutic Touch nurse practitioners or takes the form of polemics against the New Age movement and its adherents (Basil, 1988; Donaldson, 1999; Mentgen, 1989; Umbreit, 1997; Washington, 1996). This study hopes to fill a gap in the literature on healers, which should strive to be inclusive of diverse experiences and (sub)cultures. Furthermore, while maintaining a critical eye to the problematic or ethically contentious elements of the phenomenon under investigation, this study hopes to provide a nuanced analysis of the meaning-making and “lifeworlds” of participants, often unconsidered due to the appeal of critical skepticism to New Age-related phenomena (van Manen, 1990, p. 96).

As an articulation of a process of becoming, this study fills a gap on the journey of healers within a specific socio-cultural demographic and cultural context where alternative, traditional, or non-medical healing is a relatively rare occurrence compared to the inherited Western medical tradition of nurses, doctors, and surgeons. Exploring how these women came to be on their current path can uncover the lived realities and developmental processes of non-normative ways of being and knowing, and articulating the essence of these can suggest the nature of living this type of path or journey, as an experience of the world. In terms of healing, this suggests the importance of giving attention to non-normative approaches to health and wellness, which can manifest as less invasive and less expensive treatments; exploring the ways that those who facilitate this type of healing can also uncover some of the subtleties of experiencing or seeking out this type of healing.

The specific experiences of modern Anglo-American women healers are underrepresented in existing literature on healers, even though, as this study will show, researching this demographic can illuminate much about modern US society and culture(s).
What this study seeks to contribute to the existing knowledge base on women healers (and healers in general) is a nuanced, feminist perspective of an often overlooked demographic in an often overlooked context (Gabin, 2000; Pelicci, 2008). These experiences should be given consideration not only for their value as lived experiences of US women, but also for the way they illustrate the complexities of becoming and being a woman healer, illuminate societal/cultural obstructions that often face women who choose an alternative path than what mainstream/dominant society may socialize them toward, and fulfill the foundational goal of qualitative research to give voice to populations whose stories often go untold.

The underlying assumptions in phenomenology are that human experiences make sense to those who live them and can be expressed, consciously (Dukes, 1984, as cited in Creswell, 2013). This study seeks to give space for participants to express what they know best, namely their own experiences becoming a healer. From the stories of these particular women, who have indeed succeeded in becoming healers, we as researchers of human experience can gain insight into the lived realities that structure and affect decisions, color understandings of the world, and create harmony and discord in individual lives. Interpreting these healers’ conscious expression of their experiences can facilitate a deeper understanding of their processes of becoming, which, although not generalizable, can shed light on women’s experiences, the journey of the healer, and the complexity of alternative healing and lifestyles in modern America. As a “practical reflection on the concreteness and fullness of lived live,” this study is significant in its attention to individual human life (van Manen, 1990, p. 5).

The context, the towns of Bloomington and Nashville in South-central Indiana, is also of significance and interest to this study. Both places are unique in different ways; the former is a liberal, transient, university town, and the latter is an artsy tourist town. Both are surrounded by
state park areas and scenic natural environments. Also surrounding these two larger towns are farmsteads, fields and crops, and farming-focused rural communities. Bloomington and Nashville are geographically situated between the Ozarks to the west and the Appalachian region to the East, and the strong folk traditions of these regions have influenced the cultures in South-central Indiana. Today, the towns feature thriving sub-cultures: artists and musicians, academics and intellectuals (including a strong international presence), back-to-the-land farming start-ups and cooperative communities, counter-culture radicals and punks, transient university students, local/slow food and do-it-yourself movements and initiatives, and the local, more permanent residents who preserve the rural, small-town, farming community feel. The counterculture lifestyle has a longstanding tradition here (Wynkoop, 2002).

The presence of alternative healers in sufficient enough numbers to conduct this study demonstrate the strength of alternative-lifestyle communities in this region, which perhaps would not first come to mind when thinking of South-central Indiana. The combination of diverse cultural influences in this region makes this study arguably more provocative than if it were conducted on the east or west coast, where these types of alternative lifestyles are more predominant. The combination of progressive, liberal, cosmopolitan and more conservative, rural, “traditional” farming culture creates a dynamic and provocative context for this case.

The question remains as to why this study has focused on these specific individuals for this articulation of lived experience. From a methodological standpoint, phenomenological studies are “interested in what is essentially not replaceable,” in other words, “the unique” (van Manen, 1990, p. 7). The women in this study represent healers of a specific demographic living in a specific place and historical time, but of additional importance is their individual uniqueness. Furthermore, despite their uniqueness, they can speak to becoming a healer in a conscious
expression of their own (human) experience. Phenomenology as a philosophy represents attention to the personal and the individual, pursued in contrast to the “evasive character” of the wider collective or the social; in pursuing this, we pursue learning (van Manen, 1990, p. 7). Through these participants’ experiences, we as researchers can be brought into “more direct contact with the world” (van Manen, 1990, p. 9).

**Organization of the Thesis**

This thesis is organized in six chapters as follows. Chapter I, Introduction, is a brief overview of the purpose of the study as well as its significance. Chapter II, the Literature Review, contains several sections. The first is an overview of the terminology to be used throughout the study. The second is a brief overview of complementary and alternative medicine in the US, including history and popularity. The third is a historical overview of women healers in Europe and the Americas, the modernization of Western medicine and the effects of this on alternative healers, an exploration of the New Age movement in the latter half of the 20th century in the US, healing and folk medicine traditions in the Midwest and Indiana. The final section in Chapter II is an overview of the theoretical frameworks to be used in this study: settler-colonial theory (Veracini, 2010); feminist critiques of caring and theories of caring (Abel & Nelson, 1990; Tronto & Fisher, 1990, and others); feminist concepts of gender and gender role socialization (Delphy, 1993); female empowerment and maternalism (Weiner, 1993); alienation (Marx, 1844, as cited in Lemert, 2010); the discursive approach (Foucault, 1972, as cited in Hall, 1997); the Gramscian concept of hegemony (1929-1936, as cited in Lemert, 2010), and the overarching concept of the Wounded Healer, a Jungian archetype (Jung, 1946, as cited in Merchant, 2012; Laughlin & Tiberia, 2012).
Chapter III, Methodology, describes the organizing system and approach taken in conducting this study, which is a blended phenomenological case study. The chapter restates the research questions before continuing to describe: qualitative research design; the researcher’s perspective; the paradigm and interpretive framework of the study; case study as an approach to qualitative research; participant selection and recruitment; ethical considerations such as informed consent and use of pseudonyms; a description of what elements of the phenomenological approach will be considered and why they are significant and appropriate to this study; data collection, transformation, and analysis processes; trustworthiness and dependability; and methodological and researcher limitations.

Chapter IV, Findings, presents the findings of the research. First, a more detailed biographical sketch of each participant is provided. The findings are grouped into four major themes and organized as such: “Awakening” or inner transformation; “Open-mindedness” or critical awareness; “Groundedness” or building connections; and “Integrity” or ethic of care. Each theme has a variety of interconnected sub-themes featuring excerpts and quotes from participant interviews. The chapter is structured to show the multifaceted nature of participants’ experiences with the phenomenon in question.

Chapter IV, Results, features a detailed discussion of each of the four themes described in Chapter IV using the theoretical frameworks described in Chapter II. The theme of “Awakening” is explored by revisiting the Jungian archetype of the Wounded Healer, alienation (Marx, 1844, as cited in Lemert, 2010), and individualism as a dominant American cultural value. The theme of “Open-mindedness” is explored through the concepts of hegemony, gender roles, feminine/feminist caring, and the feminist concept of connected vs. separate knowing (Belenky, Clinchy, Goldberger, & Tarule, 1997). Alienation (Marx, 1844, as cited in Lemert, 2010) is also
revisited. The theme of “Grounding” or “Groundedness” is explored using the discursive approach (Foucault, 1972, as cited in Hall, 1997), processes of self-indigenization as described by Veracini (2010), cultural appropriation and the New Age movement (Deloria, 1998; Veracini, 2010), and the concepts of female empowerment and maternalism (Weiner, 1999). The final theme of “Integrity” is explored through the idea of feminist circles of care (Abel & Nelson, 1990; Fisher & Tronto, 1990). Then, “empowerment” is explored as the essence of the phenomenon of becoming a healer as experienced by these specific participants. Chapter VI, entitled Conclusion, summarizes the findings and analysis of this study. Ideas presented throughout the thesis are connected to personal growth, adult identity transformation, self-actualization, with the intention of positioning the thesis in relation to the field of education and human development. This discussion makes use of Erikson’s theories of human development. The final chapter also features the researcher’s reflections after conducting this study and notes potential implications for further research.
CHAPTER II: LITERATURE REVIEW

This chapter presents existing literature and research related to healers and alternative healing, focusing on the experiences of women and the US context. A brief history of healing in Europe and the US is also provided, as is background information about why alternative healing became so popular and still retains its popularity today. The New Age counterculture movements of the 1960s and 1970s and issues related to New Age and Native American cultures are explained to consider how study participants fit into their wider social and cultural context. Finally, a justification for the use of South-central Indiana for a study of women healers is provided, as well as a brief overview of the study’s theoretical frameworks.

Definition of Terms

Before exploring the literature situating this study, some terminology must be clarified. The following section explores the meanings of significant vocabulary and concepts related to health, healing, alternative medicine, and “Western” professional medicine. Further clarification will be given throughout the literature review on additional terminology of relevance, such as Reiki, energy healing, and “irregular medicine.” In this section, I will also note which of these various overlapping terms and concepts will be used heretofore and specify precisely what they will denote for the purposes of this study.

Healer, Healee, and Healing

According to Cooperstein (1992), healers can be described as:

…individuals who attempt to influence beneficially the physiology of living organisms through such methods as wishing, laying on of hands, prayer, and the transfer of “energy” (p. 99)
For the purposes of this study, *healer* will refer to a practitioner whose use of any of the healing arts or combination of modalities facilitates the healing process. Religious or faith-based healers will be referred to as such; healer here implies alternative, spiritual, or those who transfer *energy* as described by Cooperstein. Healers are concerned with being beneficial in their practices, which take many forms and serve many functions, as will be explored (see p. 11). Their work involves energy and seeks to restore balance through its therapeutic effects (Angelo, 2007, as cited in Kenny, 2012; Cooperstein, 1992). This includes balance in terms of emotional, mental, and spiritual health, the outward manifestations of which contribute to physiological or physical health.

Healing can be contrasted with *curing*, which indicates an elimination of physical manifestations of disease or unwellness; for healers, physical symptoms are often the result of energetic imbalances (Kenny, 2012, p. 31). Accordingly, the goal of *healing* is to return an individual to “the natural state of integrity and wholeness” rather than merely to cure the physical body of the symptoms or manifestations of disease (Dossey, Keegan, & Guzetta, 1996, as cited in Struthers, 2000, p. 261).

Healers’ intention is to facilitate this process, for both themselves and their *healees* (Kenny, 2012, p. 33). Healees can be family members, friends, or paying clients. According to Warkentin (2000), healers tend to view themselves as facilitators or mediators of healees’ individual healing journeys. Thus, the relationship between the healer and healee is non-hierarchical; the healer does not enact, give, or bestow healing upon the healee. The healer is a “channel” rather than a source of healing (Angelo, 2007, as cited in Kenny, 2012, p. 32). The means by which healing is channeled or facilitated is the modality of practice.
Modalities of Healing

Although medical doctors and medical professionals can practice any given healing modality, for the purposes of this study, healers will refer to those practitioners of alternative modalities who are not licensed medical professions such as physicians, nurses, surgeons, cardiologists, and general practitioners. Alternatives to medical models, such as homeopathy and other holistic, integrative, alternative approaches, constitute non-medical healing modalities. Examples of modalities include: massage therapy, Reiki healing, acupuncture, herbalism, shamanism and shamanistic practices, crystal healing, aromatherapy, energy techniques, chakra techniques, chiropractic, color therapy, guided imagery, healing touch, prayer, and yoga therapy. Distinguishing between alternative modalities and the practices of Western medicine such as surgery and pharmaceutics should not suggest that healing and Western medicine do not overlap or that one set of practitioners uniformly disavows or rejects the other’s techniques and strategies. In practice, modalities can be combined, and healers often specialize in multiple modalities. Furthermore, within alternative medicine or health and wellness, practices exist on a continuum, especially in the present day. Certain modalities that first appeared in the form of alternative or irregular practices, such as chiropractic and acupuncture, are now becoming more mainstream. This is evidenced in the US by their increasing popularity, insurance companies’ growing willingness to provide coverage for these treatments, and new scientific research that suggests their effectiveness. Contrastingly, practices such as crystal healing and rolfing remain fringe modalities even within alternative medicine.

Alternative Medicine

Alternative practices or traditions will be distinguished by a variety of terms, though I will rely primarily on the terms alternative medicine and complementary and alternative
Alternative medicine (CAM). Though alternative medicine practitioners and healers may note the subtle differences between all of the following terms, for the purposes of this study, alternative medicine and CAM will refer to all forms of non-biomedical health systems or healing traditions, approaches, and techniques, including those found in integrative medicine, unconventional medicine, holistic medicine, naturopathy and nature cures, alternative healing, and any other form of what Whorton (2002) has identified as “counterhegemonic” medicine (p. 23).

**Western Medicine**

To refer to what is generally considered to be modern Western medicine (the dominant professional medical tradition, currently practiced all around the world), the terms *allopathic medicine, allopathy,* and *biomedicine* will be used interchangeably, as in Goldbas (2012). The term allopathy was developed by the father of homeopathy, Samuel Hahnemann, to denote non-homeopathic approaches to medicine and health. The term combines Greek roots for “unlike” and “suffering,” denoting a difference in the course of treatments to the symptoms they treat. Although allopathy was used as a pejorative when it originated over two centuries ago, most modern biomedical doctors are unaware of its historical use as such and so generally do not object to its current use in designating modern Western medical practices and professionals (Whorton, 2002, p. 18). Allopathic biomedicine will also occasionally be referred to as orthodox medicine, mainstream medicine, and Western medicine in order to prevent repetitiveness and thereby enhance readability (Whorton, 2002). At least one healer in this study does not condone the use of the term biomedicine for denoting allopathic or Western medicine due to its connotation with biology and therefore elements of the natural; she considers the term “chemical and surgical medicine” as a more accurate description of Western medical traditions.
Complementary and Alternative Medicine in the US

Distinguishing between these two opposing strands in the history of modern healthcare is important to understanding the realities of alternative health practitioners such as the energy healers I have interviewed for this case study. In alternative medicine, treating the body holistically means addressing spiritual, mental, and emotional health concerns alongside physical complaints. The approach of non-biomedical practitioners, known as medical professionals, in treating patients holistically rather than merely addressing physical concerns has been one reason for the sustained popularity of alternative healing and medicine (Zhang, 2004; Whorton, 2002). The biomedical model focuses on disease and treatments. Historically, it has neglected issues relating to emotional and psychological health (Whorton, 2002). Holistic or alternative traditions often focus on maintaining or improving wellness and wellbeing and healing illness (McGuire, 1988; Zhang, 2004). Alternative practitioners often describe the need to treat root causes of bad health, which can often be found in non-physical realms such as spiritual or mental distress; they see biomedical treatments as mere relief or suppression of symptoms (Whorton, 2002). In the United States, dominant health care system is based primarily in the biomedical tradition (Zhang, 2004).

Ontological Differences between Alternative and Western Medicine

The significant ontological difference between alternative medicine and biomedicine is the way that each perceives the relationship(s) between the human body, mind, and spirit. In the biomedical tradition, Cartesian mind/body dualism continues to influence the notion of treating physical symptoms to improve health (Goldblas, 2012; Zhang, 2004). The philosophical base of biomedical systems is analytic, and objective scientific data is given precedence over the intuitive and subjective knowledge(s) of alternative approaches to health (Engebretson, 1996).
The general view in biomedicine is that healing the symptoms or even the physical causes of disease leads to health. Biomedical treatments are intended to cure disease—generally, biological disorders—rather than healing illness or unwellness. The tendency to concentrate exclusively on curing physical disease emerged during the second half of the eighteenth century as biomedical physicians “began to focus on the pathological changes that disease brought about in specific organs,” meaning that treatment could be speedily administered to certain ailments based on manifested symptoms rather than focusing on a patient’s “whole body and being” (Whorton, 2002, p. 15).

Accordingly, the value of intuited spiritual or emotional knowledge and the way this type of knowledge can influence health is diminished in the biomedical tradition; intuitive knowledge is considered irrational, weaker, and an essentially feminine attribute. What is uplifted is the ability of biomedical professional and the body of knowledge from which he/she draws to hone in on physical distress and alleviate the symptoms as quickly as possible, thereby curing the patient. This is contrasted to the position of alternative healing, which suggests that illness or unwellness should be considered as manifestations of an unwell person experiencing her disorder. In this view, physical symptoms are often seen as the manifestation of unwellness that could be rooted in spiritual, emotional, mental, or physical illness (McGuire, 1998).

**Shifting Status, Shifting Names**

Alternative approaches to health and healing in the West and specifically in the United States have a variety of designations and categorizations, many of which have emerged the latter part of the 20th century. These shifts reflect the changing status of alternative practices in US society since they began to take an increasingly firm hold on public imagination (and expenditures) in the 19th century. Whorton (2002) has described the history of alternative
One of the most important recent shifts in terminology since the early 20th century is the emergence of the term “complementary” medicine to signify and expand that which had been known historically as “alternative.” This change signaled a transformation in these practices’ level of acceptance in mainstream American culture (Whorton, 2002). Formerly, “alternative healing” referred to healing practices that were “not promulgated by medical personnel in the dominant biomedical system” (McGuire, 1988, p. 3). However, rising levels of acceptance of certain types of alternative practices (i.e., chiropractic, a practice whose results are increasingly validated in empirical research) among medical professionals and an increased social and medical understanding that some of these practices can be beneficial to improving health and wellness has prompted a semantic shift; no longer are alternative practices or traditions considered strictly alternative in the deviant sense (McGuire, 1988).

The climax of this semantic transformation in the US occurred in 1998, when the US Congress upgraded a small existing federal research panel existing within the National Institutes of Health, known as the Office of Alternative Medicine, to the National Center for Complementary and Alternative Medicine (NCCAM) (Whorton, 2002). With this type of institutionalization, an increasing formalization of practitioner training procedures, and an explosion of certification programs, certifying institutions, governmental and non-governmental organizations, universities, and researchers alike have sought to delineate a definition of alternative healing practices and what might constitute its various modalities. Terms such as integrative medicine, complementary medicine, alternative medicine, and CAM have arisen in recent decades to refer to alternative healing techniques and practices, though precisely what
practices, techniques, and programs the terms include or exclude is still debated (“What’s In a Name?,” 2008).

In the existing literature, CAM refers to any medicine generally defined as unconventional, unorthodox, or originating outside of mainstream medical practices (Kronenberg, Cushman, Wade, Kalmuss, & Chao, 2006; “What’s In a Name?”, 2008; Zhang, 2004). “Complementary” generally refers to practices used in conjunction with or as a complement to biomedical treatments, whereas alternative generally implies that a non-mainstream approach in used in place of biomedical treatments (“What’s In a Name?”, 2008). CAM, as an umbrella term, refers to any use of non-biomedical treatments or approaches to health and wellness. The term integrative is also gaining in popularity among scholars and practitioners to refer to CAM usage, demonstrating greater acceptance among practitioners of both that biomedical and holistic approaches can often be used together to improve each others’ effectiveness rather than merely complementing each other in a mutually exclusive sense. As some holistic/CAM approaches, techniques, and therapies become increasingly accepted by the mainstream—for example, acupuncture, osteopathy, and forms of energy medicine such as Reiki or healing touch—definitions, designations, and terminologies continue to shift, and the boundaries between what is marginalized and what is accepted also shift and, increasingly, blur (J. Levin, personal communication, November 25, 2013). These lines also continue to shift as scientific research makes more discoveries about the effectiveness of certain holistic/CAM practices and mainstream practitioners become more receptive to patients’ pursuit and use of CAM (Whorton, 2002; Zhang, 2004).

Some healing traditions are marginal even within the context of CAM (J. Levin, personal communication, November 25, 2013). According to Barnes, Bloom, and Nahin (2008), practices
and techniques such as deep breathing, meditation, massage, yoga, and the use of natural products such as vitamins, minerals, probiotics, and other dietary supplements are the most popular CAM practices/products used by adults in the US (as cited in “What’s In a Name?”, 2008; Tindle, David, Phillips, & Eisenberg, 2005). Examples of less widespread traditions and practices include subtle-bodywork and energy healing, shamanic journeywork, soul retrieval, spiritual midwifery, rolfing, and cranial sacral therapy. The popularity of these less ubiquitous traditions is indeed growing, but their relatively marginal status endures. This is due to their connections to and/or basis in esoteric spiritual traditions, their reliance on mystical experiences or spiritual apprenticeships rather than institutionalized certification programs, and the fact that their healing benefits and processes are not necessarily compatible with modern physical and biological science (J. Levin, personal communication, November 25, 2013).

**Popularity, Usage, and Expenditures**

A variety of studies have reported on the rates at which CAM is used in the United States, indicating the importance and popularity of CAM to the US population. Many of the studies reporting on CAM usage rely on reports released the National Center for Complementary and Alternative Medicine (NCCAM) federal research agency, housed in the US National Institute for Health. According to the most recent NCCAM survey, slightly more than 38% of American adults use some form or modality falling under the CAM umbrella (Barnes et al., 2008; Zhang, 2004). Women were far more likely than men to use CAM therapies of any kind (Barnes et al., 2008). Other recent studies have cited a higher CAM usage rate than 38% in the entirety of Western society, indicating that upwards of 60% of Western populations take advantage of some form of CAM (Astin, 1998; Thomas, Nicholl, & Coleman, 2001; Goldstein, 2002, and Ruggie, 2004, as cited in Sointu, 2011). Sointu has indicated possible causes for this rise in popularity,
referencing a growing dissatisfaction with biomedicine in terms of its ability or willingness to treat the whole person and to understand individual experiences of disease, sickness, and wellness as they pertain to treatment.

Due to the NCCAM definition of CAM, however, the figure of 38% is not useful for determining the number of US adults who consult alternative or holistic practitioners such as the healers of interest in this study. In an NCCAM report (Barnes et al., 2008), CAM statistics include those US adults who adhere to diet-based therapies such as vegetarianism, the South Beach diet, and the Atkins diet, regardless of whether these diets were undertaken due to personal preference, recommended or suggested by holistic practitioners (e.g., healers, life coaches), or prescribed by biomedical professionals. Typically, studies conducted on CAM usage do not use a “tight conceptual definition” of what CAM includes or excludes (J. Levin, personal communication, December 31, 2013). This means that researchers or research teams must formulate their own definition of CAM or rely on the overly inclusive NCCAM definition when creating surveys to discover usage statistics. Consequently, an exact nationwide usage rate for alternative healing is difficult to determine. Additional studies on alternative or integrative medicine usage reflect usage results similar to those found by the NCCAM (Barnes et al., 2008), and this can be explained by reliance in research on the NCCAM’s definition of CAM in these studies (see Tindle, et al., 2005). For example, the Mayo Clinic has indicated that CAM usage rates among US adults is near 40%, though the operational definition of CAM used in this study follows the NCCAM definition (“Complementary and Alternative,” 2001).

The full Statistics Report of the NCCAM survey data (Barnes et al., 2008) divides specific therapy types into four categories: alternative medical systems, biologically based therapies, manipulative and body based therapies, mind-body therapies, and energy healing
therapy/Reiki. These data can be used to get a sense of who exactly is using which types of CAM (i.e., who is consulting the types of healers relevant to this study). Of the 38.3% total CAM usage in US adults, energy healing therapy/Reiki represents 0.5%. The Barnes et al. (2008) report also provides statistics from the previous national survey, conducted in 2002, so that results can be viewed comparatively and fluctuations in usage over these five years can be seen clearly. In the five year period, rates of energy healing therapy/Reiki usage increased slightly (0.01%). Other increases occurred in usage rates of acupuncture, homeopathic treatments, and naturopathy, demonstrating a growing popularity over this time period. The largest increase was in massage therapy, which rose 3.3%.

CAM usage was most prevalent among (single race) Native Americans and Alaska Natives, followed by (single race) Native Hawaiian or Other Pacific Islander, Anglo-Americans, African Americans, and Latinos. This indicates that after Indigenous/Native Americans, whose belief systems often feature what mainstream culture considers “alternative” spirituality and health practices, CAM was most popular among Anglo-Americans. The report did not indicate a possible reason for this popularity among white Americans and does not reflect a proportional usage rate to US racial demographics. The NCCAM surveys attempted to account for why US adults use CAM, though results did not reflect possible differences in reasoning among adults from different racial or cultural backgrounds.

According to the National Health Interview Survey (2007), an overwhelming majority of patients who make use of CAM therapies of any kind do so to complement biomedical care rather than replace it. Survey participants also noted that they had been more likely to use CAM therapies “when worr[jed] about cost delayed receipt of conventional care” (p. 1). Another popular justification for the use of CAM therapies was simply their greater affordability in the
face of high-priced biomedical treatments. In both survey years (2002 and 2007), musculoskeletal problems such as back, neck, and joint pain were by far the most common reason that US adults sought CAM therapies. Whorton (2002) has noted that musculoskeletal problems have historically been the domain of alternative medicine, and, based on the NCCAM survey, this pattern continues to the present.

Zhang (2004) and the NCCAM (Nahin, Barnes, Stussman, & Bloom, 2009) have noted that the annual out-of-pocket expenditure for CAM services or products is comparable to spending rates for US physician services. The NCCAM has shown that visits to CAM practitioners such as healers and acupuncturists account for nearly 20% of all out-of-pocket expenditures for visits to health care providers, both CAM and biomedical (Nahin et al., 2009). Eisenberg et al. (1997) has reported that usage of alternative therapies of any kind have increased dramatically since 1990 (as cited in Whorton, 2002). Undeniably, CAM is a growing market in the United States, particularly as self-care with CAM treatments becomes more popular (Nahin et al., 2009). Given its greater affordability and growing popularity, it could very well be on its way to replacing conventional biomedical treatments for certain diseases and/or illnesses among some populations, questions of effectiveness aside. Moreover, expenditures will most likely continue to increase as CAM becomes popularized by mainstream media outlets such as The Dr. Oz Show.

**Energy Healing**

Though the healers I interviewed for this project practice a wide variety of modalities and traditions, the shared practice among them is energy healing. As noted by Levin (2011), energy healing has an extensive subset of practices and traditions that have developed in and traveled among various cultures, countries, religious traditions, and time periods. Examples include such
diverse locations as Malaysia, China, the Kalahari Desert region, Japan, Nepal, Malawi, India and others, each of which has (within one or several cultural groups in the country/region) a distinct term for energy as a concept relating to personal health (Turner, 2006; Whorton, 2002). In the West, many schools of energetic healing stem from the Hippocratic concept of vitalism, in which “vital force,” the primary instrument or vehicle of health and wellbeing, influences the four temperaments or humors (Stenger, 1999, as cited in Kenny, 2012; Whorton, 2002, p. 10). Energy healing therapies as they are practiced today take on a variety of forms, and many are also now associated with Eastern and/or New Age belief systems (Fundukian & Wilson, 2008). The basic tenet of energy healing is that the physical body has a corresponding “energy body” or energetic body that can be balanced or imbalanced (Gibbs, 1997, p. 73). Imbalance causes unwellness, and energy healers can help restore balance by interacting with a client’s energetic body in a beneficial manner (Gibbs, 1997). This can be achieved when a healer or energy worker “taps” into the body’s energetic field or otherwise transmits or augments energetic flows (McGuire, 1988, p. 175). The precise means and methods by which balance is restored are many, which is why a variety of energy (and alternative) healing modalities, traditions, and practices exist around the world.

Levin (2011) has categorized various traditions of energy healing around the globe into four distinct types: East Asian, Western professional, bioenergetic, and contemporary metaphysical. The East Asian tradition encompasses energy healing modalities such as Reiki and principles of traditional Chinese medicine such as qi (chi). Western professional traditions include Therapeutic Touch and Healing Touch and often feature extensive formalized training and certification programs. Bioenergy traditions, which stem from Eastern Europe and Russia (and sometimes Central Asia), feature a more scientific inclination toward understanding
physiological connections to spiritual or energetic aspects of human life and often explore the “bioelectromagnetic basis of healing” and “psychoenergetic dimensions” of life (Levin, 2011, p. 16). Finally, Levin described contemporary metaphysical healers as eclectic bricoleurs who often draw from esoteric spiritual traditions to form their practices. Included in this category are most New Age healers who draw from African and Native American traditions, Tibetan schools, Āyurveda and yogic traditions, and/or traditional Chinese medicine. A subset of this category is contemporary spiritual/faith healers, such as Christian and Catholic layers-on of hands; not all practitioners of energy healing are classified as New Age, whether by themselves or by academic or vernacular literature. In fact, those wishing to practice or receive energy healing of most kinds are not required to rescind or adopt any specific religious beliefs or discontinue any allopathic medical treatments (Fundukian & Wilson, 2008).

In these diverse traditions and categories of energy healing, identifying a common set of beliefs or practices that unify energy healers is a challenge (Levin, 2011). Healers often diverge in their beliefs on five core concepts of energy healing: (1) the source of healing and its path of transference to a client; (2) what exactly is being transmitted; (3) what healers do or should do when they perform healing; (4) the necessary state of consciousness of healers for healing work to take place, and (5) what is required of a client to ensure that healing occurs or is received (Levin, 2011). In short, “ostensibly universal core beliefs about energy healing are hard to identify” (p. 19). However, the ideas that human beings have innate abilities to use their hands to facilitate healing (whether through direct contact or near-contact), can access inner/spiritual guidance, and that the healer’s role is to facilitate the transmission of healing “life force” or energy are often endorsed by modern practitioners (Gibbs, 1997; Levin, 2011, p. 19).
Across all healing traditions, characteristics of individual practitioners and the context in which a certain technique is applied more greatly influences the effectiveness of healing work than mere technical mastery (Levin, 2011, p. 20). However, in this study, all of the participants are certified in at least one form of energy therapy, and one commonality across them is that they all hold some level of certification in Reiki energy therapy.

**Reiki**

Reiki, a significant form or modality of energy healing that appears to be gaining in popularity especially among US adults (Barnes et al., 2008; Nahin et al., 2009), combines the chakra system and Eastern concepts of energy with aspects of Vajrayana (Tibetan) Buddhism such as sacred symbols and meditation techniques (Fundukian & Wilson, 2008). It was developed in Japan in 1890 by Mikao Usui. The contemporary Reiki training system is a semi-formal accreditation process of three attunements, through which initiates progress to become master practitioners. The major function of Reiki is to relieve pain of any kind through manual/energetic manipulation of the body’s subtle energy force, known as *ki* in Japanese (similar to the Chinese *qi*) (Fundukian & Wilson, 2008).

Healing is facilitated by the practitioner’s hands, which are placed on the client’s body in a specific pattern and sequence of positions. Since *ki* is believed to be a universal force that flows in and around all living beings, it can be channeled and manipulated by Reiki practitioners to serve in various healing capacities (Fundukian & Wilson, 2008). Generally, patients lay on a traditional massage table and are fully clothed during a Reiki treatment session. Practitioners often report a warming sensation in the hands, or that their hands become blushed due to increased energetic flow channeling through them (Turner, 2006). Due to increased interest in Reiki, several clinical studies are underway throughout the United States and Canada to assess its
efficacy in treating unwellness (Fundukian & Wilson, 2008). In fact, studies assessing the validity and effectiveness of energy healing and what aspects of physical or physiological systems can be affected by energetic therapies have been under scientific investigation since as early as the 1960s (Gibbs, 1997). McGuire (1988) has asserted that “very little” of alternative healing is in conflict with biomedical practices (p. 15).

**Historical Overview**

**Introduction**

According to Levin (2011), “a distinct class of practitioners known as healers has existed since the beginning of recorded history” across all cultures and religions (p. 13). In human cultures spanning “earliest times to the present day,” healers have tended to be women, since healing and caretaking have been regarded as the responsibilities of mothers and wives (Brooke, 1997, as cited in Pelicci, 2008; McKay, 1993; Minkowski, 1992, as cited in Struthers, 2000, p. 261). This section will explore the status and history of women as healers in Western cultures and consider how Western medicine and forms of alternative medicine have interacted, diverged, and converged throughout recent history and in the present day.

Women healers are and have been significant to society and communities in diverse cultures, especially Indigenous or aboriginal communities throughout time; women have been predominant in healing traditions worldwide (Ellwood, 1979, as cited in Rose, 2001). Much of the early Western academic research on non-Western women healers was conducted from the perspectives of medical anthropology and folklore. Popular areas of research for Western academics have been traditional midwives and childbirth and female ritual practitioners in non-Western communities and settings (McClain, 1989). In “traditional” cultures, women healers
learn or inherit “healing skills and knowledge from family and/or community members, apprenticeships, and/or spirits” (Struthers, 2000, p. 263).

Contemporary forms of traditional Indigenous healing in the North American context retain the characteristics and methods of generations-old practices (Struthers, 2003). As will be shown, many modalities of the contemporary healing modalities draw from Indigenous forms of healing and spirituality from around the world. In part, this is because of the dominant cultural values of Europe and Euro-American cultural descendents in the past several hundred years, which emphasize Christianity and, in the mid-20th century, valorize scientific medical developments over folk beliefs, superstitions, and modes or methods of healing that cannot be empirically proven.

**Witchcraft in Europe and the Americas**

In recorded Western history, the healing traditions among women span several thousand years (Achterberg, 1990; Pelicci, 2008). From the 11th to the 13th Centuries, the major practices were midwifery and herbology, beneficial and largely innocuous practices that improved the health and vitality of medieval communities during the Middle Ages. According to Ehrenreich and English (1973), women healers’ services were particularly beneficial to the poorer members of medieval communities and to other women. However, as these authors describe, the history of women healers in medieval Europe is a turbulent one.

In 1022, Holy Inquisition of the Catholic Church began, with significant ramifications to those refused to acquiesce to Church doctrine and practice (Southern, 1998). Men and women dissenters and “heretics” such as the many non-Christians (i.e., Jews, Gnostics, pagans, and the like) who lived in the more “remote, mountainous” areas across Europe were targeted by Church authorities and their armies (Southern, 1998, p. 35). Those deemed by religious officials as
“heretics” or as morally debased in their refusal to convert were tortured and/or executed (Pelicci, 2008; Southern, 1998). These unfortunates were often accused of making contracts with the devil, and traditional practices of healing were demonized by the Church as witchcraft.

Medieval women healers were targeted specifically as heretics for several reasons. Due to their relative independence and their social position as keepers of knowledge in their communities, women healers were financially independent of men and socially organized with other women, both of which were threatening to Church authorities organized in a patriarchal hierarchy. Furthermore, midwives and other healers were considered by Church authorities and doctrines as impure due to their intimacy with female sexuality and reproduction cycles. These were causes for great suspicion by religious authority figures steeped in patriarchal beliefs that despised the impurity of women’s flesh as contrasted to the purity of the Virgin Mary (Southern, 1998). Religious leaders were also wary of women in positions of power, particularly in terms of their spiritual abilities, which were seen as a threat to male spiritual-religious authority and the hierarchy of dominance that placed the masculine over the feminine (Achterberg, 1990; Sharp, 1986). According to Ehrenreich and English (1973), “[w]itches represented a political, religious and sexual threat” to the Church and the state (p. 7). The “sexual threat” existed because women were, by default, associated with sex and sexuality, the pleasures of which were said to come from the devil (Ehrenreich & English, 1973, p. 7).

Over the next several centuries, the strife that continued between the Inquisitors and pagans and splintering Protestant sects led to the deaths of hundreds of thousands of people across Europe, both male and female heretics and dissenters alike (Southern, 1998). Some scholars estimate this number to be in the millions (Pelicci, 2008; Southern, 1998). Ninety percent of these victims were women, and some scholars estimate that one million women
healers were put to death (Pelicci, 2008; Southern, 1998). As Christianity continued its expansion and gained influence in Europe and the New World, women healers were increasingly demonized and disenfranchised as medical authority figures (Brooke, 1997, as cited in Pelicci, 2008). This was partially due to the birth and development of institutionalized medical practices and partially a result of healers’ continued stigmatization by religious authorities. Exodus 22:18 was frequently invoked as a Biblical justification for the purging of healers whose powers were considered magical: “Thou shalt not suffer a witch to live” (as cited in Southern, 1998). Any woman whose healing ability was not the result of medical training or study was considered a witch and condemned to death (Southern, 1998). Traditional healing practices became stigmatized as demonic witchery, a misalignment of supposedly natural hierarchical orders (Sharp, 1986).

Witch hunting and the purges of women healers in Europe and the Americas came to an end in 1775, when the last witch was hung in Germany (Achterberg, 1990). The hundreds of years of persecution had served its purpose, however; women’s social status was further lowered, and misogyny and distrust of the female and feminine was more firmly entrenched. Women healers were highly marginalized, first by newly developing male-led guilds and apothecaries, and later by professional male surgeons and biomedical physicians. The consequences of the demonization and stigmatization of female healers that began during the Middle Ages was that the woman healer was “branded…forever as superstitious and possibly malevolent” (Ehrenreich & English, 1976, p. 19). With the advent and development of biomedicine, continued invocation of the laws of nature (i.e., feminine/female inferiority) and new appeals to scientific law and reason ensured the continued subjugation of female health practitioners and women as a general social class (Achterberg, 1990).
The Modernization of Western Medicine

Throughout the majority of the 19th and 20th centuries, modern biomedicine became increasingly institutionalized as a medical system and as its own legitimizing authority, largely thanks to the Scientific Revolution that swept Europe and profoundly affected the rest of the Western world (Achterberg, 1990). By the year 1800 in the United States, the professionalization of what biomedicine was well underway (Whorton, 2002). Before 1900, medical schools were firmly established as institutions, medical societies were formed, journals had begun to be published, and “medical practice took on the lineaments of exclusivity” (Whorton, 2002, p. 25). This also meant that biomedicine and alternative medicine were increasingly dichotomized as opposing forces and structures, since biomedicine was now a more exclusive club requiring training and devotion to the correct theories and practices (McGuire, 1988, p. 7; Whorton, 2002). A new orthodoxy of biomedicine was taking hold.

In the United States, the influence and status of doctors and physicians was maintained by a society that accepted the authority of men who presented themselves as “wise figures whose decisions were not to be questioned” (Borst & Jones, 2005, p. 25). Allopathic medicine gained a monopoly in 20th century US as the medical model of choice and social prestige (McGuire, 1988). The healing arts, which had historically been a realm of the feminine, were masculinized and professionalized (Ehrenreich & English, 1973). Euro-American men became the keepers of medical knowledge, and women’s remedies, women’s ways of knowing (including folk remedies), and natural or nature-based (non-scientific) methods were cast aside by orthodox dominance. Whorton (2002) has noted that the resulting “interprofessional warfare” between orthodox biomedicine and alternative, unorthodox approaches stemmed from the unwillingness of most 19th century medical professionals to consider the possibility that non-biomedical
methods might be effective even if/though they could not be scientifically explained. Most alternative methods and remedies were rejected out of hand because they could not be readily explained or rationalized by the principles of science (p. xi, 12).

Though female social reformers even in the latter years of the 19th century had begun lecturing for therapeutic alternatives to harsh biomedical regimens and treatments, male-dominated scientific medicine was the favored health system in the United States for many decades. During this time, women became increasingly involved in nursing, in-home (domestic) caretaking, and the public health reform efforts that emerging alongside the women’s rights movements (Achterberg, 1990; Borst & Jones, 2005). Women also became more involved in other alternative modalities since they were barred from practicing licensed medicine. For example, the majority of late-19th century homeopaths were female, and the first generation of hydropaths granted doctorates from the American Hydropathic Institute was almost 50% female (Whorton, 2002).

Healing women who did not participate in public practice were likely to identify as nonprofessionals or informal practitioners as their healing practices were increasingly assumed to be nothing more than an extension of wives’ duties (Sharp, 1986). Other women went into joint practice with their doctor husbands, taking care of the midwifery and gynecological aspects of a general practice (Ehrenreich & English, 1976). Women and men alike were involved in the popular health movement of the mid-19th century, which demonstrated that the institutionalization of care by medical professionals was not only a gender issue but also one of class (Ehrenreich & English, 1973). The popular health movement showed not only that working-class clients needed and favored cheaper preventative care rather than the supposed cures of doctors and physicians, which were often quite dangerous (e.g., calomel) and deserving
of the superstition they received (Whorton, 2002). “Irregular” practitioners, including women, rhetorically positioned themselves against the “medical elitism” of the burgeoning educated medical professionals, which undermined the authority of allopathic practices in wider society by presenting “irregular” medicine as a welcomed escape from affected elitism and by characterizing medical doctors as bourgeois (Ehrenreich & English, 1973; Whorton, 2002, p. 8). Women irregular or informal practitioners therefore necessarily undermined regular doctors, who were predominantly men.

Still, allopathic physicians continued their efforts to annex and subordinate any and all competing or potentially competing unorthodox or irregular public healing practices, including those traditionally relegated or dominated by women, such as nursing and midwifery (McGuire, 1988; Whorton, 2002). More radical or fringe practices, such as midwifery and professional herbalism, were effectively driven out of practice in order for their functions and patients to be taken over by biomedical practices, in full effect by turn of the 20th century (McGuire, 1988). Homeopathy and other non-orthodox modalities were decried as harmful quackery, which furthered the schism between orthodox and alternative medicine even more (Whorton, 2002). The conflict between healthcare approaches continued to polarize practitioners and the general public on issues like health, wellness, and the position of women in medicine (Whorton, 2002).

This fusion of health and the political would only become more pronounced—and the resulting conflicts and debates more virulent—as the 20th century progressed. Alternative healers who practiced during this time did so despite subordination to the orthodox medical profession, which was unquestionably more popular and powerful than alternative medicine during the socially conservative social and cultural atmosphere of the US at mid-century. In biomedicine, as the sexism rampant in the culture at large permeated the medical profession, women were
relegated to extending their domestic duties in professionalized nursing, and female doctors remained grossly underrepresented in the total population of licensed doctors (Ehrenreich & English, 1973).

Levin (2011) has noted that the class and gender conflicts facing alternative health practitioners and women healers especially is represents “the face of a perceived threat of competition…rooted in sexism” (p. 16). The social and feminist revolutions of the latter half of the 20th century aiming to fight sexism and class-based discrimination paved the way for a resurgence of women’s involvement in their own healthcare decisions and practices; the counterculture movements of this time reinvigorated the value of folk culture and folk knowledge to large parts of society, and with this came a renewed interest in alternative modalities of healing. Interest in and greater access to alternatives to the mainstream found in other cultures, religions, and health practices also blossomed during this time (Ehrenreich & English, 1973; Whorton, 2002).

The New Age Movement and Alternative Healing in the US: 1960-present

“New Age”

As described, alternative healing methods to the orthodoxy of biomedicine remained highly marginalized until the social revolutions of the 1960s and 1970s. During this time, many women became health activists within the feminist movement (Borst & Jones, 2005). Connections have been drawn between the rise of the popularity of the feminist movement and the rise of feminist alternatives to spirituality and the “New Age” movement that emerged during the 1960s (Bendarowski, 1992, as cited in Rose, 2001). With these developments came a renewed interest in unorthodox healing practices as an alternative to the dominant medical model, which was demonized for being expensive, disempowering (overly hierarchical), and
over-reliant on prescription drugs. The legacy of the New Age movement and the feminist, counter-culture, and other social revolutions of the 1960s and 1970s continue to influence alternative healers and women today.

New Age has been defined as new era of human history or society based on astrological progressions that usher in the Age of Aquarius (OED). Supposedly, the world entered the Age of Aquarius at some point during the late 20th or early 21st century. Its arrival heralds “the beginning of a new spiritual awareness and collective consciousness” that will facilitate global change ultimately resulting in worldwide peace and harmony. The use of CAM is often conflated with a sort of spirituality that developed alongside the New Age movement of the 1960s and ‘70s, which features a rejection of dominant paradigms, “god-religions,” and monotheistic “great religions” in particular (Clements, 2001, p. 150; O’Neil, 2001; York, 2001, p. 365). These religious practices are discarded in favor of an “ethos of bricolage” which facilitates a blending of religious and folk traditions into a “self-religion,” or an alternative spirituality (York, 2001, p. 366). Often, this bricolage involves sampling from indigenous traditional practices, eastern/Asian practices, and shamanistic practices (Donaldson, 1999; Wallis, 2000; York, 2001). The participation of women in the New Age movement has been high since its inception, and Rose (2001) has reported that 70% of self-identifying adherents or participants of the New Age movement are women.

O’Neil (2001) has provided a detailed analysis of the origins and essence of the New Age movement as it has developed in the US and Europe since its emergence. He analyzed a representative sampling of what he considered to be New Age publications and commentaries, ten publications in total ranging in year of publication from 1972 to 1996. O’Neil emphasized New Age’s immense popularity among middle-class Anglo-American baby boomers in its early
years, traced its historical roots in Romanticism, Jungian philosophy, and theosophical traditions, and described the social ramifications of the movement for the present-day. Interestingly, Whorton (2002) noted a preoccupation with “primitive society” in the Romantic tradition, and the New Age interest in Native American cultures is reminiscent of this inheritance (p. 32). Rose (2011) has also noted the popularity of New Age among baby boomers, many of whom came of age during the counter-culture movements of the 1960s and 1970s. According to O’Neil’s findings, several patterns in thought and practices of the New Age emerged. A key characteristic of what can be considered New Age is its resistance to coalescing into a defined or definable religious or social organization (O’Neil, 2001). Some have argued that New Age is indeed a sort of organized religion, although New Agers themselves most likely not agree with such a description (Lahood, 2010).

**The New Age Movement and Women**

According to Rose (2001), women have been very prominent participants in the New Age movement and its associated phenomena, as reported in a survey conducted in the UD, where CAM usage rates are statistically comparable to those of the United States, as demonstrated by Bishop and Lewith (2010). This is also true for activities that often fall under the umbrella moniker of New Age. Bodywork activities, apparently paranormal spiritual activities such as past life recall, and alternative therapies are especially dominated by female instructors and participants (Rose, 2001). Women report higher levels of positive change, self-empowerment, and healing due to their participation in New Age or related activities. Women’s justifications for these feelings were the perceived “resurgence of the female principles of caring/nurturing” and “better balance between the male and female principles in the human race” (Rose, 2001, p. 331). The survey found that nearly 60% of all women identifying as “New Age” were in the middle
age bracket (35-54) and correlated this finding, with the baby boomer generation and the counter-culture movements of the 1960s and 1970s. Healing and therapeutics were described by survey respondents as requirements for maintaining good health. Participation in New Age activities “offers women a way to take greater responsibility in their lives” and thereby enhances self-confidence and self-esteem (Rose, 2011, p. 344). In terms of women’s involvement, Rose (2001) has noted that the number of women spiritual teachers in the New Age movement has increased sevenfold since 1977. This study suggests that women are strongly drawn to the New Age movement and related alternative or counter-cultural healing techniques.

**Alternative or “New Age” Spirituality**

An important element of the New Age is its alternative religiosity and spirituality; New Agers typically reject their Judeo-Christian heritage in favor of an eclectic potpourri of religious and/or spiritual beliefs often drawn from Eastern and/or Indigenous traditions. One reason for this is the anti-materialism and anti-consumerism of New Age that leads its proponents to seek simpler, more ecologically friendly lifestyles from non Judeo-Christian, non-Western traditions and cultures (O’Neil, 2001). From a New Age perspective, the forces of materialism and consumerism prevent full spiritual and religious life, so seeking ways to promote anti-consumerist and anti-materialistic lifestyles can help people move toward spiritual fulfillment.

O’Neil notes the significance of Hinduism and Buddhism, folklore, rituals (from various cultures as well as the Catholic tradition), and shamanistic traditions of Indigenous peoples to the New Age movement. He describes the underlying contradiction in the New Age mode of thought, which favors individualism and experimentalism while it professes oneness and collectivism. Considering the focus on Indigenous and eastern cultures and traditions, which tend to be more collectivist in practice, the idea that New Age furthers an individualistic ideology is
surprising. For New Age, the idea of individual seeking for salvation or enlightenment coupled with the value placed on the individual’s freedom to choose the precise means by which enlightenment will be attained affirms the value of the individual (O’Neil, 2001). In the movement, the individual is responsible for his or her own enlightenment. Clements (2001) has also described the importance of individual to New Age in terms of transformation, continual learning, and continued movement towards “holistic perfectionism” (p. 154). Lahood (2010) has suggested that the intense focus on individual transcendence reflects the foundational context of the movement as manifested in the US in that the spiritual goal of oneness and truth mirrors patriarchal and authoritarian elements of mainstream culture.

Clements (2001) and O’Neil (2001) have both criticized the arbitrary and indiscriminate cultural or religious appropriation that appears, at least at the surface, to be rampant in the New Age movement. Deloria (1998) has also criticized New Age cultural appropriation from Native American cultures and practices. O’Neil is particularly critical of systematic, self-seeking appropriation within the New Age movement that overlooks the socio-cultural context from which rituals or beliefs are drawn (e.g., aspects of Hinduism may be revered or acclaimed while the issue of the caste system in India is not considered or simply swept aside). Lahood (2010) has problematized this borrowing for several reasons and has also suggested that the anti-consumerism of New Agers is paradoxical considering the amounts spent on New Age products, retreats, and other spirituality-related goods and services.

As O’Neil (2001) has judiciously noted, not all New Age “followers” subscribe to the same traditions or draw personal practices from the same sources (p. 456). This leaves room for the possibility that not all New Age proponents draw their individual (and individualistic) personal practices from problematic sources in problematic ways. For example, some practices
that fall under the New Age moniker draw from mystical Christianity, the roots of which are European and Euro-American (Clements, 2001). This would negate any accusations of inappropriate borrowing from non-Western exoteric religious traditions. Levin (2011) has also noted that what constitutes New Age traditions are indeed a “conglomeration of beliefs and practices,” therefore providing one justification why the New Age phenomenon cannot necessarily be a religion and does not meet “established sociological criteria” for a social movement (p. 106) It is to inclusive and holistic to need a “structured form or specific creed” (Rose, 2001, p. 345). In discussing New Age healing practices specifically, Levin describes a “polyglot…a chaotic stew” of esoteric traditions, “updated and popularized and, some would say, trivialized, for the masses” (p. 106). Clements (2001) describes an “eclectic attempt at blending traditions” (p. 150).

Even among what appear to be New Age practitioners or participants, the term “New Age” can be problematic and unsavory, often to the point of being rejected and reviled (Clements, 2001). Nevertheless, New Age remains an umbrella term to describe a wide array of diverse “alternative spirituality” practices (Clements, 2001, p. 149-150). Lahood (2010) has suggested that many New Agers do not realize they are a part of the New Age phenomenon and would not agree with the suggestion that they are, in fact, a New Ager.

Contemporary alternative healing, which is often categorized as part of the New Age movement when it is not a form of faith healing, has shared characteristics and tendencies with elements of the New Age movement. Imported traditions, alongside folk wisdom and natural substances, are important for both the New Age movement and alternative healing (Levin, 2011). Levin has noted the connections of New Age practices to other traditions, such as shamanism, Eastern mysticism, and the Gnostic tradition; he also discussed the connections of New Age
phenomena to Native American and other Indigenous traditions, which are also important to the contemporary healing arts. Clements (2001) has asserted that New Age will adapt a new Native belief or ritual when it is realized to be compatible with underlying New Age beliefs, or basically when it suits the needs or desires of the borrower(s) (p. 154). In considering this type of borrowing and bricolage, scholars have examined the complexities of cultural borrowing and outright appropriation or theft in the American context in light of the treatment and abuse faced by Native Americans since the arrival of European colonists (Clements, 2001; Donaldson, 1999; Lahood, 2010; O’Neil, 2001; York, 2001). These discussions are also important to contemporary healers, whose practices often draw from Indigenous and Native American techniques and belief systems.

**Cultural Appropriation, New Age, and Native Americans**

Rather than exploring the validity of these claims or come to a conclusion about the insidiousness or innocence of US New Age or non-Indian use of native spiritual elements, Clements (2001) wisely investigated the “healing logic” of such occurrences (p. 151). He considered “the fascination with matters Indian that has been a constant feature of [US] Euro-American culture” since the country’s inception, exemplified, for example, by the popular Indian medicine shows of the 19th and 20th centuries and the enduring New Age and contemporary US admiration of sweat lodge ceremonies (p. 158). Earlier fascination, such as with medicine shows and Indian village tourism, focused on Native people for their commodity value as essentially inferior objects of amusement for Europeans, while New Age attention tends to be given to Native people due to romanticization of spirituality and connectedness to the earth. Clements (2001) suggested that Euro-Americans who turn to “the pre-European indigenes of the Western Hemisphere” may be seeking “a way to enhance their experience on that [American] land” (p.
Contemporarily, it seems that this is perceived by the New Age movement to be based on establishing a connection to indigeneity or nativeness, thought to imply sacred relationships to the earth, environmental stewardship and respect for nature, and a more enlightened spiritual tradition.

This is significant for New Agers, who, as mentioned, are highly concerned with ecological matters (O’Neil, 2001). They may also be attracted to Native American healing traditions due to the emphasis such traditions place on achieving physical health through focusing on the state of the spirit, “balance, harmony, synchronicity, and wholeness,” “life energy in the body,” and “relationships with nature” (Struthers, 2000; 2003). Though conflating Native status with ecological stewardship can be problematic in and of itself (for example, by furthering the “noble savage” archetype), the conclusion can be drawn that what many New Agers are often seeking is a means to establish a spiritual path or identity with distinctly American roots (Clements, 2001, p. 154-155).

Of significant concern regarding this phenomenon is the possibility that the revival in interest of American Indian spirituality, ritual practices, and belief structures (including systems of belief regarding health and healing) diminishes through commodification and trivializes through dilettantism the full value of these beliefs for American Indian communities (Clements, 2001). This can be problematic for communities attempting to come to terms with their cultural identities, revitalize and save traditional ways, and overcome new problems brought about by reservation life, modern American consumer capitalism, and social problems such as drug and alcohol abuse (Clements, 2001). The question has also been raised about whether the borrowing of Native traditions that emphasize community and family relations and responsibilities over the
individual can be sensibly translated or respected in Euro-American culture, whose heritage favors rugged individualism over the communal good (Struthers, 2003).

Whether New Age spiritualities concerned with elevation of the individual self (even while negating the individual ego), can fully accept the exoteric dogma, rules, and regulations of Indigenous and other religious traditions from which they draw and whether religious hybridization that draws from Native religions is appropriate have also been points of discussion (Deloria, 1998; Lahood, 2010). Some scholars have discussed these issues in terms of biopiracy and biocolonialism, in other words, the theft—not borrowing—of traditional knowledge or resources such as native plant species, especially when done for profit (Hawthorne, 2007; Shiva, 2007). However, the range of opinions regarding the appropriateness or legitimacy of cultural or spiritual borrowing from American Indian communities is highly varied, both in and outside Native communities. Many individuals are indifferent or in favor, and a number of highly vocal opponents have also made their views known (Clements, 2001).

In the contemporary Midwest and in South-central Indiana specifically, a combination of a complicated Native history, mountainous landscapes, proliferate natural parks and nature reserves, tourist locations and a major public university have contributed to a thriving alternative community drawing healers and New Agers alike.

**Healers in the US Midwest**

**The Midwest and Indiana Folk and Healing Cultures**

The history of the US Midwest and specifically the tri-state area of Indiana, Kentucky, and Ohio show interesting and varied traditions of alternative and spiritual healing that have undoubtedly influenced the contemporary popularity of unorthodox medicine in the region. Several examples of this vibrant history can be drawn from the literature: the Camp Chesterfield
phenomenon in Indiana, a site of Spiritualist healing and communication with departed spirits, formed “a visible part of Indiana’s rich and varied religious historical landscape” (Leonard, p. 2, 2010); in Ohio, the popularity of Thompsonianism (an early form of herb- and water-therapy) and the founding and success of the Eclectic Medical Institute, which remained in operation from the 1830s to the late 1930s (Whorton, 2002); and Christian-based snake handling and other forms of Appalachian folk healing and wisdom in Kentucky (Foxfire 1966-2011; Hood & Kimbrough, 1995), to name a prominent few.

Certainly, the Appalachian region, which reaches as far west as eastern Kentucky and eastern Ohio, has influenced the rich history of this area. Similar to Southern’s (1998) description of the importance of remote, mountainous areas to thriving community-based minority folk cultures and religions in medieval cultures, the mountainous regions of the US have also undoubtedly contributed to folk cultures (e.g., Appalachian culture, which spawned the Foxfire fascination in the back-to-the-land countercultures of the 1970s). Another significant factor includes the frontier mentality that prompted free-thinking, progressive, often spiritually-minded settlers from the eastern and northeastern states to venture and settle in lower Midwestern areas as well as the rich Native American traditions that had existed in the area prior to colonization; prominent in this region were the mound-building Adena-Hopewell peoples (Leonard, 2010). In the late 19th century, the diaspora and organic emergence of alternative medicine practitioners was especially noteworthy in the northern States (Whorton, 2002), including Indiana.

Another factor influencing the popularity of alternative medicine in the region is the rich history of folk medicine and medicinal art that was and continues to be extremely prevalent in the Indiana region, given its geographical location between the Appalachian and Ozark regions
Adams (1993) has noted how these two regions have had influence on the culture of southern Illinois; undoubtedly this influence extends into Indiana and southern Indiana in particular. Folk traditions and folk medicine continue to be the normal way of life for many communities in the Appalachian and Ozark regions (Morton, 1974, as cited in Sharp, 1986), so any historical influence these regions have had on the Midwestern and tri-state area extends to the present day. One simple piece of evidence can be seen in the use of sassafras tea as a preventative and curative medicine in the Appalachian region and across Indiana (Foxfire, 1969-2011; Halpert, 1950).

Several collections of folk cures and folk medicine documenting the rich history of the area of were published by Violetta Halpert and her husband Herbert (Halpert 1949, 1950). Halpert categorized the collected folk cures into three groups. Firstly, those that are “entirely physical,” such as the consumption of specific herbs, herbal teas, certain roots, or tonics (p. 2). Secondly, she discussed “entirely magical” cures, such as those based in superstitions or hearsay passed down through generations (p. 2). An example would be an incantation or magical saying to cure a physical ailment. The third categorization is “physio-magical” cures, or those that are partially physical and partially magical; curing warts with a slab of bacon (whose fats could moisturize and soothe irritated skin) that then must be buried in a secret place in a specific location in the yard would be an example of a physio-magical cure (p. 2). The depth and care to which these histories were documented and categorized suggest the importance of folk healing to the region.

Though Halpert has not discussed the specific cultures or countries of origins for these cures, she has noted the influence of European immigrants in bringing Old World folk cures to the region and the perpetuation of these remedies by their descendents. Additional folklorists
have written of Old World folk culture being transplanted to Indiana and the rich extant folk heritage of the Hoosier State (Dégh, 1980; Montgomery, 1947; Woodward, 1961). Bronner (1980) has outlined the trends of migration to Indiana in the 19th century in his discussion of the personal history of Samuel Harris, an Ellettsville local jack-of-all-trades or bricoleur. Many immigrants coming from the Old World, particularly the British Isles and Scotland, settled first in a Virginia or Kentucky before eventually making their way to Indiana (Bronner, 1980). Before the Civil War, most newly arrived Hoosiers shared this story. Some incarnation of inherited folk remedies has certainly persisted in one fashion or another into the 21st century and may have contributed to the significant interest in folk and other alternative cures among modern Hoosiers.

There is “no body of literature clearly identifiable as the history of women in Indiana,” (Gabin, 2000, p. 213). Due to the double marginalization of women and alternative healing, a large gap existed for several decades in historical studies of medicine on women’s contributions to healing (in any State or region) (Sharp, 1986). Pelicci (2008) has described that many women healers themselves do not write or publish about their experiences and life histories and asserted the need for more research to “give them a voice in the dialogue on healing” (p. 51).

**Bloomington and Nashville**

These two South-central Indiana towns are home to a thriving alternative community that draws healers and supports the economy of healers by also attracting interested clients, teachers and advanced practitioners offering workshops and specialized trainings, and an economy of New Age and New Age-esque goods and services. Before the 1930s, the region was largely rural, sparsely populated by predominantly farming communities (C. Frey, personal communication, March 26, 2014). Several factors contributed to the rise in alternative or bohemian-type communities in the region, including: a population boom due to 1930s
resettlement policies hoping to ameliorate and prevent erosion; the development of Nashville as an artist colony thanks to the contributions and popularity of T.C. Steele; the growth of Indiana University (which had been established in 1820) and the development of the Kinsey Institute for sexuality research in 1947; and the wide interest in the region for folklore and cultural preservation, exemplified and maintained by Traditional Arts Indiana. All of these various influences helped not only to cosmopolitanize but also to internationalize South-central Indiana, specifically Bloomington and Nashville. These contributed to the development of the counter-cultural groups and various alternative sub-cultures that thrive there today, which can also be traced to the social revolutionary nature of the university town of Bloomington the 1960s (Wynkoop, 2002).

**Theoretical Frameworks and Concepts**

Several theoretical frameworks and concepts will underlie the discussion and conclusions of this study. Many of these concepts have been used before, as demonstrated throughout this chapter, to understand healers and their experiences. Feminist theories, which are well-suited and traditionally employed to analyze the experiences of women, especially in patriarchal societies like the US, will drive the study. The frameworks are used at times conjunctively and separately to inform discussions of participant experiences as framed in Chapter IV (see p. 87) This discussion comprises Chapter V (see p. 179) and helps inform the ultimate conclusion of the study, namely discerning the essence of participants’ experiences with the phenomenon under investigation.

**The Healer’s Journey and Human Development**

Research into the subject of the processes or transformative journeys that individuals may experience when becoming healers has documented several themes and elements, even though
the experience can be different and unique for each person. Kenny (2012) has reviewed the work of over one hundred authors who have studied and explored the subject. According to these scholars, key elements of becoming and being a healer include:

…the understanding of the healer as a facilitator of healing, of developing a sense of connection to sources of healing and becoming sensitive to the energy that comprises the courses of healing energy…a deepening appreciation of the healee and their importance in creating the conditions in which healing takes place…. [and] a deepening sense of spirituality and the wider archetypal significance of the healer’s role which would include an acknowledgement of the importance of the wounded healer. (p. 34)

Achieving or fostering these conditions and understandings contribute to personal transformation, since they help healers foster a greater sense of “the way things are” and therefore help foster the “radical change” necessary for people to become healers (p. 34). Part of this includes developing a sense of “radical empathy” that helps healers forge connections to others, the universe or wider cosmos, and humanity of the past and present strong enough to conduct their work and respond to suffering (Koss-Chioino, 2006, p. 877).

Pelicci (2008) has considered healers’ personal growth and transformation as experienced by women healers in particular. She conducted a case study on five long-practicing US-based women practitioners of the healing arts and generated six themes to characterize participants’ personal narratives of their experiences. For these women, support networks were very important, as were opportunities for continued learning and self-transformation. They stressed the need for an integrated approach to healing, discussed the importance of energy as a universal language, and emphasized the importance of a purpose-driven life. Pelicci also noted that each participant reported being assisted by spiritual guidance of some sort once they “stepped on the
path of their life purpose” and became a healer (p. 51). In some instances, the guidance healers receive comes from a mentor, but, in other cases, it comes from direct experience with trauma or injury.

Since the healers in this study came to the healing arts as young adults or adults, considering human development during this period of life is also relevant to the healer’s journey. Much can be said about the process of becoming and identity development in the adult stages of life. Adult identity development and identity transformation can be understood from through the psychosocial development theories of Erikson (1902-1994). Part of this theory suggests that the self is the instrument of knowledge (Erikson, 1982, as cited in Douvan, 1996). If healers generally experience a transformative event featuring direct experience with woundedness or healing, then Erikson’s theories fit well with what Pelicci (2008) and Koss-Chioino (2006) have outlined. The idea that personality development is influenced by social factors will also be relevant to this study (Erikson, 1950, as cited in Douvan, 1996). Development of any kind is certainly influenced by the context in which it occurs.

Construed from a phenomenological perspective, the lifeworld exists within the consciousness and is mediated by the self, as instrument of knowing, and the individualized experience of this lifeworld both shapes and is shaped by the inner world, the personality, and the spirit. For Erikson, those entities that affect individual experience are other human beings, the living world as a whole, and the nonliving world (as cited in Kivnick & Wells, 2013). This suggests the truth of the effect of experiencing elements of one’s lifeworld, like spirits, energy, and emotional or spiritual connections to nature. In Erikson’s theory these factors, relationships, and encounters helped shape adult identity development and transformation.
Erikson also described the ways in which creative and eccentric resolutions of the outcomes of the negative experiences of childhood and youth can influence adult identity and self-actualization; adulthood growth and change is an intentional reconstruction of these hardships (1950, as cited in Douvan, 1996). In terms of suffering, which could be interpreted as woundedness, Erikson suggested that agency and activeness to mediate negativity constitutes the self, suggesting the value of self-learning for adults. In terms of adult development, Erikson (1986) suggested that “vital involvement” with the external world is part of what constitutes meaning for the “self” structure, or personality (as cited in Kinvick & Wells, 2013, p. 45). These developmental theories will be used to explore adult identity development as a process of informal, experiential, self-directed learning that leads to transformation and self-actualization.

**Jungian Archetypes**

In Jungian philosophy, archetypes are said to exist in the collective unconscious of a culture prior to a given individual’s experience of the world or her culture (Merchant, 2012). The archetypes form the foundation of the psyche and are inherited “by virtue of being human,” and they exist outside or regardless of culture (Laughlin & Tiberia, 2012, p. 130). Rather than as a “blank slate,” individuals are born into an inheritance of archetypes that eventually come to shape their perceptions (Kenny, 2012, p. 33). Several factors influence which archetypes become important in various cultures and for individuals, such as personal disposition, parents’ childrearing style, and life experiences as lived in a culturally and historically specific time and place (Kenny, 2012). In other words, a person’s adaptation to their social and physical environments causes some archetypes to develop and others to remain dormant (Laughlin & Tiberia, 2012). Ultimately, since the archetypes are the foundation for the physic life, interpretations of manifestations of archetypes inform attempts to understand an individual
psyche. Although it is a structuralist approach to psychological understanding, it is meaningful and can illuminate psychic processes in a useful way (Laughlin & Tiberia, 2012).

Examples of archetypes include: “the Wise Old Man, the Great Mother, the Divine Child…the Hero, the Kore or Divine Maiden, [and] the Trickster” (Laughlin & Tiberia, 2012, p. 133). The healer is another of these archetypes. Like all of the Jungian archetypes, the healer has been important throughout the whole of human evolution (Myss, 2002, as cited in Kenny, 2012). This archetype exemplifies several characteristics: “a desire to serve others through compassionate action; a focus on repairing the body, mind, and spirit; and having the ability to channel energy to bring about improved health and wellbeing” (Myss, 2002, as cited in Kenny, 2012, p. 34).

The utility of the Jungian archetypes in terms of application to psychological issues, such as dreams, visions, and personal mythology—all of which are relevant to the healers in this study—can be difficult to discern (Laughlin & Tiberia, 2012). However, their importance to the study of meaning and interpretation is paramount, especially in terms of studying worldviews, spiritual lives, rituals, myths, social relations, and learning. All of these are significant to the journey of the healer. In this study, use of Jungian archetypes is not pursued to generalize participants’ individual psychic experiences or to understand some foundational, transcendent experience of humanity. Rather, the archetypes are used merely to provide a framework for interpretation of participants’ experiences (which, as will be shown, demonstrate both shared and unique traits (see p. 87). Furthermore, even though the archetypes are described as ubiquitous in human history, they undergo transformations and “represent variations on a ground theme,” indicating the possibility for diverse explication and manifestation (Jung, 1968, as cited in Laughlin & Tiberia, 2012, p. 134).
The archetypes themselves are phenomenological, indicating their relevancy to this study. As the experience of becoming a healer cannot truly be fully known other than through direct experience and can only be approximated through analysis and description, archetypes, too, can only be fully or meaningfully known through personal experience (Laughlin & Tiberia, 2012). There is room within the idea of archetypes for them to be more flexible in their meanings and implications than the structuralist nature of Jungian theory suggests. This flexibility notwithstanding, there are elements of participants’ worldviews that do indeed suggest a structuralist outlook, i.e., a belief in fate and destiny, and the Wounded Healer archetype fits with some participants’ not wholly constructivist worldviews (Laughlin & Tiberia, 2012).

**The Wounded Healer**

The Wounded Healer archetype provides a foundation for understanding healers’ experiences and how healing works in general (Achterberg, 1990; Kenny, 2012). The Wounded Healer represents an individual already psychologically prepared and therefore uniquely positioned to help others and facilitate healing, having already recovered from her own emotional, spiritual, psychic, and/or physical injury or trauma (Achterberg, 1990). The concept in Western culture is exemplified in the ancient Greek myth of Chiron, an immortal centaur whose incurable emotional and physical wounds typified “the strange interconnection between knowing about healing but being ongoingly unhealed and wounded oneself” (Merchant, 2012, p. 17). The wounded nature of the healer is an important aspect of the healer as archetype, since Jungian therapy suggests that an analyst (or healer) cannot “facilitate their patients’ growth to a point where they themselves have not been” (Merchant, 2012, p. 6). Through her woundedness and experience of healing, the healer can develop the empathy and deep knowledge of the healing process necessary to begin facilitating healing for others.
In his writings on shamanism, Jung (1946) has noted the connection between other-oriented healing and a healer’s ability to focus on, explore, survive, and/or cope with her own trauma(s) (as cited in Merchant, 2012). To be able to connect with a client or patient, the healer must have been reflexive enough about her own wounds and suffering to achieve healing. This helps her to more deeply understand and relate to the sufferings of her clientele. When she gives attention to her own wounds and vulnerabilities and tries to come to terms with them, a healer’s therapeutic insight and capacity for empathy are refined; Chiron was a great healer in spite of and because of his injuries (Benziman, Kannai, & Ahmad, 2012). For Jung (1946), the idea that “the wounded is the agent of healing, and...the sufferer takes away suffering” forms a sort of mythological truth (as cited in Merchant, 2012, p. 21). Chiron was eventually healed due to his own agency; he sacrificed his immortality to save the life of Prometheus. Because of its altruistic nature, Chiron’s self-healing and release from suffering was endowed with greater cosmic and spiritual meaning (Benziman et al., 2012). Since the mythological resonates with an emerges from the collective unconscious of any given culture and therefore represents archetypal figures and motifs, the myth of Chiron demonstrates that the Wounded Healer embodies an elevated capacity for healing due to personal, potentially traumatic, experience (Merchant, 2012).

The Wounded Healer embodies duality: the “wounded” individual at one hand, and the healer at the other (Grosbeck, 1975, as cited in Merchant, 2012, p. 15). Even so, this dichotomy exists within each individual, since it is archetypal; woundedness is not a downfall. A healer helps her client develop the ability to access and integrate the healer that already exists unconsciously within her, as the healer archetype or perhaps the Wounded Healer, into her consciousness (Grosbeck, 1975, as cited in Merchant, 2012). This facilitates the client’s healing, because the client becomes more capable of coming to terms with and/or overcoming his or her
own trauma; the healer does not perform or conduct healing directly. The experience and understanding that the healer holds in terms of how this reintegration can come to be is the source of her skill, since she has already undertaken the journey of working toward this reintegration for herself; the healer’s authority and the call to become a healer often originate from illness experiences (Kirmayer, 2003).

A complex interchange of wound projection, transference, and mutual vulnerability between the client and the healer leads to reintegration of the client’s inner healer with the inner wounded self (Merchant, 2012). Because the archetype also manifests itself externally in the relationship between the healer and the client, both of whom can be understood as Wounded Healers, it also represents the archetypical dynamic between the two parties that reflects the potential for mutual wounding and healing (Benziman et al., 2012). The healer is vulnerable to the reawakening of her own wounds as well as the pain of the client, and activating the client’s inner healer is therapeutic to the healer’s wounds and reflections (Benziman et al., 2012). The client is open to the unconscious transference of the healer’s old wounds, since it was by and through these wounds that the healer worked toward her own wholeness and transformation.

Achterberg (1990) discussed the Wounded Healer as a source of femininity and feminine “principles of healing—subjectivity, relatedness, [and] understanding” (p. 197). She equated these principles with the personality or character qualities of the Wounded Healer and noted their absence in the allopathic healthcare system. For Achterberg, crisis, “inner work,” and personal transformation/healing facilitates the healer’s ability to “be present” to others to experience their pain with great empathy and intensity (p. 197). Consciously opting to share the experiences and pain of the client is the work of the Wounded Healer, who must choose to be open to healing her own reawakened pain or trauma and to joining a client on his or her healing journey for mutual
growth into wholeness. Although Achterberg does not discuss the Jungian archetype directly, the
idea of a symbiotic relationship between two wounded individuals who possess an inherent
capacity for healing is salient in both discussions. The qualitative difference between healer and
client is the extent to which the healer within has been activated in each; for the Wounded
Healer, the injury or trauma of the past does not impede her potential for healing but rather
enhances it.

**Settler-Colonial Theory**

Veracini (2010) has provided an overview of settler colonialism and covered several of
its major theoretical concepts as exemplified by European settlers (and colonists). The idea that
settler colonialism should be a theoretical field given its own attention and exploration forms the
basis of Veracini’s analysis of existing literature. He demonstrated that the divergences between
settler colonialism and colonialism (as well as postcolonialism and imperialism) are too great to
neglect separate consideration of settler colonialism as a distinct analytic form. The most basic
differences are in the aims and objectives of the settler colonial project, which is structurally
distinct in its motivation to settle permanently rather than create an outpost of empire. These
variations in turn imply different relationships to the colonized land and people than colonial
structures and create a different type of settler colonial subject (whether settler colonist or settler
migrant) than its colonial counterpart.

According to the literature, colonial projects often seek to exploit the natural resources of
their colonial holdings but also place great value on the labor of Indigenous populations, who can
work the land and assist the colonial management in acquisition of resources such as raw
materials or agricultural products. In contrast, the primary objective in settler colonial projects is
purely the land itself, and the Indigenous populations who inhabit it are of little consequence
(Wolfe, 2002). The ultimate objective is not to manage or coerce any existing populations into subjugation, but rather to replace or remove them using whatever means necessary. This gives rise to what Johnston and Lawson (2000) have conceptualized as the dual forms of authority and authenticity that settler colonialist subjects are “(con)signed to desire and disavow” (as cited in Veracini, 2010, p. 9). Not only do they seek to assume the authority of the existing Indigenous people who effectively owned and operated the land prior to the arrival of the settler colonists, but they also gain cultural authority from Europe (though they would wish to cultivate their own independent authority). The authenticity of indigeneity would mark the legitimacy of the settler-colonist’s right to take and work the land, yet the authentic source of their origin lies in far-off Europe. Of course, a key element of settler-colonial sovereignty is the desire to disidentify or dissociate with the authority (and later, culture) of the metropole and become a self-sustaining source of authority.

What are of greatest importance for the topic at hand relate to the treatment and status of Indigenous peoples in settler colonial contexts as well as process(es) of indigenization among settler colonial subjects. Veracini (2010) outlines dozens of ways that Indigenous populations are “transferred” in settler colonial contexts to remove the barrier of their presence in terms of settler colonial access to land and natural resources (p. 33). Of these, several are connected to the indigenization process(es) of settler colonial subjects and demonstrate, in one way or another, the settler colonial tendency simultaneously to “cherish and denigrate indigenous alterities” and cultures (p. 32). Two of these are designated “narrative transfers” and change the way that settler colonial and Indigenous people are historicized by dominant collective memory (of settler colonial subjects) (Veracini, 2010, p. 41). The others relate to identity and settler colonial subjects’ self-indigenization.
The first narrative transfer relegates Indigenous people to the past as either backward or inhabiting a more primitive time (Veracini, 2010). This narrative could be extended to present-day romanticization of Native Americans in the United States. The second narrative transfer features claims to “settler ethnogenesis,” i.e., the idea or claim that “settlers are also indigenous peoples” (p. 42). This claim could be made when, for example, several generations of settler colonists have remained on the settled land and severed ties to the Old World from which they originally migrated. Both of these narratives have the effect of transferring populations both by conceptually relegating Indigenous people to the past, thereby negating their existence in the present by denying any “ontological connection linking indigenous peoples to their land” (Veracini, 2010, p. 43).

Additional forms of transfer are the “appropriation of indigenous cultural attributes” and the donning of Indigenous costume by settler colonial subjects (Veracini, 2010, p. 46). This includes claims to traditional lifestyles and ancestral connections to settled land, which legitimizes settler colonials’ claims to that land. Indigenous people are further transferred away as settlers “occupy native identities” by “playing indigenous” through adopting dress, customs, and ceremonies that are foreign to their individual (Old World) cultural heritage (p. 47). Part of the logic behind this transfer is the fetishization of the Indigenous other by settler colonial subjects longing for indigenization in their newly settled land (Veracini, 2010, p. 87). An unfortunate consequence is the negation of Indigenous agency or ability to self-define or self-determine.

**Gender Roles and Gendered Ways of Knowing**

Some of the concepts and philosophical foundations will be useful in considering the experiences of the women healers participating in this study. In addition to gender role
socialization, gendered ways of knowing, maternalism, and empowerment discussed below, additional theories on and critiques of feminist models of caring will be explored in Chapter V (see p. 179). To begin situating this study in the theories of feminism, a brief overview of gender role socialization and gendered ways of knowing is provided.

In the US, socialized gender relations exemplify the ways in which hegemony can operate to structure culture and society (see p. 57). The main axis of power in this structure or system is the subjugation of women (and femininity) to men (and masculinity) (Connell, 2005, p. 234). Gender politics in this culture are intimately connected with the “reproductive arena,” meaning that reproductive heterosexuality is the dominant norm. This dictates and necessitates specific roles and responsibilities for men and women so that the system itself can also be reproduced in future generations, thereby maintaining itself (i.e., hegemony). For women, the normative or expected gender role at least in the dominant or mainstream culture of the US is to marry, reproduce, and remain heterosexual and monogamous. With these gender roles come other behavioral expectations and character traits. According to the dominant discourse dictating gender roles and appropriate behaviors, women should be caring, nurturing, motherly/maternal, submissive, and passive.

Different ways of knowing, such as rational/cognitive knowing and subjective/intuitive, can reflect these systems of gender socialization and societal divisions of labor. Feminist theorists have considered these issues as they relate to the oppression of women in patriarchal systems (see McCann & Kim, 2010). “Separate” knowing is considered to be more masculine, and “connected” knowing is considered to be more feminine (Belenky et al., 1997, p. 236). The former refers to knowledge gained through disinterest reason or critical thinking and has been referred to as the “doubting game” since it takes as true only that which can be rationalized (p.
The latter refers to knowledge gained through personal experience and subjectivity and has been referred to as the “believing game” since it seeks understanding and lends more credence to intuitive knowledge (p. 241). Separate knowing would be the dominant or hegemonic way of knowing in a type of patriarchal system described by feminist theory as oppressive to women and what is categorized as feminine. Accordingly, connected knowing is devalued (Jaggar, 2008).

**Maternalism and Empowerment**

A way to counteract systemic, chronic devaluation in society is to seek alternative routes to value oneself and find value for oneself within society, which can be a form of empowerment. According to Weiner (1993), empowerment means a restoration of self-esteem and a restoration of autonomy to private behavior and choices. However, empowerment does not necessitate a complete rejection of hegemonic gender roles or socialized gender behaviors; indeed, seeking to reject this could necessitate self-rejection, considering the hegemonic nature of patriarchy and female oppression. Maternalism, described as empowered motherhood/womanhood and the freedom to express publicly domestic values generally aligned with motherhood—such as caring, enabling others through teaching, and allowing others to control their bodies and choices—can be linked to increased empowerment for women in that it reduces the controlling or authoritarian elements of paternalism. Maternalism will be used in Chapter V to consider participants’ processes of becoming a healer as they relate to women’s empowerment, individual self-empowerment, and healers’ facilitation of empowerment for others (i.e., healees) (see p. 206).

**Alienation**

Marx’s (1844) concept of alienation will be useful in exploring participants’ processes of becoming healers insofar as seeking a fulfilling life path can necessitate exploring ways to
reduce one’s sense of alienation from one’s labor and productive activities. According to Marx, the concept of alienation from labor helps explain why lower/working classes are chronically disenfranchised in a wage-labor system (as cited in Lemert, 2010). This disenfranchisement relates directly to economic mobility and also to the more mental and personal world of the worker. If the laborer does not and cannot control the means of production nor the results of her labor, she becomes alienated through sacrifice of the self; the worker’s own physical and mental energy belongs to another, and the product of the force expended in production also belongs to (and earns profit for) another, namely the person who owns the means of production. The owner also thus owns the laborer, who is beholden to the wage-labor system for subsistence and is trapped in a cycle of disenfranchisement and disempowerment that cannot be overcome since she does not own the means of production nor benefit from her own labor. Alienation from labor thus describes a loss of self, self-sacrifice, and estrangement, described by Marx as “mortification” (p. 35). By being controlled under the “yoke of another,” the laborer becomes estranged from herself (p. 38). In this study, the concept of alienation will be used to explore participants’ processes of becoming in the sense of rejecting work from which they feel alienated and seeking a path that negates or eliminates feelings of alienation from labor.

In their analysis of the possibility of a feminist theory of caring, Fisher and Tronto (1990) considered the concept of alienation as it relates to women and care-giving. Though their analysis is about professional healthcare providers like nurses, daycare workers, and social workers, the ideas they covered closely overlap and resonate with the experiences of the women healers in this study. Fisher and Tronto indicate that women are often alienated from caring for self due to the dominance of men in mainstream medical professions. Another source of alienation from care of self stems from excessive preoccupation with caring for others, such as a
spouse or children, rather than the self, a gender role expectation instilled in them from a young age, at least in most Western cultures.

**Hegemony and the Discursive Approach**

The notion of hegemony explains the cultural dynamics by which groups or factions within a given society claim and sustain their position to set dominant social/behavioral norms, even to the point that these “hegemonic” norms or dynamics are “exalted” by the culture (Connell, 2005, p. 236). Understanding the concept of hegemony and the way it operates within a society or culture can be facilitated through discursive analysis, which seeks to explore dominant discourses and the way they structure lived realities of both dominant and non-dominant groups within a given society.

The most important aspects of Foucault’s discursive approach (1972), according to Hall (1997), are the procedural elements essential to understanding how and why discourse functions, and, arguably, to what ends. The discursive approach involves examining what language and statements are used surrounding a given topic. For example, what can be said or thought about a subject contributes to the understandings of it and influences the way the topic is treated or experienced in society. Discourse creates truth through regulating what can be said or thought about a topic, therefore constructing the world insofar as ways of thinking or being in the world are structured according to the dominant or hegemonic discourse. Another key is considering what is omitted in a given discourse; truths that create consequences for real life are formed, and if a discourse does not legitimize a topic, group, or belief as true or valid, then it can never manifest itself as such in the greater societal or cultural discourse (reality). A final element of the discursive approach as outlined by Hall (1997) is the idea that these discourses, as they relate to power structures, are specifically concerned and arguably orchestrated, however unconsciously,
to control and regulate specific bodies within minority or non-dominant groups; the regulation of specific bodies’ social conduct is inextricable from power dynamics.

In this case, what is most relevant is the idea of a dominant or hegemonic discourse and how discursive shifts may come about; through counter-hegemonic discourses or minority discourses, alternative understandings of reality, history, and discursive subjects find space to exist. As these counter-hegemonic discourses begin to take hold by a majority, they themselves become dominant, and reality adjusts to accommodate to the new truths. An example of this would be changing notions of child labor in the West; there was a time when it was considered appropriate for young children to do manual labor for wages at what we would now consider to be a very young age. Before child welfare became the dominant discourse surrounding children’s rights, it used to be the child’s right to work for wages as early as he or she pleased/could. Over time, a new discourse about the appropriate role and place of children took hold in society, therefore changing the lived realities of children through a new regime of truth and the consequences of re-conceived notions of child welfare. Considering cultural and societal phenomena using the discursive approach can shed light on some of the power dynamics that may be informing the structures and realities of lived experience.
CHAPTER III: METHODOLOGY

Introduction and Research Questions

This research takes a blended hermeneutical phenomenological case study approach to analyze the lives of white women healers and their processes of becoming. The case is bound in time and place to two South-central Indiana towns in the present day. The purpose of this study is to understand the essence of becoming a healer in the case of Anglo-American women in the contemporary US, specifically for these participants. Inductive analysis of significant life events and healer identity formation will contribute to this understanding; the ultimate goal is to illuminate the essential experiences of the phenomenon of becoming a healer. To reiterate, the primary question is: what is the essence of these participants’ experiences of becoming a healer? Additionally, what can be understood about becoming a healer by interpreting these specific women’s experiences and life stories from a phenomenological perspective? This study will explore processes and experiences of becoming and aspects of feminist theory and other theoretical frameworks and concepts (see p. 43) as groundings for interpretation and analysis. Secondary issues in the project are the implications of such becomings in regard to identity development, self-actualization, and individual meaning-making.

The nature of the methodological approach reflects the complexity both of the cases and of the phenomenon under investigation. This study will provide a detailed, in-depth description of a temporally and geographically bounded system (the case), and the women’s lived experiences became both the object of study and the product of inquiry (Creswell, 2013). What emerged during the research phase was a series of highly individualized cases lending themselves to a phenomenological approach. Through further analysis, what precisely the essence of becoming a healer might be to these participants will be explored and considered using feminist and other social theories. Ultimately, I will develop a framework for
understanding these specific participants’ experiences and elaborate on them with specific examples, anecdotes, and story-like illustrations. This framework will inform understandings of the essence of the phenomenon in question.

**Qualitative Research Design**

Qualitative research, as an organizing system for guiding research, features a variety of approaches, techniques, and strategies (Creswell, 2013). In this methodology, design possibilities and processes are flexible rather than fixed, inductive, and reflexive (Maxwell, 2013). These characteristics are what facilitates and allows, per se, the blending of approaches to achieve and shape project goals. Generalizability is not a key characteristic of qualitative research, which seeks to provide in-depth descriptions and understandings that illuminate specific ideas, stories and experiences of groups or individuals rather than a snapshot of experience that can then be extrapolated to represent truths about an entire population. In fact, the external non-generalizability of qualitative research findings is viewed as a valuable element or strong point of this methodology (Creswell, 2013; Maxwell, 2013). The detailed, in-depth descriptions and experiences that inform qualitative analyses can provide sophisticated understandings of research topics or problems, and this level of sophistication validates its own purpose by exposing the nuances of human experiences.

**Researcher Perspective**

Acknowledgement and consideration of my position in regard to the case and the population involved is as important to my research project as it is to any other qualitative research endeavor. As Peshkin (1988) described, subjectivity is invariably present in research. He describes that acknowledgement of subjective positions is meaningful for all aspects of research because of its ability to affect and influence design, implementation, analysis, and
reporting results. Furthermore, disclosure of “where the [researcher’s] self and the subject became joined” and what qualities within the researcher may have led to this joining, then researchers “can…be enabled to write unshackled from orientations that they did not realize were intervening in their research process” (Peshkin, 1988, p. 1). He further claims that because disclosure operates in the spirit of honesty and consciously productive self-awareness, it is good for the soul as a confessional that leads to meaningful attentiveness and reflexivity.

I will first elaborate on my personal experiences with what can be considered from my perspective to be alternative or traditional healing, which will illuminate why I am interested in this subject in a general sense. As an undergraduate, I participated in a student teaching practicum on the Navajo Nation, and it was during this time that I had my first exposure to non-biomedical healing of any kind. The event an elder woman’s mid-winter Blessing Way ceremony, designed to incorporate Navajo spirituality and healing traditions in such a way that a woman would be healed of her disease. Led by a medicine man, the healing event lasted from dusk to dawn. It was performed to heal the grandmother’s paralysis and palsy, the source of which was possession by evil spirits. We sat around the tradition hooghan, chanting in Navajo, while her family cleansed her with yucca root. The medicine man drew Navajo Holy People on her skin while everyone prayed. The following morning, we breakfasted together, and the family made me a gift of the ceremonial blanket. I wanted to understand, but realized that the sacred knowledge was not for me; still, I felt compelled to explore alternative and indigenous healing practices at least in terms of what they meant to the people who practiced them.

On a related note, my undergraduate experience took place in Bloomington, Indiana, one of the sites selected for participant recruitment in this study. After completing my student teaching on the Navajo Nation, I returned to Bloomington and lived there for two years while
teaching and working for a local co-op. I became involved in the sort of radical/hippie subculture in Bloomington and met many people interested in and practitioners of alternative health and healing. I developed a casual interest in herbalism, health and wellness, and alternative lifestyles (i.e., veganism). Though I never saw or consulted any professional alternative healers, I had many informal experiences through friends and coworkers that I now consider to have been healing for me.

After leaving Bloomington to begin Peace Corps service in Indonesia, more traditional and cultural healing techniques made their way into my life when I was serving. I had sprained my ankle while walking in a rice paddy, and this ailment was cured by a local grandfather who possessed the healing touch. Additionally, when I became sick or contracted the flu, my host mother cured these everyday illnesses with a localized form of Chinese *gua sha* skin-bruising. I still hoped to understand these practices, but as a member of the Peace Corps, I was not in Indonesia to conduct anthropological field studies.

My academic interests since beginning graduate studies have revolved around Indonesia, informal or alternative education, Indigenous knowledge and Native American (Navajo) history and history of education, women’s issues, and critical theories. I have seriously considered obtaining certification in alternative healing modalities, specifically massage therapy and aromatherapy (I do not consider myself gifted in energetic healing). Since beginning graduate school, I have connected with two local Reiki practitioners in Bowling Green as well as one integrative health practitioner, and I have both received free services and paid for their services or products. Part of my inspiration for writing this thesis was my desire to explore my path of alternative healing, and I hoped to conduct a case study with alternative healers for this personal
reason as well as to sustain and explore my burgeoning academic research interest in unorthodox identities and ways of being.

**Paradigm and Interpretive Framework**

Throughout this phenomenological case study, I will use a blended feminist and social constructivist interpretive framework (Creswell, 2013). The critical aspects of a feminist framework allow for exploration of societal implications of the research, such as gender power dynamics and recognition of patriarchy. The social constructivism interpretive framework allows for analysis of participants’ subjective experiences. Thus, the paradigm is epistemic bricolage (Abes, 2009).

According to Heckman (2008), social constructivism was born during the linguist turn in modern critical theory and designates a new social model wherein realities are understood primary through discursive phenomena. Hall (1997) further elucidates the idea of social construction in his analysis of Foucauldian ideas of discourse and knowledge production; meaning is constructed within discourse, which itself is a social phenomenon bound by historical and cultural contexts and which regulates realities through knowledge legitimization and the practices that are generated by discursive events. For Foucault (1972), discourse constructs knowledge and meaning, which implies that meaning exists within discursive constructs; discourse is necessarily a social phenomenon involving the linguistic, cultural, and social interactions that inform practice and shape subjects’ realities (Hall, 1997).

Feminist approaches, according to Creswell (2013), “center on and make problematic women’s diverse situations and the institutions that frame those situations” (p. 29). Lather (1991) has further explained that what is of importance in the feminist framework is that gender is a basic organizing principal shaping the conditions of women’s lives; themes of gender domination
in a patriarchal society are to be examined and explored (as cited in Creswell, 2013). The ultimate purpose is to conduct transformative research that shifts perspectives on gender inequality issues by illuminating the ways they operate in society and influence experience (Creswell, 2013).

**Case Study Approach**

In this study, the case is two Indiana towns located within a half hour’s drive from one another. The participants are white (Anglo-American) women healers of non-denominational spirituality who practice energy work and blended healing modalities. At the time of interview, they ranged in age from 27 to 71. The study seeks to demonstrate these women’s experiences of becoming a healer, though the experience is necessarily bounded by time and place and influenced by the socio-cultural climate and history of the geographical region. The town in which the majority of participants reside, Bloomington, is home to a large university, and the second town, Nashville, can be fairly characterized as a tourist destination.

The history of the US Midwest and specifically the tri-state area of Indiana, Kentucky, and Ohio show interesting and varied traditions of alternative and spiritual healing that have undoubtedly influenced the contemporary popularity of unorthodox medicine in the region. This history also contributed to the decision to study healers in the Midwest, a relatively isolated region compared to coastal cities or states such as New York and California. The folk healing traditions and history of Native Americans in the area will be relevant and further detailed in the next chapter (see p. 87). On a final note, as described in the researcher position section, Bloomington is home to a thriving subculture of alternative lifestyles and what would generally be identified as “hippie”-type culture—unorthodox, liberal, and relatively rural due to the farming country that surrounds the city proper. Nashville is a tourist area and is well-known for
its state parks and forests, which will also be significant to participants and was elaborated in
greater detail in the previous section (see p. 42). Both towns are home to thriving art cultures,  
“foodie” scenes, and lots of DIY and “back to the land”-type subcultures. Given these 
characteristics and the familiarity with the towns, conducting this case study in this site was most 
appropriate for this research endeavor.

Participant Selection and Recruitment

As a case study with phenomenological elements, a manageable sample size of no more 
than ten to twelve participants, all of whom with experience with the phenomenon of becoming a 
healer, was required to “elucidate the particular, the specific” aspects of participants’ experiences 
(Creswell, 2013, p. 157). Generalizability was not a concern in this study but rather to 
understand these specific women’s experiences, so a manageable sample size that could be cross-
analyzed without risking dilution of detail was important (Creswell, 2013). In this study, I made 
use of purposive and snowball (chain) sampling techniques. I sought to include no more than 
nine participants and one pilot participant in this study.

The definitive number of cases one should include in a case study approach is debatable 
(Creswell, 2013; Guest, Bunce, & Johnson, 2006). Patton (1990) describes that there are no 
precise rules for sampling in qualitative inquiry, although the sample size must reflect the 
purpose and significance of the study as well as the methodological approach (as cited in Jones, 
Torres, & Arminio, 2014). According to Kuzel (1992), the nature of the topic and the availability 
of resources should also inform sampling size. Kuzel has also indicated that six to eight 
interviews for a homogenous sample is sufficient, if this sample size can meet research 
objectives, although he presented no evidence for this range. In this inquiry, limiting to nine 
information-rich cases provided significant diversity of voices and backgrounds as well as a
sample size that accurately embodied all sampling criteria (Rockenbach, Walker, and Luzader, 2012, as cited in Jones et al., 2014). Sample adequacy is often more important than sample size in qualitative projects, and nine individuals proved more than adequate for this study (O’Reilly & Parker, 2012).

Participants were approached for recruitment based on their self-identification as a woman energy healer. Two other significant sampling criteria were that the women self-identified as white/Caucasian/Anglo-American and did not belong to any mainstream monotheistic religious tradition, specifically Christianity, Islam, and Judaism. I sought to connect with older women healers, generally between the ages of 35 and 50, but ultimately worked with a wider age range. After opening dialogues with several potential recruits, I realized that age is not a good indicator of the number of years a woman had been practicing her healing. For example, one of my eventual participants was 62 years old, but had only been healing for six years, whereas a 27 year old participant had already been healing for eight years. Due to these specific criteria for participation, the initial sampling strategy was purposive or purposeful sampling (Creswell, 2013).

One of my personal acquaintances, a client of Robin, one of my participants, and I used my personal acquaintance as a starting point for recruitment. After reaching out to Robin via email and gaining preliminary consent and gauging her interest in becoming a participant, I asked her to provide me with names of other healers in the area who fit the parameters for participation. She gave me the names of a few healers, who in turn each provided a few more names after our initial contact. This type of sampling is known as snowball or chain sampling, and it is useful for finding participants of interest from others who know that their testimonies would be information-rich (Creswell, 2013). After initial recruitment, I had been put in touch
with approximately 20 healers, nine of whom eventually consented to participate. This number was whittled down after first contact, and in most cases a potential recruit either could not find time to participate or had not been living in the region for a significant amount of time. Participants were officially recruited after we determined together that they fit the criteria for participation and reviewed the contents of the consent letter, which I sent to potential recruits via email so that they could gain a comprehensive understanding of the study and what their participation would entail.

After the first round of interviews, I began to understand that my sample, while not intentionally designed to provide maximum variation, did in fact present a wide range of diverse voices and experiences in many ways (Creswell, 2013). Healers were diverse in age, personal background, modalities practiced, current spiritual identification, and family life, including parental and marriage/partnership status. Maximum variation sampling features an intentional effort made in advance to seek out cases that represent differentiated experiences or selection criteria. In this case, the likelihood of findings reflecting different perspectives and voices was diminished because I did not conduct maximum variation sampling, though the ultimate result was that a variety of past experiences and personalities were indeed represented. This strengthens the study, since diverse voices and findings are ideal within qualitative projects (Creswell, 2013). However, there is a small chance of selection bias, as all of the healers consulted were in fact successful in pursuing the healing arts path as a professional (income-generating) career. So, in reality, criteria for participation include, in a de facto sense, success in this aspect (Creswell, 2013).
<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Profession</th>
<th>Current Job Title</th>
<th>Spiritual/Religious Identification</th>
<th>Race</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chloe</td>
<td>26</td>
<td>Massage therapist</td>
<td>Massage therapist</td>
<td>&quot;Nothing specific&quot;</td>
<td>White</td>
<td>Bloomington</td>
</tr>
<tr>
<td>Cynthia</td>
<td>47</td>
<td>Graduate gemologist</td>
<td>Owner, “X Center for Healing” (pseudonym)</td>
<td>&quot;Very spiritual&quot;</td>
<td>White; “mutt” of French, Dutch, German, Czechoslovakian, and American Indian</td>
<td>Bloomington</td>
</tr>
<tr>
<td>Janet</td>
<td>71</td>
<td>&quot;Depends on who’s asking and why&quot;; artist; teacher of Feng Shui; facilitator of women’s empowerment</td>
<td>Feng Shui teacher</td>
<td>None</td>
<td>White; European heritage</td>
<td>Nashville</td>
</tr>
<tr>
<td>Kathleen</td>
<td>61</td>
<td>Energy therapist</td>
<td>Emotional techniques practitioner</td>
<td>&quot;Not strongly affiliated with any religion.&quot; Unity, &quot;very loosely Christian-based&quot;</td>
<td>Caucasian</td>
<td>Bloomington</td>
</tr>
<tr>
<td>Laughing Womyn</td>
<td>57</td>
<td>Wisdom teacher and healer</td>
<td>Wisdom teacher, shaman, and healer</td>
<td>&quot;A blend of feminist pagan, feminist Wiccan, Dianic Wiccan, and Native American&quot;</td>
<td>Predominantly White, with African American and Native American heritage</td>
<td>Nashville</td>
</tr>
<tr>
<td>Michelle</td>
<td>54</td>
<td>&quot;Disabled.&quot; Private cook; seamstress; Reiki practitioner; intuitive healer</td>
<td>None; “Although I have been and done so many things”</td>
<td>Spiritual</td>
<td>White; Slovakian heritage</td>
<td>Bloomington</td>
</tr>
<tr>
<td>Robin</td>
<td>44</td>
<td>Healer</td>
<td>Licensed massage therapist and cranial-sacral practitioner; certified dancing for birth instructor; Maya abdominal practitioner; tummy time teacher</td>
<td>Gnostic Pagan</td>
<td>Caucasian; “lineage lost.” Native American or Mexican heritage possible; Czechoslovakian/Bohemian heritage</td>
<td>Bloomington</td>
</tr>
<tr>
<td>Sandra</td>
<td>51</td>
<td>Massage therapist; healer; “depends upon the person I’m talking to”</td>
<td>Massage therapy; herbal consultation; natural healing session; Reiki Master; certified nutritional herbalist; working on Master Herbalist certification</td>
<td>Spiritual but not religious; “I just try to just stay connected to spirit.”</td>
<td>White; European heritage, some Native American heritage; “Heinz 57.”</td>
<td>Nashville</td>
</tr>
<tr>
<td>Sarah</td>
<td>27</td>
<td>Spiritual life coach; healer in mixed modalities</td>
<td>Spiritual life coach</td>
<td>None</td>
<td>Caucasian</td>
<td>Nashville</td>
</tr>
</tbody>
</table>

Figure 1. Table of Participant Demographics
Ethical Considerations

Anticipating when, where, and how ethical concerns may arise throughout the research process is an important way to develop and maintain ethical sensitivity (Jones et al., 2014). Ethics extend beyond conforming to standards set forth by institutional review boards and seeking merely to do no harm. Eisner and Peshkin (1990) have described that “doing good,” often subjectively understood through ideals of fairness, openness, caring, and truth, is a complicated challenge for researchers (as cited in Jones et al., 2014, p. 175). I took several measures to ensure that the healers faced a low level of risk in participating study and that I worked toward “doing good” in representing my findings. An essential first step was gaining BGSU’s Human Subjects Review Board approval for the study (see Appendix C).

Informed Consent

To ensure that participants had a complete understanding of the project before agreeing to participate, I sent a digital copy of the informed consent document for the study to each (see Appendix B). The consent document introduced the researcher, explained the purpose of the study, outlined a timeline for interviewing and member-checking, reviewed confidentiality measures, reviewed data collection and access/storage details, and described that participation was voluntary and could be withdrawn at any time. It also contained several means of contacting me, my advisor, and my internal review board in case of further questions.

When sending the digital copy, I clarified to participants that I would bring a hard copy of the document for them to sign at the interview if they chose to participate. Before beginning each participant’s first interview, she was given another opportunity to review the consent document as thoroughly as she wished before signing it. The document was carefully worded for maximum clarity and ease of understanding. I offered another opportunity to ask lingering
questions about the study or the consent process before requesting the participant’s signature and notified her that she could contact me with questions at any time after her interview(s).

**Confidentiality/Use of Pseudonyms**

I anticipated that a substantial amount of the data that participants shared would be of a personal and sensitive nature. Therefore, confidentiality of data and personal identifiers became an important aspect of this study. Several of the participants are businesswomen in the integrative/holistic health field, and I wanted to ensure that the study would not harm their professional reputations in any manner. I chose to assign each participant a pseudonym to prevent this. Furthermore, I protected anonymity by removing interview details that could be used to discern participants’ identities, such as names of mentors or mentees, current or former clients, and/or names of businesses or workplaces. The exception to this was Laughing Womyn, who permitted me to use her real name rather than use a pseudonym that might not do justice to the uniqueness of her chosen name. She noted that she is both well-known in the healing community and very open in terms of sharing her personal story and background.

**Phenomenological Aspects**

Creswell (2013) has described phenomenological studies as those which seek to describe the meaning(s) of participants’ lived experiences of a phenomenon or concept. The fundamental purpose of phenomenological analysis is to refine these experiences from individual instances into a more universal essence or “a grasp of the very nature of the thing” (van Manen, 1990, p. 177). The fundamental question of phenomenology is what a certain experience in the world is like—not to generalize or theorize about the world, but rather to deepen our understanding of it by reaching deeper clarity about the nature and meaning of experience (van Manen, 1990). The
types of insights sought can bring us into more direct contact with the world and to reunite us with the ground of our own lived experiences (van Manen, 1990)

Husserl (1965) suggested that we “go back to the things themselves” (p. 102) to understand the nature of a given phenomenon as we experience it. This necessitates sharp attention to human experiences both of consciousness and of things or phenomena as they are presented to the conscious mind; it is only through our consciousness that we can become related to the world (van Manen, 1990). In other words, for individual beings, the “reality of an object…is inextricably related to one’s consciousness of it” (Creswell, 2013, p. 77).

Understanding an object or phenomenon can be worked toward through analysis of the conscious experience(s) of it. This in turns entails the analysis of lived structures of meaning, those structures which shape the way an individual makes sense of his or her experience in the world as real and meaningful (van Manen, 1990).

Studying structures of meanings in a systematic and thoughtful fashion can uncover them to description and representation as instances of a more universal essence. The essence gives us a “fuller grasp of what it means to be in the world” as a certain type of person experiencing a certain object or phenomenon (van Manen, 1990, p. 12). These persons need not be similar to we are, per se; “phenomenological research has, as its ultimate aim, the fulfillment of our human nature: to become more fully who we are” by fostering deeper understanding of what it is to be (van Manen, 1990, p. 12). It appeals to our self-evident, common experience by creating a compelling description of human experience in our relation to or meeting of phenomena and objects as we experience such encounters in our world (van Manen, 1990).
Hermeneutics

Hermeneutical phenomenology is research into lived experiences as interpreted through the texts of life, which teach us about lived structures of meaning (Creswell, 2013; van Manen, 1990). In this tradition, gaining access to the essence of a thing occurs through interpreting stories about life experiences and situations (Lindseth & Norberg, 2004). A hermeneutical interpretation is done through textual analysis, and texts are produced by participants and the researcher through the interview and transcription process. Interpreting the text takes the researcher closer to the essential meaning of a phenomenon by exploring not what is said in the text, but what the text actually talks about (Lindseth & Norberg, 2004). In other words, literal meanings will lend themselves to an iterative interpretation that will ultimately inform the essence, which is what the participants are talking about. Experience is witness to the essence of the phenomenon, because it is only through intentional consciousness that the world reveals itself (Lindseth & Norberg, 2004). In interpreting participants’ conscious experiences, which they share during interviews, the essence can be gleaned. The interview data, which is comprised of conscious experiences, represents a “life text” that is itself an insight into the participants’ lifeworld (van Manen, 1990, p.69).

As experience is transformed through narrative interviews and/or storytelling into texts that a researcher can analyze and interpret, the essential meaning becomes available for understanding. Though it is not only through interpretation that the essence can be gleaned; in hermeneutics, what is central for understanding the essence is an interrelationship between “direct conscious description of the experience” in the form of an interview, narration, or storytelling and “the underlying dynamics of structures that account for experience”, or those aspects of experience and consciousness that are behind or beyond individuality (Moustakas,
Hermeneutical interpretation is therefore a blend of art, psychology, logic, and science.

Van Manen (1990) has indicated that rather than presenting itself as a strict set of methodological prescriptions, hermeneutical phenomenological research is necessarily and fundamentally an activity and act of writing. The results and the process are the research, since to perform hermeneutical phenomenological research is to discover an ontological core—an essence—and share it, in a primal telling, using a voice involved in an original singing of the world (Merleau-Ponty, 1973, as cited in van Manen, 1990). It is rather the opposite of poetry and art, which often seek to express an essence of human experience through mystification of it. Hermeneutical phenomenology reads the texts of life as a form of situated experience-art, the meaning of which the researcher-artist seeks to make explicit, relatable, and evocative to the reader-audience.

**Epoché and Bracketing**

An important process in any type of phenomenological research is *epoché*, or the suspension of prejudgment and biases of previously held knowledge about an object or a phenomenon (Moustakas, 1994). This includes predilections, prejudices, predispositions, allowances, and politics (Moustakas, 1994). The purpose is not only to prepare the researcher for the discovery and development of new knowledge, but also as a process for refreshing the consciousness so that people, events, stories, objects, and phenomena can be seen as if for the first time (Moustakas, 1994). The aim of the process is to regain an original vantage point, free of “whatever colors the experience directs at us,” whether sophisticated political or philosophical ideas we have developed or external ideologies that may have been cultivated in our consciousness from a young age by authority figures in the world (Moustakas, 1994). It is a
challenge to silence “the directing voices and sounds...[in order] to encounter the phenomenon, as such, with a pure state of mind,” for we need what we see to “really be there” (Moustakas, 1994, p. 88). The process is one of facilitating authentic engagement with the phenomenon or object of study by providing a clearing to truth and light (Moustakas, 1994).

The *epoché* process as a habit of thinking is maintained throughout pre- and post-empirical research phrases (Bendall, 2006). Though encompassing the concept of bracketing personal experiences, *epoché* is a process by which one’s personal beliefs are held, in their bracketed state, separate from units of meaning that emerge throughout the research and analysis process (Bendall, 2006). Bracketing is considered an event done *through epoché* rather than as a process in its own right; the event of bracketing occurs when personal ideas held in *epoché* are held in suspension during interpretive moments when the analysis must focus exclusively on the phenomenon in question (Bendall, 2006). Reintegration of bracketed experiences, or unbracketing, is another event that occurs in moments of interpretive fusion and the emergence of conclusions. In unbracketing, experiences held in *epoché* are reintegrated and reinvested into the larger investigation as necessary for synthesis and conclusion-making (Gearing, 2004, as cited in Bendall, 2006).

**Data Collection**

According to van Manen (1990), the nature of data in qualitative research is ambiguous. The concept of data itself has “quantitative overtones” though interviews and observations are common methods for gathering data in qualitative research (van Manen, 1990, p. 54; Creswell, 2013, Maxwell, 2013). Something valuable is gained through qualitative data collection, though results are not quantifiable in a strict sense (van Manen, 1990). The researcher, as instrument, mediates the data, and since remembrances are necessarily mediated by the act of recounting,
any experiences described or given to the researcher in an interview or observational setting are
doubly transformed from their original existence as pure experience (Creswell, 2013; van
Manen, 1990). Furthermore, the nature of interview questions, which are developed and posed
with the intention of illuminating research questions, can further influence how participants
respond. Precise wordings or framings can affect how participants interpret questions and
subsequently answer them (Maxwell, 2013). Additionally, data collection encompasses more
than just interview questions and responses. According to Creswell (2013), data collection
includes many aspects of the research process, including choosing a site, sampling, gaining
consent, recording responses, and storing data. In this study and the majority of qualitative
research designs, my primary empirical data collection methods included interviews and
observations.

Open-ended, Semi-structured Interviews

Since I sought information about personal experiences and life stories told through the
unique voices of each participant, interviewing was the primary method of data collection
(Merriam, 1998). I conducted two rounds of open-ended, semi-formal interviews with each
participant (see Appendix A). The first round of interviews was conducted with a standard set of
questions to be asked of each participant. I designed these questions in advance to elicit
comprehensive accounts of each participant’s experience of becoming a healer (Moustakas,
1994). The second round consisted of individualized follow-ups, and each participant was asked
personalized questions that I generated after listening to and reflecting on our initial interview.
Conducting the interviews in an open-ended, semi-formal fashion allowed me to obtain
spontaneous, rich, and relevant responses from participants (Kvale, 1996).
Each interview was conducted in a location chosen by the participant as a comfortable, quiet, relaxing place. Many participants invited me into their homes or office spaces, and in some cases these were one and the same. Creating relaxed and trusting atmosphere is essential in assuring that participants provide honest and comprehensive responses to interview questions (Moustakas, 1994, p. 114). I ensured such an atmosphere by allowing the participant to choose the interview location, by conversing informally before the interview began, and by allowing participants to ask questions about me and/or my project before starting to record.

I took detailed notes for the duration of each interview, which was taped on two digital recorders (one was for backup purposes). My notes helped me to generate spontaneous follow-up questions as the conversation flowed from one topic to the next and allowed me to record body language, points for follow-up, and my own initial reflections. Interviews were transcribed verbatim using transcription and word processing software.

**Observations and Participant-Observations**

In an effort to diversify the data available for analysis, I conducted an observation and one participant-observation in addition to interviewing healers individually. According to Creswell (2013), observations are explorations and notations on the phenomenon or object of research as it appears in the field setting. Observations are conducted through the five senses of the researcher recorded in a systematic fashion to describe physical settings, participants, interactions, activities, conversations, and the researcher’s own behavior (Creswell, 2013). Gathering additional, supplementary data by conducting observations can be useful in triangulation (Fielding & Fielding, 1986, as cited in Maxwell, 2013), which entails consulting various data sources when seeking to support or generate a conclusion or finding. For each observation, I recorded detailed descriptive notes and followed-up with reflective notes after the
conclusion of the event. At the same time, I tried to maintain awareness during the observation of what phrases and incidents gave the data cogency or relevancy to the overall story being told by the event in relation to my research project (van Manen, 1990).

My first observation took place on the front porch of Laughing Womyn’s home. This was the location of what was called a healing day, where community members seeking healing could come together as group and work through issues together with Laughing Womyn’s help and support. As a participant-observer, I participated in the activity and brought a personal issue to the attention of the group. The experience of sharing my issue and receiving support and ideas for healing allowed me to gain a subjective, insider perspective on the event (Creswell, 2013). During my own sharing, I did not record field notes, though for the remainder of the healing day event, I was able to function more as an objective observer by watching and recording what I heard and noticed (Creswell, 2013). Since the healing day was open to all members of the public, attendees were not disturbed by my presence—many of them had never met one another before; there was no preexisting group dynamic to be interrupted by my attendance. As noted in Creswell (2013), the ability to change roles throughout a period of observation is a valuable trait for strong qualitative research(ers).

The second observation in this study took place in the Monroe County Public Library in downtown Bloomington. It was a healing exploration facilitated by a male healer rather than one of my participants. I was particularly interested in this event because of the healer involved; I wanted to be able to compare and contrast the findings from my interviews with women healers the information shared and taught by a man/male healer. The workshop he held was an introductory information session for shamanistic breathwork techniques, and activities included a background description, group practice, and a guided meditation. Again, this was a public event,
so I was not disturbing any preexisting group dynamic. I observed the first part of the workshop and participated in the guided meditation. As with the ‘healing day’ observation, I recorded descriptive field notes and reflective notes afterwards. Conducting this observation allowed me to learn new information about healing in general, shamanism and shamanistic techniques, and the experiences of this particular male healer. I also recorded workshop participants’ interactions with one another, interactions with the healer himself, and reactions to the material being shared. Furthermore, my own participation in the guided meditation portion of the workshop allowed me to insert myself fully into the environment and group dynamic of the workshop, truly entering the “lifeworld” of healing and being healed (van Manen, 1990, p. 69). Ultimately, the purpose of both the observations and participant-observations was simply to work for greater understanding of this lifeworld, which better informed data analysis and interpretation. By gaining experience with healing and being healed, I was better able to understand participants’ perspectives and stories.

In the phenomenological approach, observations are conducted in such a way that the researcher may assume a close relation to situations and people while simultaneously “retaining a hermeneutic alertness” that allows him or her to maintain reflexivity (van Manen, 1990, p. 69). This method is called close observation. It is not simply a variation on participant observation, although the researcher must take on the dual role of participant and observer simultaneously, as in participant observation (Creswell, 2013; van Manen, 1990). The key is that the researcher’s reflective stance not give way to “the more manipulative and artificial attitude” that reflective-mindedness tends to “insert in a social situation and relation” (van Manen, 1990, p. 69). In each instance, I made myself vulnerable to the dynamic of the group and its healer, which allowed me to break down social or emotional barriers normally present when routine observational methods
are undertaken (van Manen, 1990). In this way, the observations were close, facilitating my entry into the healing world of the people whose experiences are relevant to my study while allowing me to maintain awareness of what aspects of what I was seeing, hearing, and experience would be cogent to my research (van Manen, 1990, p. 68).

**Data Saturation**

Data saturation—whether theoretical or thematic—is often considered to be a quality indicator in qualitative research (O’Reilly & Parker, 2012). However, given that the concept itself can be defined in a variety of ways depending on its deployment or use within the various qualitative approaches, determining whether data saturation has been achieved is difficult. In the broadest sense, saturation refers to the point at which data collection has reached its maximum potential and no new codes can be generated by the collection of additional data or interviews (Gaskell, 2000, and Green & Thorogood, 2004, as cited in O’Reilly & Parker, 2012). In most qualitative projects that seek to understand common perceptions or experiences among a relatively homogenous sample of individuals, Guest et al. (2006) have indicated that six to twelve interviews are usually sufficient to generate codes and themes; in their study, additional interviews past the twelfth participant failed to generate a substantial number of new codes or contribute to existing understandings of thematic findings.

Choosing an appropriate sample size to ensure data saturation in advance of conducting interviews seems an impossible feat, although in retrospect the data collected for this study have proven thematically saturated for the purpose of exploring my particular participants’ experiences. Given the phenomenological nature of this study, I would suggest that data saturation would be achieved not through obtaining a large enough sample, but rather through spending sufficient time with each participant. Unfortunately, insufficient time with participants...
is a potential limitation in this study (see p. 85). However, how could a researcher accurately pinpoint or delineate the amount of time needed fully understanding someone’s lifeworld and lived experience? Two issues arise: the hubris of stating that the researcher can adequately understand a participant’s experience of a phenomenon through three meetings or interviews, and the notion that a specific minimum of time would be sufficient for all participants across the board and ensure data saturation, regardless of participants’ individuality or uniqueness, comfort level, ease in verbal sharing and storytelling, etc.

Data Analysis

Following Creswell (2013), data underwent the following transformation process: data was managed (transformed from audio files to computer files; transcribed verbatim), read, and memoed in the margins to begin preliminary identification of ideas and concepts or potential codes. This iterative process led to description, classification, and interpretation of data into codes and themes (Creswell, 2013). In case study and qualitative research projects in general, these procedures are standard. Creswell (2013) provided a helpful visualization of the data transformation and analysis process in the form of a “data analysis spiral” (p. 183). Based on Creswell’s description of case study procedure, data was analyzed holistically to uncover what might be left unsaid or what emergent themes could illuminate about the case, and in this instance about the phenomenon being studied. To do so, particular attention was given to a specific aspect of the phenomenon and the case, that is, the process of becoming as a phenomenon in the lived experiences of these participants. This entire process represents an embedded analysis (Yin, 2009, as cited in Creswell, 2013).

Coding, a categorizing strategy, helped in the generation of codes that ultimately led to a greater understanding of the case (Creswell, 2013). Ultimately, these codes informed theme
generation, which described the essential experience of the phenomenon being studied here. Categories used in coding included organizational, substantive, and theoretical categories (Maxwell, 2013). Building detailed description of the phenomenological case studied here necessitated a fine review of data, development of thematic categories ("winnowing" the data, according to Wolcott (1994)), and a priori categories included such codes as experiences with institutionalized religion, mentions and descriptions of topics/elements related to Native American culture, and traumatic or metaphysical experiences, to name a few examples (Creswell, 2013). Code labels and categories were developed through reading and reviewing data, and these fell under one of three options described by Creswell (2013): in vivo codes, codes from existing literature, and codes generated by the researcher. Classification aided in theme generation (Creswell, 2013). The final interpretive phase of analysis led to a report on the meaning of the case (Creswell, 2013) in terms of the phenomenological aspect: becoming a healer as an Anglo-American woman in the contemporary US.

In keeping with the phenomenological aspect of the study, essential experiences and specific data excerpts were analyzed as life texts; meanings were interpreted by the researcher. Data analysis procedures, speaking from a more abstract perspective, were undertaken with the intention of exploring the meanings of participants’ lifeworlds as a source of understanding of lived experiences. In doing so, the essential elements of the experiential phenomenon were teased out (i.e., generated). Essential elements were those that transcended individual participants and seemed to resonate with the lifeworlds of all of them based on their provided interview data. Again, phenomena are human experiences with a universal or intersubjective character, so a measure of interpretation of participants’ lifeworlds is both warranted and necessary considering the nature of phenomenological interpretation and the short duration of the
data collection phase of this project (van Manen, 1990). As previously described, the observations and participant-observations in this study helped elucidate an understanding of the lifeworld of healing and being healed, which informed my understandings of participants’ stories and experiences as healers.

**Trustworthiness**

Trustworthiness is a process of attempting to assess the accuracy of findings in qualitative research while including reflexivity in terms of researcher positionality regarding ethical and political considerations related to the project (Creswell, 2013). Trustworthiness is sometimes known as validity, and Creswell (2013) has indicated that trustworthiness is a type and element of validation and has cited his preference for the term “validation” (p. 251). Maxwell (2013) described two specific threats to validity in qualitative studies: researcher bias and reactivity. Validity itself refers to “the correctness or credibility of a description, conclusion, explanation, interpretation, or any other sort of account” in qualitative analysis (Maxwell, 2013, p. 122). Research bias points to the subjectivity of the researcher as it relates to presuppositions about participants, topic of interest, or settings in the study. Reactivity refers to the influence of the researcher on the participants or settings studied and is particularly relevant to one-one-one interview situations where the interviewee is necessarily influenced by the interviewer and the interview setting/process. A variety of strategies can be implemented to prevent these threats and to test the validity of conclusions drawn (Maxwell, 2013). In this study, I have taken advantage of the following strategies to enhance the validity or trustworthiness of my analysis and conclusions: respondent validation techniques (also known as member-checking); collection of rich, thick data and descriptions; and triangulation.
Respondent validation, also known as member-checking, refers to the process of asking participants if the results seem credible or whether reported results and analyses conducted by the researcher are accurate in their eyes (Creswell, 2013). I conducted several member-checks during interviews by rephrasing participants’ responses to make sure I understood them correctly. Additionally, I sought validation after coding participants’ responses by emailing them to share initial interpretive results and also consulted them on their participant information biography (Maxwell, 2013). My level of involvement with participants and our in-depth interviews helped build rapport between us, and this, in turn, led us to a place of trust wherein seeking validation to prevent misrepresentation and misinterpretation was comfortable for everyone involved (Creswell, 2013).

Rich, thick description refers to data that is presented in the form of verbatim transcripts and detailed quotes supplemented by field notes to provide tests of and groundings for the conclusions made (Maxwell, 2013). Obtained through extensive interviews and observations, rich, thick data helps provide an accurate picture of the participants or the setting and “what is going on” (Maxwell, 2013, p. 126). I transcribed all of my interviews verbatim using transcription and word processing software and cross-checked responses with my detailed field notes before beginning data analysis. These efforts allowed me to capture detailed, descriptive understandings of specific participants and their lived experiences (Maxwell, 2013, p. 126).

The strategy of triangulation denotes the collecting of data from diverse sources, individuals, and settings by a variety of different methods to reduce the risk of “chance associations and systematic biases” (Maxwell, 2013, p. 128). In addition to interview data, I have consulted existing literature and included observations and participant-observations to generate conclusions. Though use of these diverse data sources does not automatically guarantee greater
validity, it does ensure that a greater number of chances for plausible conclusions exist, since the supportive evidence for conclusions comes from a variety of diverse sources (Fielding and Fielding, 1986, as cited in Maxwell, 2013).

In addition to these validation techniques, I conducted a pilot interview to test my interview protocol and questions for quality and usefulness. The pilot interview was essential to the data collection process, since developing good interview questions is a creative activity requiring insight and reflection rather than the simple conversion of research questions into interview questions (Maxwell, 2013). By piloting the interview protocol, I could shape the order, flow, and wording of my questions and practice generating appropriate and meaningful personalized follow-up questions. I was able to find a white female healer in Bowling Green, and she consented to participating as my pilot respondent. Her interview provided me the opportunity to determine if my questions “worked as intended” and illuminated what revisions I needed to make to my interview protocol before beginning data collection among my participants (Maxwell, 2013, p. 101).

Dependability

In qualitative research, dependability refers to the reliability of the research. In this study, I took measures to keep detailed field journals and to record and transcribe the interviews verbatim, enhancing reliability or dependability of data. Jones et al. (2014) have noted that triangulation can also indicate reliability in qualitative projects. Silverman (2005) has also noted that detailed field notes, high-quality recording implements, and accurate transcripts can also enhance reliability (as cited in Creswell, 2013). Reliability also refers to inter-coder agreement, which uses multiple data coders in analysis to check that generated codes and/or themes are consistent between independent coders (Creswell, 2013). Though the scope of this study does not
support extensive reliability checks through the form of inter-coder agreements, I achieved a strong measure of dependability through triangulation and detailed, verbatim data collection.

**Methodological Limitations**

The major methodological limitation in this research related to the sensitive nature of some of the topics covered in the interviews. Building the rapport necessary to gain participants’ confidence was challenging due to the rigorous interview schedule. I had a time window of no more than 90 minutes during each interview. For many participants, extending the interview beyond 90 minutes was not feasible because they were in the middle of a working day and had to keep other appointments with their clients. According Siedman (1989), to studies with a phenomenological approach generally feature three in-depth interviews with each participant (as cited in Jones et al., 2014). An important reason for this is to develop rapport and trust between the researcher and participants. By providing several opportunities for sharing and exchange, the participant’s comfort level can be enhanced. This is particularly important when responses include content that is of a highly personal and emotional nature. I noticed, however, that participants were much more relaxed and open during the second interview, and this indicated that rapport was indeed being established between us despite time constraints. I believe that the second interviews were more relaxed since participants had begun to feel more comfortable interacting with me, had had a chance to ask questions about me and my project face-to-face rather than strictly over phone or through email, and had realized or come to understand that I was a sensitive listener and could provide a comfortable environment for them to share the personal details of their lives. A third interview session, however, would have been ideal and would have developed our rapport even further, possibly yielding richer data.
Personal Limitations

Another limitation is my position as a researcher and my preconceptions about alternative healing practices and practitioners. I have been the receiver of several alternative/allopathic healing services throughout my life and believe that these remedies can be important steps in healing from physical, emotional, or other kinds of trauma. However, my efforts at bracketing my personal preconceptions, ideas, feelings, and experiences with this topic were an attempt to reduce their influence on the results of this project. Member-checks and peer review were also used toward this end (Maxwell, 2013).

Limitations in Confidentiality

My ability to maintain confidentiality and anonymity between participants was challenged through the data collection process, a limitation in the form of an ethical concern. Several of the participants knew one another, deduced what other community members I would likely be interviewing, and mentioned one another during interviews. Some of the participants were previously involved in mentor-mentee relationships, and several of the them deduced others’ identities due to the nature of chain sampling. One participant also noted that she discussed her interview with another healer whom I had also interviewed; their business offices were adjacently located on the same floor of the same building.
CHAPTER IV: FINDINGS

The purpose of this chapter is to present the findings of the research conducted for this study. These results are structured around four themes, which illuminate the essence of the participants’ experiences as healers and how they see themselves and their work. Supporting quotes and excerpts from interviews will demonstrate the significance of the theme across participants. Rich, thick description of participants’ experiences in the form of direct quotations and summaries will be provided as findings for each theme. Stories from these healers’ backgrounds and a variety of their opinions and philosophies about their individual lives, US culture and society, and the world in general are also included. By examining these themes, these participants’ experiences of becoming a healer as an Anglo-American woman in the US will be illuminated.

The themes that emerged across participants are: 1.) “Awakening,” or the importance of inner transformation to facilitating healing work, 2.) “Open-mindedness,” or the importance of developing a critical awareness of the self and society at large to the process of becoming a healer, 3.) “Grounding,” or the importance of building connections to sustained empowerment as a healer and as a woman to reach a state of “Groundedness”, and 4.) “Integrity” and maintaining an ethic of care, or the importance of understanding and living by a certain set of ethics that help ensure empowerment on the individual level and a positive conceptual relation to clients and the wider world to developing and maintaining efficacy as a healer.

These themes elucidate the essence of the phenomenon of becoming a healer for these Anglo-American women participants and suggest that this process is ongoing, circuitous (non-linear), and multifaceted. Before presenting and explaining these thematic elements, a more detailed introduction of each healer interviewed for this study is provided.
Participant Details

Chloe

Chloe is a 26-year-old massage therapist who has been practicing for seven years. In her massage therapy and in her personal life, she uses Reiki healing. She is a Level II Reiki practitioner (and she studied with the same Reiki master as Sarah and Michelle). Born in Saint Paul, Minnesota, she moved with her family to Kansas and then, at the age of 13, to Columbus, Indiana. Upon graduating high school, she began massage therapy school because of her preference for less structured learning environments than those commonly found in university settings and also because of an interest in healing work. She then moved to Bloomington and enrolled at Indiana University. She earned her degree in the individualized major program studying therapeutic horticulture and holistic health. Chloe now owns her own practice in downtown Bloomington, where she offers massage therapy. She lives with her partner and has a newborn.

Cynthia

Cynthia, 47, is the owner of a center for healing in downtown Bloomington. She is a graduate gemologist and trained microbiologist. Currently, Cynthia is working on a doctorate degree in holistic health. She practices energy healing (including Reiki, in which she is certified Level III Master), aromatherapy, therapeutic touch, hypnotherapy, Bach flower remedies, and herbal remedies. She holds a variety of certifications and accreditations. Originally from Georgia, Cynthia moved to Indiana eight years ago to be with her husband, though they are now divorced. Her interest in alternative healing developed when she was practicing gemology in California and was exposed to crystal healing. She also has background training and experience as an EMT, a triage nurse, and a pathology lab technician. Now, in her healing work, Cynthia
offers workshops and trainings in basic and advanced aromatherapy and meets clients in her office for one-on-one sessions. She is in a long-term relationship.

**Janet**

Janet, 71, is an artist, feng shui teacher, and self-described facilitator of women’s empowerment. She is also a craftswoman and a published author. Her feng shui practice and teaching focuses on helping clients’ align their *chi* with their life goals, particularly in terms of encouraging energy to flow harmoniously in physical environments. She works with clients primarily in small group or workshop settings, and teaches topics ranging from feng shui to meditation to collage. She grew up in the Chicago area and lived in many other states changing homes many times due to her father's job. Her travels continued as she searched for Utopia in the revolutionary years of the 1960s and 1970s, finally returning to Indiana to form an intentional community with friends. Throughout her adulthood, Janet took many classes in alternative studies such as women’s health, spirituality and feng shui. She studied with several influential teachers, including Native American spiritual teachers and a Chinese feng shui master. She was awarded a doctorate in social psychology based on all the classes she had taken both at the University of Iowa and numerous workshops that were not part of a university. She has adult children, and currently has two young tenants living on her property in Nashville. She has had “many wonderful partners” in her life, and she was with her most recent partner for 27 years until his passing.

**Kathleen**

Kathleen, 60, is a practitioner of an energy-based therapy system called Emotional Freedom Techniques (EFT), a type of healing that features manual tapping on certain points on the body. Kathleen was born in Kansas City, Missouri, but grew up in Indiana. Prior to
becoming an EFT practitioner, Kathleen studied transpersonal counseling in California and was also a full-time mom. She raised her children in Indiana. Kathleen became interested in EFT while taking coursework in life coaching, which she had been pursuing professionally in 2005 (after her children had grown up and moved away to study). She was certified three times as an EFT practitioner—in 2008, 2010, and 2011—twice through teachers and once through the Association for the Advancement of Meridian Energy Techniques (AAMET). Her EFT training was completed in California. She now trains others and is an AAMET Trainer. She currently works from her home office, where she meets clients one-on-one, in person, on the phone, or through Skype. She also teaches group classes, which meet in person or over the phone (on a conference line). Kathleen considers herself an emotional techniques practitioner, although she also often uses the designations “energy therapist” and “life coach” for simplicity’s sake. She lives with her husband.

Laughing Womyn

Laughing Womyn Ashonosheni, who goes by the name Laughing Womyn, is a 57-year-old wisdom teacher, shaman, and healer. She has been practicing for 30 years and has substantial experience in massage therapy and a variety of shamanic healing techniques. She meets clients one-on-one, in couples, and sometimes in groups. She is a shamanic healing practitioner and uses a variety of approaches and techniques based on the specific needs of the client (or clients). Born in Akron, Ohio, she has also lived in Michigan and Arkansas; her work brought her to Indiana twelve years ago. Before she became interested in the healing arts, Laughing Womyn worked as an accountant and gas station manager. Her interest in healing was sparked by massage therapy experiences and reading extensively about alternative healing. She is largely self-taught, though she did take formal training in Reiki. Since the 1980’s, she has had a Native American mentor.
She self-identifies as a feminist and a lesbian, and she explained that serves an elder priestess in her spiritual community. She lives in Nashville, Indiana, with her partner.

Michelle

Michelle, originally from Canada, is a 54-year-old Reiki and intuitive healing practitioner. At the time of our interview, Michelle planned to attain Level III certification in November, 2013. She obtained her first two Reiki certifications in Bloomington under a popular local teacher (with whom Chloe and Sarah have also studied). She works primarily one-on-one with her clients; she is in the process of establishing her own business and has recently purchased a massage table so that she can treat clients in her home. Michelle currently does Reiki sessions for trade and provides pro bono Reiki sessions every week at a local acupuncture clinic. As a disabled adult, her main source of income is supplemental security income (SSI), though she also cooks on occasion for a local family and does a bit of freelance sewing/seamstress work out of her home. Michelle is a trained herbal medicine specialist and has completed a six month herbology apprenticeship under a well-known local herbologist. She moved to Indiana at the age of 14 after living in Michigan and Ohio, and lived California as an adult, eventually returning to Indiana. Prior to becoming involved in the healing arts, she worked as a mechanic and studied Russian language and comparative literature at the university level. She is currently involved with local activist organizations that help the homeless and participates in outreach and community awareness activities. She is twice divorced with several adult children.

Robin

Robin, 44, practices a variety of healing modalities. She is a massage therapist, cranial-sacral practitioner, certified dancing for birth instructor, Maya abdominal massage practitioner, Tummy Time!™ teacher, and Reiki practitioner (Level III certified). She works primarily with
women who are mothers or mothers-to-be, and she works with her clients on all levels (spiritual, mental, emotional, and physical). She considers herself a healer by profession and works primarily as a hands-on healer. She is from rural Indiana and came to Bloomington to attend university. Her post-secondary studies were in dancing and dance instruction, and she came to energy/alternative healing by way of therapeutic recreation, kinesiology, and counseling/psychology. Her first healing coursework was in massage therapy. Robin’s primary mentor, Laughing Womyn Ashonosheni, was an occasional guest speaker in Robin’s massage therapy classes. The two women still have a strong relationship. Robin has a large office suite in downtown Bloomington, where she provides one-on-one sessions, family sessions (i.e., mother and baby), and group sessions or workshops. Robin is married and has three boys.

Sandra

Sandra is a 51-year-old healer, massage therapist, and herbalist. She gives herbal consultations, natural healing sessions, and Reiki therapy (Level III Master). She is in the process of gaining her master herbalist certification. She works with clients in a primarily one-on-one setting. Sandra is an Indiana native. At the age of 35, Sandra took her first class in massage therapy; prior to that, she was working as an engineering technician. Sandra holds an associate’s degree in drafting and design, and she worked as a draftsman and project manager while giving massage in the evenings and on weekends. In 2005, after deciding it was time for a career change, she opened her healing practice. She works from home and has a designated room in her house that she uses for healing sessions. Frequently, she teaches workshops and classes, especially in herbology. She has a son and a daughter from her first marriage and is currently in a long-term relationship.
Sarah

Sarah, 27, is a spiritual life coach who practices a variety of healing modalities and techniques including oneness blessing, medical intuition, theta healing, DNA work, and Reiki. She is currently developing her own private practice, building her client base, and continuing her education in the healing arts. Originally from Dayton, Ohio, she recently moved to Bloomington to support her boyfriend as he pursues graduate studies. At the time of our interview, she had been living in Bloomington for approximately nine months. All of her certifications have been earned in Bloomington; she is relatively new to alternative healing. Prior to beginning her healing journey, she was an inter-cultural communications and Russian student and worked briefly as an English teacher in Russia. She began exploring healing after being recommended by her mother to read *The Power of Now* by Eckhart Tolle, which had caused her mother to have a spiritual awakening of her own. Both Sarah and her mother began their spiritual explorations and journeys because of the powerful influence of Tolle’s writings. Sarah is now certified in Reiki through Level II (and studied with the same teacher as Chloe and Michelle). Sarah has had a variety of mentors and teachers, many of whom have been men. She is hoping to become able to support herself fully by working in the healing arts and has plans to travel to India in 2014 to study the oneness blessing ceremony further.

Awakening, or Inner Transformation

“Once I got out of that cage, I never looked back.” (Kathleen)

Introduction

Eight of the nine participants, with the exception of Chloe, shared the experience of one or more transformative life events that influenced their life path and directed them toward alternative health and healing. For some, these influential or transformative events were
metaphysical, such as visions and near-death experiences. Others mentioned traumatic events in their personal lives and within their families, such as addiction, personal illness, and struggles with “coming out” as a lesbian. Some of the participants have had both metaphysical and traumatic experiences. These events prompted them to reflect on their lives. This type of reflection was often accompanied by a career change or at least prompted the participant to reflect on their career or occupational trajectory to the extent that a change was made (see p. 126). Most of the healers discussed these transformative events as moments or periods of awakening that caused them to reconsider the world and their place in it.

The awakening was an essential aspect of participants’ journeys towards becoming a healer in that it proved a catalyst for initial explorations into alternative healing. In many cases, participants’ seeking of self-healing proved instrumental in their eventual decision to become a healer; many of the women noted that their self-healing journey awakened them as a healer. Furthermore, many of the participants felt that these experiences prompted them to seek and, in some cases, to need healing for themselves. Awakenings and transformations were not linear processes, but rather more circuitous and meandering; a confluence of factors, experiences, and reflections contributed to these participants’ individual becomings. The awakening or transformation may have been catalyzed by one experience or event, but the introspection and reflection that accompanied it made the process ongoing and circuitous in nature. Furthermore, since becoming healed is described an essential element of healing as an art and act, the importance of healing and awakening to transformative introspection and reflection is significant for the world at large; the healers discussed the perceived current trend in global awakening and a mass shift in consciousness, and noted that individual choices to seek and work for personal health and healing are contributing to this growing shift. The process of becoming awakened to
alternative ways of understanding the self—particularly insofar as that facilitates reflection and contributes to life changes—is an important factor influencing the healer’s (ongoing) path.

**Metaphysical Experiences**

The first emergent sub-theme in participants’ awakenings was the metaphysical experience. The healers reported experiencing a range of metaphysical events or occurrences which proved to be a contributing factor in their personal transformations. Without prompting, four of the nine participants recounted stories of powerful personal metaphysical or spiritual experiences. These experiences were often described as profound and intense. Their stories tended to emerge during the interview when participants were asked about what led them to their current path; they were not asked explicitly to share about any psychic or metaphysical experiences. The narratives demonstrate the possible range of profound experiences these participants (Kathleen, Sarah, Janet, and Michelle) have had during their individual life journeys. Possibly, other healers in this group have also had metaphysical experiences, but these may have been unreported since participants were not directly asked to describe experiences of this nature.

These metaphysical experiences often featured intense, short bursts of spiritual or religious inspiration that culminated in a decision to take action about something related to the experience. In the case of Kathleen, the Emotional Freedom Techniques (EFT) practitioner, a catalyst moment or experience was reading the biography of Saint Teresa of Avila, founder of the Carmelite Roman Catholic order. She was a practicing Catholic at the time and attended mass on a weekly basis with the rest of her family. As soon as she read the biography of Saint Teresa of Avila, she felt a strong desire for the type of “mystical life” described in it and immediately began attending mass on a daily basis. At this time in her early adulthood, the literature made a great impression on her. She described feeling a “kind of fervor” that lasted for many months,
and during this time she inquired with her priest about the process of becoming a Carmelite nun like Saint Teresa of Avila. This experience propelled her into studying spiritual counseling and exploring mysticism as well. Eventually, she left the Catholic Church (described later), but the impression of this experience had lasting effects.

Like Kathleen, Sarah, the young life coach, also reported an awakening of her own that occurred after reading a book. Sarah read “The Power of Now” by Eckhart Tolle, which she had been given to her by her mother. It is a spiritually themed book and generally is categorized as New Age literature, and Sarah said that after reading it, she “saw everything totally differently.”

Another healer, Janet, the feng shui teacher, connected her own early metaphysical experiences not to exposure to literature but rather to hallucinogenic drugs. Through this exposure, she had what she described as a “god-experience.”

These were mediated experiences—mediated by drugs, literature, and to an extent (for Kathleen) institutionalized religion. Michelle’s awakening, however, was more finite and spontaneous, and was not prompted by a mediating factor like books or hallucinogenic drugs. Michelle, who does intuitive healing and is developing her own Reiki practice, described a metaphysical experience that happened spontaneously one day during her university years. This proved to be the catalyst for seeking questions that arose due to the experience and for exploring her spirituality. She described the event as a “psychic awakening,” and it eventually led to additional metaphysical experiences, which she also described. The first experience was a sort of journey wherein Michelle, per her description, was taken by a guide to outer space, as if by magic. She described that all of a sudden she had an understanding of the intricacies of science and physics that she had never had before; she had not studied physics at all and would have had no way of understanding the information she was “receiving” during this experience. Again as if
by magic, she possessed knowledge to which she had no previous exposure and could not explain. She described her “psychic awakening” as follows:

So, one minute I’m sitting there at the kitchen table drinking a cup of coffee, and the next minute, I’m like, in outer space and there was some sort of guide speaking to me. I didn’t see the guide, I just heard, well, really more telepathically, I understood, okay, this is the way physics works. This is the way the planets are put together. This is the way material reality holds together. This is matter, this is energy, this is time, this is space, this is what all of this is. This is what reality is made out of. And understand, it’s a construct.

Understand it is a construct. And it’s like, all of this information was just flooding into me, and I had, I had a, a pad of paper, and so I was, like, trying to scratch out graphs and, and, and, and symbols, and, and charts, and 3-D, you know, models, and I—I couldn’t capture it. And I was trying to capture it in words of the English language and I couldn’t capture it that way, either, it was just, like, beyond what could be really translated into this world’s languages. And it was just blowing my mind…it was like an out-of-body experience. And then all I knew is then I came back, and I was sitting at the kitchen table again, and the cup of coffee was stone cold. And I had no idea how many hours or even days I had been sitting there.

This event had a long-term effect on her both spiritually and mentally, for example by affecting her ability to tell time accurately and her ability to distinguish easily between left and right.

Michelle had additional metaphysical experiences after this, also somewhat magical, mystical, or otherwise inexplicable. She described one instance of falling into a trance-like state; she went outside in the snow and fell to the ground in after the trance overtook her:
And I could see each individual crystal...each pattern and how they were all different, every single snowflake...And then later, I was thinking, wait a second! Can people see crystalline structure of snowflakes, just with their naked eye? Laying on the ground looking at snow? So, I, you know, I had, like, super sensitivity of vision, super sensitivity of hearing, super sensitivity of smell, all—everything was heightened.

Michelle recounted one additional incident when she awoke in the middle of the night to a chorus of singing voices that she described as the most beautiful sound she had ever heard in her life. She had been spending the night with a friend, who, the next morning, reported not hearing anything at all. Michelle said that she now realizes the experience was part of the “shamanic call or some sort of psychic awakening” that happened to her so that she could do the work that she is now beginning to pursue, namely intuitive healing and energy work. She connected these metaphysical experiences explicitly with her interest in and current pursuit of healing work, though she did not indicate that these were the sole influential factors in her decision to pursue the healing arts.

These four healers’ metaphysical experiences vary in nature but appear to have affected them each on a deep level. The strong language used by each healers to describe the experience—Michelle’s “psychic awakening,” the “god-experience” described by Janet, Sarah’s new, “totally different” understanding of the world, and Kathleen’s religious/spiritual “fervor”—demonstrate the profundity of the experiences. For Sarah, what would outwardly appear to be the simple act of reading a book provoked an intense spiritual response that prompted a complete revaluation of the way she managed her inner life, which in turn prompted further exploration into self-healing and healing others. Kathleen’s and Janet’s awakenings also seem to have been mediated in some way, by a spiritual figure and recreational drug use
respectively. Michelle’s awakening happened spontaneously and over the course of three
metaphysical/psychic experiences. These healers’ journeys and processes of becoming a healer
were influenced if not catalyzed by the described events. None of these four participants reported
that they required healing or self-healing due to the experience of these events but rather that
they were prompted to seek explanations through spiritual or other explorations; other healers,
however, described more traumatizing experiences that did indeed push them towards
transformation and awakening through self-healing.

**Personal Trauma**

As a subtheme of participants’ experiences of awakening, traumatic and impactful life
events demonstrate possible catalyst moments that prompted healers to reconsider their
trajectories both in their personal and professional lives. As did the metaphysical experiences,
the traumatic events varied in type: traumatic in-hospital childbirths (Janet, Michelle, Robin),
even to the extent that the child was negatively affected by the procedure (Robin); challenging
coming-out stories, both in terms of sexuality (Laughing Womyn) and religion (Laughing
Womyn, Kathleen); eating disorders such as compulsive eating and over-eating (Laughing
Womyn and Kathleen); extreme confinement and forced social seclusion (Sarah); and long-term
illness, both hereditary and non-hereditary (Michelle and Cynthia). These stories were reported
without prompting, suggesting the level of importance these events had on the healers who
described them. Healers began to share about these traumatic events when they were asked
“What led you to your current path?” As with the metaphysical experiences, these traumatic, life
events prompted participants into the type of reflection that eventually led them toward the
healing arts.
Michelle and Robin reported negative childbirth experiences, and Janet reported a significant experience during second childbirth. Each of these three healers has multiple children. Michelle and Robin mentioned that the first was the most memorably traumatic or intense, and Janet’s second birth was the vehicle for a transformative near-death experience. Janet and Michelle reported that successive births were less difficult/intense and in some cases these other births happened at home, which was more fitting for their needs and preferences. Robin, the healer who works with mothers and babies as a Tummy Time!™ teacher and cranial-sacral practitioner, among other things, reported the following about the first time she gave birth:

I had a nightmare birth. I had a Cesarean birth. I got a damaged baby. Um, I got a live baby and according to medical standard a healthy baby. [But] he wasn’t a comfortable baby, wasn’t a happy baby. He was pretty damaged.

Robin’s successive childbirths were successful home VBACs (Vaginal Birth After Cesarean). These second and third babies were “great, big babies” that Robin birthed on her living room floor, which she desired due to interest in homebirth and because of the previous unsatisfactory Cesarean section experience, which occurred in a medicalized birth setting. Her continued involvement in birth work and healing for pregnant mothers and new babies speaks to the strength of the influence of these experiences on her life.

Michelle, who had previously described three metaphysical/psychic awakenings, described her first birthing experience as traumatizing. She became pregnant when she was engaged to her high school sweetheart, though they had only had sexual intercourse “just a few times, like two or three times.” Michelle said that when she was younger, she was not taught much about human reproduction. So, she was generally unclear about the processes of pregnancy and birth at the time she conceived her first child. She was a 17-year-old senior in high school at
the time of the birth, and her fiancé was newly graduated from high school. Six months before
their wedding, “he chickened out.” Michelle was thus pregnant and single two weeks before she
intended to marry the father of her child. She described her birthing experience as follows, and
noted additional difficulties that arose from having to care for what turned out to be a sick
newborn:

It was a very traumatic birth. They strapped me down to the table. They did all kinds of
things to me that were inhumane, I believe. I was really traumatized. But, [the baby] was
a good, healthy baby for the most part, [and] he was 9 pounds and a half pounds. But
then when he was three weeks old, he had to have stomach surgery, because he had a
genetic stomach thing. So, here I had to go through that alone, too. I went through the
labor and delivery alone, they wouldn’t even let my mom in. I went through my child
having surgery, almost dying and then having to have surgery, and, um, I pretty much
just grew up overnight….I mean, they actually strapped me down! And they had me on all
these monitors and were yelling at me, it was just horrible. So it was a true insult to my
soul.

This was a pivotal experience that prompted Michelle to question the medical establishment and
some of its procedures, and it also weighed heavily on her personally. This experience was part
of what prompted her to explore alternative approaches to health and healing; the negative
experience with her hospital birth left Michelle with a negative impression of institutionalized
Western medicine.

Janet, the feng shui teacher who also discussed “god-experience,” did not characterize
her first birth experience as traumatic. However, the birth of her second child proved intense and
memorable for her since she “died in second childbirth and came back.” This experience proved
to be the catalyst of “a great shift in consciousness” that prompted her to begin researching topics related to near-death experiences, spirituality, and what were at the time contemporary current events, such as the struggles for civil rights and other “social problems” of the 1960s into the 1970s. She was 19 at the time of this near-death experience and described this period as “a turn, definitely a big turn.” She connected her near-death experience to this shift in lifestyle and new openness to seeking information about near-death experiences and alternative spirituality. Seven years later, she was divorced, experimenting in communal living, and traveling the country “in search of Utopia.”

These births were not just negative experiences that prompted Robin, Michelle, and Janet to seek alternatives for successive births or simply decry the medicalized birth model. The trajectory of Robin’s career was influenced by her birthing experiences, and she continues to work with pregnant mothers, newborns, and families as a major focus of her healing work. She twice noted a strong personal belief that medicalized birth is a form of “socially acceptable violence against women and children,” illuminating the importance of alternative birthing practices to her work as a healer and her outlook on her healing work. Robin feels passionate about alternative birthing practices, and her experiences in childbirth and motherhood affected her outlook on birth both as a woman and a healer. Michelle was traumatized by her hospital birth experience and by being left alone as a new mother, and these impactful negative experiences became part of the trauma in her life from which she eventually had to heal. Janet’s near-death experience during second childbirth caused a shift in consciousness that led her to pursue research in alterative spirituality and explore alternatives to what she had known. Her explorations in these areas eventually led her to an alternative “hippie” lifestyle, which in turn facilitated explorations of alternative health and healing. These negative events created
consequences from which the participants eventually had to heal and recover, and for Robin, Michelle, and Janet, seeking healing and seeking answers led to further awakening and personal transformation. As an additional note, other participants who are mothers (Chloe, Kathleen, and Sandra) did not report on their childbirth experiences.

**Family Trauma**

Other healers experienced family-related trauma that prompted them to seeking self-healing or exploring alternatives to the lifestyles in which they were raised. Laughing Womyn, the shamanic healing practitioner, and Sarah, the 26-year-old life coach, both told of intense personal experiences related to their family lives, also in response to the question “What led you to this [your current] path?” Laughing Womyn’s story was about her “coming out” as a lesbian to her family, and Sarah described an early life of captivity under her father’s strict control. For both women, the emotional injury caused by these events helped push them in the direction of seeking self-healing, which was itself a step toward becoming a healer for others. Laughing Womyn described:

> I came out [to] my parents as soon as my girlfriend and I got settled into our apartment. I called my mom and told her that the truth has been all along that she, my girlfriend, and I are lovers, we’re gonna continue to be lovers, and you better learn how to deal with that [mom]. And it was horrible. And my parents tried to blackmail me by telling me that they’d pay for a college education for me if I’d come home and live at their house or move into the dormitory, but [the condition was that] I couldn’t live with [my girlfriend], I couldn’t have anything to do with her. And they’d buy a car for me [if I agreed] ... just all kinds of stuff like that. It was mean and nasty. And I’d get letters from my mother about every two weeks preaching to me about why I was going to hell because I was a
lesbian. She was so hurt, she was so angry, and she talked to her whole family—her side of the family, not my dad’s side of the family—she talked to her whole family about, “What are we gonna do? What are we gonna do with her?” And she prevented me—well, they, my mom and dad—prevented me from having any contact with my youngest brother that wasn’t supervised by the two of them, um, until he was out of high school. And my youngest brother is seven years younger than me; I had been a second mom to him.

... I thought about leaving the family entirely, but I couldn’t quite wrap my heart around not having my dad and my brothers in my life anymore. So my mom and I fought bitterly until I was in my mid-30s, and I just held the stance again and again and again with her that her religion was not appropriately used to hurt and that if she did not back off with that, she would lose her daughter. If she ever made me choose between her and my partner, she would lose. And, you know, it was horrifying to me as a young woman to be that alienated from my mother...

So that was a very, very hard time in my life. Very hard.

When asked whether the experience was traumatic for her, Laughing Womyn replied:

“Absolutely.” These events were so negatively impactful her that she spiraled into depression and alcoholism and for some years felt suicidal “on and off.” She described herself as “angry, hard, and mean” during this time in her life. Laughing Womyn said, however, that these life events were what compelled her to explore healing and self-healing, thereby setting her on a new trajectory and awakening her to the healing arts.

Sarah’s story of family distress speaks for itself:

I was raised—it’s a really strange situation, because it was my dad. He was very controlling, abusive, manipulative. He probably had some sort of psychotic disorder that
wasn’t actually diagnosed. He got into Christianity and used it, but it wasn’t as if we were religious. It wasn’t that he believed it. He was using it more as a control mechanism to keep his family in line. So, it was like total brainwashing. We were completely isolated, we didn’t go to school, we didn’t have television, no friends. I’m one of eight children, so my mom was kept, you know—you’re here to procreate, you know. Basically, he was very controlling and didn’t want her to become empowered. And if you’re constantly pregnant and looking after children and teaching them and doing everything yourself, then you can’t escape. We were taught the Bible, and, you know, women are to be submissive, but it was that very right-wing, controlling—it wasn’t like I felt we were really religious, though. It was more the programming aspect of it. So in that sense I wasn’t really religious, I mean, didn’t really have a strong belief in god. It was like, He exists, but He’s gonna punish you, and it was that very fearful aspect like that. So, I mean, in that sense, not especially religious... We’d been totally homeschooled and didn’t have outside friends, except for a few cousins, and it was like that, so.

According to Sarah, her mother had a moment of spiritual clarity and suddenly left her (Sarah’s) father. Sarah’s mother, after marrying at age 19 and staying with Sarah’s father for over twenty years, “had a spiritual experience” and her terror of him became “like a total surrender,” although in this transformative moment did not keep her down. Rather, according to Sarah, her mother “felt a rush of peace—she wasn’t afraid of [my father], she stood up to him...and that, it was a turning point.” Sarah was 15 at the time of her parents’ separation. Her mother took her and her several other children to a nearby hotel and secured a legal divorce from Sarah’s father.

Sarah recounted the challenges they still faced even after they escaped that situation, and these challenges eventually gave way to inspiration and the seeking of self-healing. In the first
few months of freedom, the family was fearful and terrified whenever they heard a car coming up the driveway—they thought perhaps that their father was coming back to kill them. Sarah discussed the shame of attempting to integrate into mainstream society with such a troubling past and minimal knowledge of supposedly normal cultural elements such as popular movies and music. Relating to same-aged peers was difficult due to her troubled background and lack of mainstream cultural knowledge. However, ultimately the whole experience proved inspirational in many ways, and Sarah greeted freedom as a new opportunity to get to know herself, explore the possibilities now open for her, and eventually investigate alternative spirituality and self-healing. She explicitly connected her search for healing and self-healing to her negative childhood experiences, which were traumatizing to her. Presently, she no longer identifies as a victim.

**Other Trauma: Physical Trauma, Mental Trauma, Addiction**

Illness and addiction issues were also described by healers as impactful life experiences that, by being catalysts for healers’ seeking self-healing, influenced their path or process toward becoming a healer. These issues range from eating disorders to chronic hereditary illness to obsessive-compulsive behaviors to mental abuse. Both Kathleen, the Emotional Freedom Techniques practitioner who told about St. Teresa of Avila, and Sandra, the engineering technician turned herbologist and massage therapist, reported having food-related/eating issues—over-eating and being unhealthily overweight, respectively. Laughing Womyn, who recounted her difficult coming out story, described a brief addiction to chocolate and other temptations and compulsive behaviors, such as smoking, drinking, and picking the ends of her hair obsessively. As described, Robin was addicted to smoking during her dance major days. Michelle, who discussed her metaphysical experiences and traumatic first childbirth story, now copes with
chronic hereditary disease that leaves her physically disabled. She also manages post-traumatic stress disorder, which she developed to the challenges she faced in her second marriage, which was to a “rageaholic” who behaved violently towards her. Additionally, Cynthia, the Reiki practitioner originally from Georgia, manages cancer. In these cases, self-healing or work with another healer or mentor healer helped participants realize their own affinity for healing and impressed upon them the value of alternative healing and the healing arts. Furthermore, the personal battles these women faced in experiencing and managing these issues helped them reflect about their lives and how they envisioned their futures. This type of reflection contributed to their respective journeys into the healing arts and becoming a healer.

The Importance of Individualism

The final sub-theme that emerged as relevant to the concept of awakening or inner transformation was the importance of the individual and individual agency in seeking and achieving transformation on both the personal (individual) and the societal/cultural levels. The healers demonstrated a belief that individuals can and should take responsibility for their own health and healing. In other words, it is up to an individual to become awakened and healed on her or his own accord and by her or his own efforts. This work can be helped along with the guidance of a healer, but ultimately the challenging work of awakening, self-healing, and inner transformation is the responsibility of the client or healee. Navigating the process of self-healing, whether facilitated by a healer or not, was described as a journey or motion towards empowerment. The participants of this study gave specific definitions of what empowerment means, how it can be achieved and obstructed or hampered, and how their own individual agency helped them to become empowered and therefore awakened and transformed in their lives. This demonstrates that awakening or experiencing inner transformation is not only a circuitous
process but the “gentle unfolding” of one individual’s life—an individualized experience. Participants noted that individual awakenings are contributing to a larger “shift in consciousness” towards transformation and healing occurring around the globe (Laughing Womyn).

Janet, who described herself as “facilitator of women’s empowerment,” explained what empowerment entails. She said that a critical realization that “there’s something else besides what everyone has [said]” is something an individual person experiences in moments of transformation and awakening. A person is brought to this realization due to her or his own awareness and self-healing work. Janet clarified that she helps lead clients toward this realization, but ultimately they are responsible for doing the hard work for themselves. This is the key to empowerment:

_I help people to see that they have the skills to do what they want to do, and usually it’s just attitudes of, “I don’t deserve or I don’t know how,” or something like “Someone else is preventing me, some bad prior experience is in the way,” so I help them see what’s in the way and get beyond that._

Janet said that “not everyone wants to do” the challenging work of getting beyond what may be blocking them, but that once they do, they are empowered and begin their own inner transformation. This resonates with the previous stories that Janet told: she had a near-death experience and then sought out knowledge, teachers, and workshops on her own. She was assisted in her self-healing throughout the years by many mentors (see p. 152) but the fact that she feels confident in leading others toward empowerment is because she has led _herself_ to empowerment. Ultimately, even if awakening or inner transformation is facilitated by a healer,
an individual must take responsibility for their own healing. In terms of becoming a healer, becoming a self-healer is an essential “step” in the process.

Robin, the healer who works with mothers and babies, suggested that clients who seek out alternative healing are those individuals who are drawn to do so. These individuals realize of their own accord and by their own experience that biomedical physicians and therapists are not giving them what they perceive to be what they “really need.” Robin values this type of individuality and individual responsibility because it signifies and reinforces the importance of free will and “free thought.” Sandra, the herbologist and massage therapist who struggled with being overweight due to life stress and a negative work environment, agreed. She said that individuals have the responsibility to become “conscious of knowing” that they need healing (and are therefore not empowered):

*I think from day one we when come into this world, things happen to us and then we spend the rest of our lives, if we can be conscious of knowing that we need to heal experiences, then we spend the rest of our lives doing that. So you just go from there, trying to heal from day one.*

Here, the key phrase is “if we can”—for Sandra, the individual is ultimately the source of healing, because the individual holds the power to realize that healing is needed. As Janet described, she or he then has to choose actively to do the “hard work” of healing; a healer can only facilitate this process.

Cynthia suggested that being “conditioned” by society prevents many individuals from awakening to the potential for transformation innate within them. She described being conditioned as being stressed and rushed by the tasks of daily life: “*We get up and we go, I’ve gotta get the coffee made, I’ve gotta get the cereal out, oh my god I’ve gotta get the kids to
school.” She said that individuals rarely take enough to relax, reflect, and focus on self-care and self-healing to achieve true transformation in their lives (which would reduce stress and unwellness). This logic implies that the burden of success but also of failure rests on the shoulders of the individual. Cynthia reiterated that all individuals have an “innate ability” to heal, and that the problem is that many people don’t “make a choice” to “sense everything” and “open up to it.” She said that those individuals who do not take responsibility—whether through an active choice or because of the difficulty of “looking deep” at themselves—“go through life pretending to be something they’re not [and] wearing a mask of falsehood.”

The idea that healing, empowerment, transformation, or awakening must be sought out and achieved by the individual was echoed by all of the healers. This was also expressed by the shared sentiment that they are not actually capable of actively healing anyone, even though they are healers, which implies action and performance. Participants expressed that they are only capable of helping clients work toward healing themselves. In terms of participants’ processes of becoming or “unfolding” as healers, the firmly held belief amongst the healers that ultimately an individual is responsible for her or his own healing suggests that participants have gone through this process firsthand. So, an essential element of awakening and transformation is individual experience and agency. For these participants, the process of awakening and transformation entails doing the “hard work” of self-healing after making a choice not only to seek healing but also to choose actively to encourage the inner healer.

In these healers’ opinions and experiences, there are several encouraging developments happening now both in the United States and around the globe which suggest that many individuals are reaching this point of seeking and achieving healing. Each healer described in her own way the general sense of progress toward a collective “waking up” or “shift in
"consciousness" that is transforming contemporary cultures around the world through spiritual enlightenment (Michelle, Laughing Womyn). Michelle characterized this as a revolution, and Robin specifically noted a sense of forward motion and spiritual progress. Kathleen suggested that this growing awareness has produced more opportunities for more people for alternative healing simply through greater exposure and availability. Growing awareness gives way to positive political change, which in turn prompts people to take accountability for their own well-being (Laughing Womyn, Cynthia, Robin). This occurs only slowly, as each individual, one by one, transforms her or his own reality through self-healing.

Sarah characterized this transformation as movement toward a “golden age” that would and could bring about world peace. She said that because alternative models of healing “really work,” individuals are becoming increasingly receptive to them. Cynthia, Sandra, and Kathleen commented further on the growing acceptance of alternative healing practices among mainstream medicine, which demonstrates that more individuals are viewing alternative modalities as effective based on their personal experiences with them. Janet attributed these changes to a shift in earth energies and the general impulse among mainstream modern Americans to find a new way of making their lives “work.” Although this is described as a cultural trend, the importance of the individual is clear.

Sarah noted that in her experience many of these transformations in consciousness are happening in the younger generation of healers, herself included. For Sarah, each individual awakening contributes to a larger cultural shift toward world peace. She also explained that healing and seeking healing are key elements of this cultural shift and noted that its scope extends beyond America or any one country:
The energy is shifting. People are awakening. People are wanting healing. And in order for us to awaken, spiritually, we need to heal all the old trauma and wounds and things...it’s like [if] you have a glass and it’s full of this murky dirty water, [then] you need to pour that out in order to fill it with the good water...I think the healing is essential so that we can move into higher states of consciousness and awaken. I’m thinking on the global scale, you know? World peace...It’s happening. It’s possible, and it starts with the individual person healing...That’s only recently that I’ve started to become really aware that there’s something more important, that our healing [is] so important because of this bigger part of it...healing the world and completely changing everything. And it is happening! You know, I see it everywhere...We have this huge opportunity and the energy on the earth is here and we’ve got all these modalities to help us...[W]e can’t solve the problems using the same thinking that created them. We have to have, bring in something totally new. And that’s what healing work does.

Michelle concurred that revolution toward alternative healing has occurred largely because we have “exceeded the limits of the human organism on this planet” and have now realized that the critical moment for change has arrived, and more and more individual people are becoming aware of this fact. Each individual that awakens or transforms makes a small contribution to the wider shift in consciousness, as described by Sarah.

The healers concurred that healing for a wider culture or even the world must start with individual agency that positive change will accumulate as more and more people achieve an awakened, transformed, healed state of being. For individuals—including the healers—healing must be achieved through hard work and a willingness to overcome those traumas or experiences that have caused unwellness in the first place. Through their stories and experiences, the healers
demonstrated the importance of the individual in healing. Individual agency is vital to self-healing, and, as the healers described, self-healing is an important element of becoming a healer.

Summary

As described, eight of the nine participants, with the exception of Chloe, experienced a transformative life event that contributed to their journey of becoming a healer. For these participants, the result of a single or series of transformative events was elevated self-reflection and a new or renewed interest in alternative health and healing. Transformative, influential events included: childbirth experiences, near-death experiences, visions, managing illness, family trauma pertaining to religion and/or sexuality, and addiction. Participants’ reflections on their lives led to a career shift away from more mainstream occupations and jobs to alternative healing. The healers discussed their awakenings as events, moments, experiences, or a combination of these things that contributed to self-reflection and eventually making a choice to pursue another path. Individual agency was an important factor for this reason, and additionally because agency and individuality is important for healing. An important aspect of participants’ transformations and becomings was the seeking of healing for themselves. This led them to value individual agency as an essential factor in healing, and individuals experiencing personal transformation through awakening contribute to a perceived shift in collective/global consciousness toward healing. All of the participants’ stories reflect that their paths toward becoming a healer were not linear and that the choice to become a healer cannot be reduced to the influence of one sole factor. Based on these healers’ personal experience, certain events and experiences were particularly influential, but their stories suggest a confluence of factors contributing to their processes of becoming healers.
Open-mindedness, or Critical Awareness

“You realize there’s something besides what everyone has told you.” (Janet)

Introduction

Even though the awakening experiences of these healers cannot be described as a linear process causing certain outcomes, the sense from these participants was that the experiences described in the previous section contributed to a heightened critical awareness. This can be attributed to the self-reflection sparked by these transformative life events, and the events themselves seem to have colored the ways in which participants made their reflections. For example, questioning of biomedical procedures was colored by direct, negative experiences in medical settings (Michelle). Participants seemed to have developed a new frame of mind based on their experiences, and this affected the way they conceptualized themselves, their upbringings and family cultures, and aspects of US society and culture (including biomedicine). They developed a certain “Open-mindedness” to being critical and to reconceptualizing or redefining their understandings of what they had been taught or exposed to during earlier stages of life. In many cases, this open-mindedness entailed what Janet described as a constant “turning left”—rejecting that into which they had been enculturated by reevaluating its legitimacy, value, and usefulness and turning towards what are, for them, alternative options for being in the world.

Family Religion as Institution

The first sub-theme illustrating the essential aspect of developing or tuning into a new open-mindedness is criticisms of aspects of US culture that institutionalize or dictate women’s behavior and cultivate gender-based social expectations. In terms of institutionalized religion in the US, participants reflected substantially on their experiences being raised in religious families and how this impacted their childhoods and young adulthoods. Though participants were
selected because they were alternative healers and not faith healers, the fact that all of them were raised in religious families was a surprising finding; criteria for selection did not include a rejection of institutionalized religion and/or the participant’s family religion, yet this was in fact the case for all nine participants. Each reported that at some point in their youth, they transitioned out of their parents’ religion, in which they had been raised and were regular participants during their youths. Of the nine participants in this study, five reported that they came from Catholic backgrounds (Kathleen, Janet, Michelle, Sandra, and Cynthia), three reported a Protestant background (Laughing Womyn, Sarah, and Robin), and one specified that she came from a Presbyterian family and that her father was a Presbyterian minister (Chloe). Since participants actively rejected the religions of their youths, the fact that they criticize religion is not surprising. Much of what was particularly concerning to them focused on the institutionalized aspects of the religion, such as the expected role of women in participants’ experiences with the Catholic Church. Some of them also discussed the family upset that resulted from their decision to depart from the family religion, which indicated again a negative experience with rigidity and behavioral expectations.

In Chloe’s experience, however, this was not the case; again, she is an outlier in this regard. Chloe’s transition out of Presbyterianism was, from her description, quite simple and not disruptive of her family harmony or relationships. She grew up not questioning her parents’ beliefs but was eventually influenced to do so by an older brother, an agnostic. She transitioned out of the religion as a young adult, but her parents respected her decision; she noted that they respect her life choices in general and are primarily concerned with her happiness.

Robin’s experience with her family was similar in that her disidentification with the family religion did not cause great family upheaval or turmoil. She explained in more detail her
specific dissatisfactions with the Christian faith in which she was raised. Robin reported an awareness of gender imbalance in religious doctrine and ideology; in her experiences with Christianity, she was made familiar with “the beauty of a divine father” but described feeling an absence of a divine mother or feminine energy, to her dismay. Robin later focused her spiritual beliefs on the divine mother to restore this balance, and she no longer identifies with Christianity but rather with Gnostic paganism (decidedly not a mainstream religion). Robin’s father found spirituality in nature and his farming work, even though he was also a practicing Christian. From his example, Robin developed the idea that “We should look at what’s beautiful and natural and loving instead of being told what that is [by an organized or institutionalized religion.]” She also was struck from a young age by what she perceived to be hypocrisy in her church: “…wouldn’t it be better if we didn’t buy Easter clothes and just gave the money to our church?…If you show up in jeans at church, then you’re not valued as a church member?” Robin felt that she could fulfill her spiritual life without the confines of her church’s rules, regulations, and orthodoxy.

Due to Sarah’s background of abuse and confinement by her controlling father, she never felt a real sense of identification with the Christianity that was for so many years used against her, her family, and her siblings as a “control mechanism.” After her parents’ divorce and into her college years:

I didn’t really look into any religion at all, and anytime anybody would invite me, like, “Oh, you wanna come to church with me or come to my Bible study?” I had a huge aversion. I mean, I didn’t even like the word god.

She realized that what she disdained was not necessarily organized religion or Christianity per se, but rather the way she and her family were manipulated by someone using it as a tool.

Consequently, she did not identify with Christianity once she was free from her father’s
control; for her, the religion represented oppression, and its abuse as a tool for her captivity left a lasting negative connotation in her mind about it.

Laughing Womyn, the shamanic healing practitioner who came out as a lesbian to her Christian family at a young age, shared her history with Christianity:

*My mom is a very—I wouldn’t say fundamentalist Christian, like today. She’s not that Evangelical, what I call crazy Christianity, but she’s a very fundamentalist Christian and takes her Bible very literally and was appalled by me for a long time. And my dad would identify himself as Christian, but he’s not a man that goes to church or anything like that, so he provided a lot of balance in my life. But I grew up with a spiritual focus, [which] was a real core part of my childhood. I was just supposed to be Christian, and I couldn’t swallow that, so I went in other directions as a teenager.*

The feeling that she was “supposed to be a Christian” demonstrates the social expectation within her family that she behave and be a certain way. In addition to describing her own experience transitioning out of Christianity, Laughing Womyn also commented on her perceptions of the nature of the religion itself. A primary concern for her was (and is) the perceived problematic and rather hypocritical relation to the body and sexuality, a theme reiterated by some of the other participants who came from a Catholic background.

*Christianity encourages people to separate from their bodies. You know, it’s all through[out] the theology of Christianity. It’s all through[out] the Bible, and the biggest way that you see it in Christianity is the aversion to sexuality. [In Christianity,] sexuality has to be controlled. It’s [seen as] a dangerous thing. And people know that that’s not true. People get into the belief that it is true [that sexuality should be controlled/averted], but we know in our bodies that our sexual feelings are there. They’re just there. We
didn’t, you know, reach out suddenly at the age of 10 or 12 or 15 and put ‘em there from someplace! They [just] came! Even following the logic of Christianity that everything’s created by God, that belief that sexuality is something that has to be tightly regulated is not in keeping with fundamental Christian beliefs that everything comes from God.

Laughing Womyn said that she has seen this element in the other Abrahamic faiths (i.e., Judaism and Islam). She added that these faiths also share a belief in Satan, which she believes upholds a false dichotomy of good and versus evil. At an early age, Laughing Womyn began exploring sex and her sexuality, and this would have produced conflicting feelings in terms of the religious doctrine she had been exposed to. Laughing Womyn’s family’s devotion could also explain why her mother was “appalled” by her daughter; now, as an adult, Laughing Womyn can reflect on the reasoning behind these tensions in her youth and traces some of them back to the effects of institutionalized religion on her family.

Cynthia reported that even in childhood, she criticized the Catholicism she practiced. These childhood experiences contributed to her additional disaffiliation with the Catholic Church as a young adult. The tension for her stemmed from her belief in angels and how she communicates with them. Growing up, she drew ire from religious leaders and peers in Catholic school because she told them that she could speak to her guardian angels. Adults in her life at the time were particularly concerned because Cynthia told them that her guardian angels also spoke back with her. This was not within the bounds of normalcy or Catholic doctrine; angels were not supposed to speak back. Cynthia was called a witch by her peers due to her communication with angels and because she could, as if by magic, always catch a peer in a lie, much to their chagrin. The young Cynthia self-policed and chastised herself because of her deviations from what she perceived to be the expected behavioral norm: she can see auras and her own soul when she
looks in a mirror, and she used to believe that this would damn her to hell if she did not go to confession and inform on herself.

These negative experiences and feelings eventually led Cynthia to step away from Catholicism, and a brief adulthood foray into Pentecostalism (the religion of her ex-husband) also resulted in negative experiences. In that instance, she was pressed by her then-husband to keep silent about her abilities in energy-sensing and to change her style of dress to fit the norms of the Pentecostal church they were attending. Eventually, she “got rid of the husband and got back to [energy work]”. She still believes in angels and now identifies as spiritual, but not religious.

Sandra, the herbologist and massage therapist, also described herself as spiritual but not religious even though she was raised in the Catholic Church. Sandra left the church “as soon as [she] was old enough to do so”—the age of eighteen. For Sandra, Church membership meant that she had to defer to Church leaders to understand her relationship to what she holds sacred, even though she felt that she could understand these things for herself. She said that she doesn’t like “somebody standin’ in front of me tellin’ me how I should believe in God,” and that membership in the Church meant that she would experience precisely that due to the organization and hierarchy of the Church. Like Laughing Womyn, Sandra noted several aspects of Catholicism as a system and organized religion in general:

*Personally, I don’t think we need all the structure and we certainly don’t need, personally speaking, the finger pointing that seems to be going on more and more these days. I’m right, you’re wrong, you know, let’s make war because you don’t believe in God the same way I do. Yeah, we could stand to lose that, in my book.*
Sandra hinted at the rigidity of the type of religious ideology to which she was exposed, and this rigidity—the binary thinking in particular—repelled her. This resonated with Laughing Womyn’s comment about what she perceives to be the problematic binary between good and evil espoused by institutionalized Christianity in her experience. Sandra also noted her disagreement with the idea that rewards can only be earned in the afterlife, in Heaven, and described her belief that “…we’re on this earth to do whatever it is we’re supposed to do and to take enjoyment.”

Like Laughing Womyn, Sandra also commented on the status of sex and sexuality in the Catholic Church. She expressed her disagreement that sex is generally a “bad thing” for spirituality or sacredness. The patriarchy and anthropocentrism inherent in the tenets of the Catholic Church as she experienced it were also concerning to her. Sandra suggested that many people—women and healers in particular—turn away from the Catholic Church due to its “archaic values…and the fact that women were—have been—suppressed in the Church for so long.” She continued her commentary by discussing the history of Catholicism, its pagan roots, and the problems of its patriarchal nature as additional reasons people turn away:

I always chuckle when I think about. If you look at the structure, those belief structures in the Catholic Church, they’re based upon the old pagan beliefs. ... In my thought, [my] theory, the Catholic Church converted those same dates and deities into holidays and saints and angels and things like that to help convert pagans over into the Church. And so yes, it makes it easy for a Catholic—especially if they want to step over into an earth-based religion—it’s a very easy step. I grew up being told I have a guardian angel—now I say spirit guides—um, [but] angel works just as fine. I don’t care what name you call them. You can say George for that matter. Yeah, it is a very easy step... I always said Catholicism is just one step from paganism, but they won’t admit it. And it’s too
patriarchal. I think [in] a lot of the pagan religions there was an more equal balance between the male and the female energies and beliefs.

These thoughts demonstrate some of the reflecting Sandra has done on Catholicism from her current perspective and hint at a sort of grounding in history and historical roots that other healers also discussed as important for their personal development and practice (see p. 157).

Michelle’s opinion resonated with Sandra’s, especially in terms of the religious doctrine of the Church. Michelle had followed in the footsteps of her mother, also a Catholic, in marrying young. Like her mother, Michelle accepted the role of wife and mother that Church doctrine seemed to suggest was the only and most appropriate role for women in society. She credited this standard of female gender expectations as harmful for her childhood and later adult years as well: Michelle feels that the depression from which her mother suffered when she (Michelle) was a child was due to her settling down and having children so young, which made Michelle’s mother “emotionally unavailable” to her children. Consequentially, Michelle, as the oldest of her mother’s children, was given much more responsibility than she wanted at the time. As Michelle grew older, she had to confront her own socialization as a Catholic and re-envision her relationship to the Church:

Basically what I have done is I’ve first of all realized what happened and why, I learned to trust my instincts and intuitions, and I got over the whole religious programming that told me that I had to stay with a husband no matter what and that I had to be subservient to him and [that] basically my function as a woman was to serve others...[I]n Catholicism it wasn’t even until 1984 that the pope declared that women were also created in the image of God. Up until the 1980s, women were considered not created in the image of God, only men were. And women were just these sort of extra things that
were less than human, less than divine and just had to be in a subservient role. And the only way women could be saved and go to heaven be doing so on the coattails of man.

And so that was how I was raised, and I saw I had to just get rid of all that programming.

Once Michelle was able to break away from the Church and reflect on her experience from a more mature and critical perspective, she could pinpoint the larger ideological aspects of the religion that she did not agree with. As an institutionalized set of norms and expectations, Catholicism as Michelle experienced and perceived it can impact women in negative ways. She began to draw certain conclusions based on an open-mindedness towards her own “instincts and intuitions” and a critical eye for the “programming” she described.

Janet, the feng shui teacher who had a near-death experience in second childbirth, was also raised in the Catholic Church. She credited the “Catholic approach to birth control” for the fact that she was married with “three kids in diapers” by her early twenties. “Oh my god! I decided that should end,” she explained. She also noted that during the time period she was coming of age and in her social group (young, white, middle-class Christian/Catholics), early marriage and procreation was considered the norm: “Well, that was the way,” she said. She married her high school sweetheart, whom she had met at age fifteen, immediately after graduating high school. Though early marriage cannot be attributed wholly to the religious upbringing she had and the strictness of the Catholic school regarding family life, Janet clearly indicated that her religious upbringing impacted her life in important ways, especially in terms of having multiple children relatively early on in her adult life. Now, as an older woman who lived most of her life not practicing Catholicism but rather pursuing the healing arts path, she can reflect from this perspective on the ways that her Catholic upbringing affected her and identify the normative aspects of her socialization into marriage and motherhood.
Janet was the last participant interviewed, so I asked her if she had any possible theory about why so many of the healers, it turned out, came from Catholic upbringings (as opposed especially to more spiritual, non-religious, and/or pagan traditions that they now practice). She suggested that being raised in the Catholic Church predisposes people to believe in and communicate with spirits, angels, and deities on “another realm,” and this important aspect of spirituality carries over into alternative healing work. This is particularly true for energetic healing, which often features/requires communication with spirits. Janet added that this type of communication resonates with the “Native American point of view,” which could also explain why some of the participants coming from Catholic backgrounds have also incorporated elements of Native American spirituality into their healing work. Like others, Janet also noted the problematic relationship of the Catholic Church to sexuality while describing the preponderance of healers with Catholic roots:

I’ve noticed that [many healers come from Catholic backgrounds], myself. Like, especially people who are psychic or teach spirituality and any kind of communication like that often have a Catholic background….And I feel like what we’ve given up is not really so much of the basic Catholic teachings as it is the Pope’s descriptions of what life is supposed to be like…. [And] there’s such a big no-no on even talking about [sexuality]! [And] as a teenager, you start questioning and wondering, and there’s no information coming, and your body wants you to find some things out, so you have to meet that challenge somehow, you know, easily. It means a rejection of what the Church had been putting out… And [back] then, of course, they were anti-birth control, so.

Janet also suggested that the ritualistic, mystical aspects of Catholicism resonate more with women than men, which could explain why, in her experience, women seem to leave the Church
later than boys or men do. Janet seemed to indicate that despite the repellant anti-birth control policies of the Church, the pull of the mysticism retains women for longer than would perhaps be expected. So, those women who eventually leave the church predisposed to appreciating mythical aspects of religion would be more likely to participate in alternative spirituality and, from there, dabble in healing or self-healing work. The idea that normative aspects of Church membership—“descriptions of what life is supposed to be like”—repel some adherents was also salient; those who turn away do so because of the social institutions and expectations that accompany Church membership. Like Laughing Womyn, Janet indicated general issues with the Church’s approach to sexuality and procreation. Early marriage and having multiple children can have adverse consequences for any young person, but arguably these negative effects are more strongly felt by women.

Kathleen’s Catholic upbringing caused strong feelings and emotions for her, especially in her young adult years when she became more leery of continuing to practice and follow Catholic doctrine. She described her leaving of the Catholic Church as a chance for her to finally break out of a “cage” or “straightjacket”:

*I mean I got [a] really strong dose of Catholicism. My parents were devout. We knelt on the floor and said the rosary at night. We went to mass every Sunday. We went to confession every Saturday. It was a huge worldview. [But] in high school I met a guy that I had a crush on who was doubting the Vietnam War. And now, in my family no one talked about politics, but this guy was like—he shook up my life a little bit. I mean who questions the Vietnam War? And then along the same time as when I met him, I was in Catholic schools, and we had two great teachers, a philosophy teacher and a religion teacher, who also shook up my world. One taught comparative religions and one taught*
about this mystic, Teilhard de Chardin, a French mystic. And again it was a shock to my upbringing, and it really appealed to me. All these people who were introducing new ideas [were] very exciting for me. And I took that in, and I wanted out of the Catholic—I think about it as a cage. I felt like I was in a cage. And my dad at first wanted me to stay at home for college and go to the local Catholic college, and I remember, oh I was, like, gonna die if that happened....And once I got out of that cage, I never looked back....just tried to break out of that, kind of like a straightjacket.

This description indicates that aspects of Catholicism as Kathleen experienced it put restraints on her, which she could not continue to abide. She also seems to have felt that there was something else—mysticism—that could give her a more fulfilling religious experience. In terms of family relationships, Catholicism seemed to cause some strain for Kathleen, however minimal. Tension between her family’s expectations, which could have developed out of their religious devotion, and her choices indicated some family friction. As a young adult, Kathleen lived with her husband-to-be, which strained her parents and her father in particular. Relations smoothed and when Kathleen married, and tensions fully dissipated when the couple began having children; these decisions were viewed as more proper and acceptable by Kathleen’s parents. Kathleen calls herself a “recovering Catholic” because she continues to explore and work on her spiritual life in the wake of her Catholic upbringing.

New spiritual and religious explorations necessarily influence the ways that Kathleen and other participants reflect on their Catholic upbringings and develop understandings of their early lives in the Catholic Church. In terms of these specific participants’ journeys towards becoming healers, rejecting the religion of their upbringings seems to have been a significant or essential element, even though prior membership in an organized religion was not a criterion for
participation in this study. The critical awareness developed during periods of questioning religion or affiliation with a particular form of Christianity or Catholicism as well as the open-mindedness to exploring the ways that the organizational and institutional elements of the religion impact its adherents (particularly women) colors participants’ understandings of the religion. Most salient in these discussions was the disinterest or aversion towards the gendered social expectations that church membership entailed. Breaking free from these constraints, as Kathleen described, helped participants explore more critical reflections and take a more critical stance against what they experienced throughout their earlier phases of life. To reiterate, these critical outlooks or open-mindedness to reconsidering the institutional religion they were brought up in contributed to healers’ processes of becoming a healer, which, for these participants, necessitated a rejection of the religion of their families.

Career Changes

Several of the healers in this study reported shifting into healing work from a previous professional career or position in a field unrelated to the healing arts; eight of the nine healers transitioned from more standard careers like accounting, auto mechanics, architectural design, psychology and therapy, stay-at-home-mom, etc., into healing work, again with the exception of Chloe. As previously described, several of the women became involved in the healing arts as potentially a new career/life path after seeking and engaging in self-healing due to traumatic experiences. Others felt that the healing arts offered answers to their spiritual questions and provocative metaphysical experiences. Some shifted into healing after pursuing social service or healthcare-related work more in line with the biomedical tradition (e.g., counseling/psychology). Several of the healers, like Michelle, had a series of life events that contributed to their career change, or their transition out of a certain career or career type and into the healing arts. As the
women talked about their occupational histories, a pattern emerged: they transitioned out of more rigid, institutionalized-type jobs into the more flexible and individualized paths available to them in the healing arts. In terms of an awakening process that eventually leads to the healing arts path, the career change was one essential “step” for these participants. However, to reiterate the circuitous (rather than linear) nature of these participants’ processes of becoming a healer, changing careers seems to be an inevitability rather than a predetermined step in a prescribed path to the end goal of becoming a healer. New awareness or open-mindedness to the alternatives available to them helped push these participants towards exploring new career pathways and eventually to becoming healers.

Janet, the feng shui teacher and self-described “hippie,” held several office jobs and did some secretary work before beginning the explorations into alternative spirituality and the type of lifestyle that eventually led her to healing work. Similarly, Laughing Womyn managed a gas station and worked as an accountant before starting informal massage therapy training and studying crystal healing and herbology. She noted that she felt the need for “something more creative [and] more fulfilling” than the work she had been doing. Sarah, the young life coach, had been exploring her options as a Russian language student and an English teacher abroad in Russia prior to the spiritual awakening that occurred when she read Eckhart Tolle’s writings, which her mother had given to her. These cases illustrate the types of more normative employment options participants had tried before pursuing the healer’s path and show an open-mindedness to seeking that which fulfilled their individual needs; lack of fulfillment in these occupations coupled with the more personal awakening experiences described in previous sections contributed to these women’s realizations that alternative opportunities and options were not only available but also would be more fulfilling for them.
Two of the healers, Kathleen, the Emotional Freedom Techniques practitioner, and Cynthia, the independent Reiki practitioner and graduate gemologist from Georgia, studied and worked in fields that were related to their eventual work in healing, though they had not begun practicing the healing arts per se at that time. As a younger woman, Kathleen had tried her hand at veterinary science and earned a philosophy degree. She also studied theology and spiritual counseling. These fields are not so far removed from the type of coaching/counseling she provides today as an EFT practitioner and demonstrate her long-standing interest in alternative topics and spirituality. After her marriage and the birth of her children, Kathleen focused primarily on family life and pursued motherhood full-time while her children were in their early years rather than pursuing compensated labor. Once they children were older, however, she began exploring employment options again, since she still felt like she had a lot of energy and had more free time:

So it wasn’t until the last kid was in first grade [that] I started thinking, well, what am I gonna do now with all this energy? And I had worked part time jobs through the kids’ lives, but nothing that was of interest. So I became a mediator, a volunteer mediator. I even took a mediation course that meant I could mediate divorcing couples. “Domestic relations mediator,” it’s called. I even became registered with the state. I mean, I did all that thinking I could make money sitting down with divorcing couples and mediate the process. And then I thought, why would I want to do that? Why would I want to sit down with two miserable people who are angry with each, most likely, and do that? Then I thought maybe I’ll get a masters in social work, like my friend was doing, but I could see that her—she was just, it was taking so much of her time. So my therapist friend said
have you ever thought about life coaching? Well, I had not thought about life coaching, and so I started looking into that...

Kathleen’s transition into life coaching seems to have simply been a good fit for her talents, proclivities, and general life situation at the time, as her children were beginning school and no longer required full-time care and attention in the same way they did when they were young. Similarly, Cynthia’s initial trajectory was also related to health and healing. However, she followed more of a medical/scientific path than Kathleen’s spiritual and mental health sciences path; her (Cynthia’s) degrees were in gemology and microbiology. Like Kathleen, Cynthia also shifted occupations several times. She worked as a gemologist, an emergency medical technician, and held several other positions (as described). Also like Kathleen, Cynthia’s journey to becoming a healer was a rather long one. Both women demonstrated an affinity for and an early interest in work tangentially related to healing arts and later found their way to the path of healer. Like herbologist and massage therapist Sandra described, the healer’s journey to the path often manifests itself as a “gentle unfolding,” and this seems to resonate with the stories Kathleen and Cynthia provided.

Both Sandra and Robin, who works with mothers and babies, described that prior to becoming healers they worked in occupations that caused them excessive mental, emotional, and physical duress. Sandra had been working as a draftsman in her chosen field of drafting and design, to which she had been drawn due to her talent in and appreciation for math and analytical work (she described herself left-brain dominant person). She was working as an engineering technician when she began taking massage classes in the evenings and started seeking out clients to supplement her income and pave the way for a new way to support herself. Her primary career choice simply did not stick:
[As a draftsman.] I was drawing and I was still getting to do some math. And it was very satisfying and then of course when it computerized, then I saw the field changing due to technology. And it got to the point, you know, where it wasn’t satisfying me. I was good at what I did and I eventually was put into project management, and so for a lot of years I had a 40 hour a week profession as an engineering technician project manager and then evenings and weekends I was doing massage. Doing my own healing work on the side and then the day came when I realized that if I stayed in that profession it would put me in a grave I mean, the stress was going to kill me. And I was overweight; I was very overweight, didn’t feel good, you know, on all levels, did not feel good and knew I had to get out.

Sandra opened her healing practice and became self-employed. Shortly thereafter, her husband left her and she felt even more determination to be successful in her new life as a healer, businesswoman, and massage therapist. She realized that she could not continue on her chosen path, and this epiphany produced a transformation in her life in terms of both career and personal health; once she transitioned into the healing arts, Sandra became a healthier person, lost weight, and became much more satisfied with her life.

Robin’s initial life goal and early career was as a dancer and dance instructor. She soon shifted to therapeutic recreation after suffering from health and body image issues, which arose for her due to the professional dance culture she experienced. She realized that she could not continue down the path she initially envisioned for herself because it was leading her to make compromising choices, such as excessive smoking for the purpose of keeping her weight down, in order to further her career (such as smoking to keep her weight down). Indeed, the path had
caused a variety of negative consequences in her life that she eventually addressed as a client and student under Laughing Womyn. Robin shared her story:

*I took years and years of dance lessons and then when it got to the point to decide, “What are you gonna do with your life?” I attempted to be a dance major with the intention that I would become a better dancer and then instruct. You know: be a teacher, not a professional dancer. I found that it became so harrowing, the dance program. And just, just competitive and unsupportive amongst women. I felt it was just so not what gave me the joy in dancing. And I just stopped. I just, like—cold turkey, I’m done. I’m not doin’ this anymore. So I really went from, like, twenty hours of dancing a week and exercise at night to boot and smoking cigarettes and bad eating habits so that I could be an ‘empowered’ dancer, and was every day looking in the mirror, loathing myself, thinking my body betrayed me ‘cuz I couldn’t control it enough. But I totally lost the joy of dance. So, I shifted then to therapeutic recreation, because really that’s where I could get into some type of social service quickly, so that I couldn’t be self-serving in this work...and then I was gonna go get a master’s in counseling or psychology and hang out my shingle.*

During her counseling and psychology studies, Robin worked for a brief time in a neurological rehabilitation clinic. She worked with many women suffering from physical ailments that were severe enough to impact their mental, emotional, and spiritual health. After seeing so many clients in the rehabilitation center suffering from the same symptoms of malaise and depression and not being healed by the provided therapies and medications, Robin began to explore working with play and creativity. She had developed a critical awareness of her trajectory; the way that this open-mindedness contributed to her exploring alternative ways of doing the work she wanted to do was her entryway into healing. She was particularly interested in helping women
whose ailments could not be resolved with traditional approaches like clinical psychology and in seeking a way to contribute through “social service” rather than being “self-serving” like she felt she was in her dancing career. Her experiences with women clients in the rehabilitation center, later coupled with her personal childbirth and healing experiences, contributed to Robin developing a critical position against perceived negative realities facing women. She also became open-minded to the ways that alternative therapies and healing through techniques such as play and developing creativity can help women reach a state of healing when standard medical approaches fail to provide what the clients “really need.” This was essential for her process of becoming a healer.

Michelle, the intuitive healer hoping to build her practice, also experienced a significant career change during her transition into the healing arts; in fact, she went through several careers throughout her life. She first indicated that a primary or long-lasting career throughout her life was her parenting/homemaking. Since she began having children at a relatively young age and was sometimes a single parent, she sought out and obtained several income-generating jobs, none of which were closely related to health or healing. During high school, she studied auto mechanics and later obtained a certificate at a technical college to continue this line of work as a professional occupation. She worked for a short time as a certified mechanic “at a Chevy dealer and other places.” She then started university with the intention of studying business to continue her work in the automotive industry. However, after taking an English course that turned out to be very interesting to her, she switched to comparative literature as a major. As a requirement for her comparative literature degree, she needed to study a language. She chose Russian. Then:

I interviewed with the CIA, and they were very interested because of my background in mechanics. And they wanted someone to translate documents about Soviet—at the time,
the Cold War was going on, and they wanted someone to translate documents that they were gathering through espionage about Soviet airplanes and ships, nuclear subs, whatever. But at the same time, I received a marriage proposal, and he was out in California, so I ended up doing that.

She went to California and began her parenting/homemaking in earnest. However, she then divorced and resumed studies for electronics, eventually working as an electronics technician for a naval services center. She married again not long after beginning that work.

So most of my life was spent as a stay at home mom with these occasional jobs and excursions into the, into workforce, but mostly I was at home, and I took homemaking seriously.

Unlike Cynthia, Kathleen, and to some extent Robin, Michelle’s prior professional experience was unrelated to health and healing. However, her interest in healing piqued by her metaphysical experiences and personal healing journey contributed to her career shift. Later in life after her children had grown, she took a Reiki course in Bloomington. She immediately felt that her affinity for and interest in Reiki energy work was strong enough that she could establish a practice. She also developed her “intuitive healing” abilities. Rather than dissatisfaction per se in previous employment experiences like Robin and Sandra described, Michelle seems to have felt a strong pull or draw to healing work that provoked her career transition. She gained more spiritual and emotional satisfaction from healing work than she did from her previous employments. She also feels that she is connecting to her family tradition of healing now that she is growing older (see p. 157). Michelle now hopes to expand her healing practice and build a client base. A variety of factors contributed to Michelle’s career change, and the “psychic awakening” she experienced was also a highly influential, transformative experience for her.
Michelle’s story demonstrates that an awakening into and open-mindedness towards healing and as a healer, or even in a general religious, spiritual, or emotional sense—can be highly complex and multifaceted, with a variety of contributing factors. Not insignificantly, a predisposition in the personality is also one of these contributing factors; Michelle is a nurturing type.

Of all the participants, only Chloe, the young massage therapist and Reiki practitioner, reported that the primary contributing factor in her decision to pursue healing work was a general feeling that she would enjoy the healing arts. Based on our interview, there were no extremely challenging, traumatic, or abnormal experiences in her life, and healing was the first path she chose after high school. She described a happy childhood and a general proclivity from a young age making people feel better. Chloe also noted that she doesn’t classify herself as a healer per se but more of a massage therapist, although healing and encouraging clients’ self-healing are necessarily a part of her work.

To summarize, eight of the nine healers in this study transitioned into the healing arts from other occupations, and several of them held multiple different types of jobs before beginning their work in healing. Once on the healing arts path, these participants had the opportunity to be more self-directed, to work more directly in improving the lives of others, and to engage more meaningfully in their creative interests and talents. The occupations that they transitioned away from included office jobs, managerial positions, auto mechanic work, and technician work in architecture and nursing/EMT. These types of jobs are more structured, arguably more mainstream, and arguably more normal for them than the healing arts considering their social position (white, educated, middle or lower-middle class women in the United States). Chloe, the young massage therapist whose path after graduating high school went directly into
healing arts training, reported that she did not feel attracted to the structured setting of a four-year university institution.

The healers in this study demonstrated an affinity for the type of self-directed, creative, independent work available to them as healers and shied away from work that was less spiritually and emotionally fulfilling even if it was more lucrative and professional. An example is Cynthia, who transitioned from an EMT to a struggling independent Reiki practitioner. Seemingly, a combination of influential life events such as metaphysical or traumatic experiences and a predisposition to more creative, self-directed, nurturing activities led to enough dissatisfaction, and, in some cases, extreme dissatisfaction with the options available through participation in the mainstream workforce for the participants in this study to transition into the healing arts. In terms of these participants’ processes of becoming and the importance of open-mindedness to this process, a critical eye to the expected or mainstream ways of working and being in the world and an open-mindedness to engaging in alternatives seems to be an essential element.

**Biomedicine as Institution**

The healers’ critical awareness and open-mindedness to exploring alternative possibilities or answers beyond what they had been enculturated into (“what everybody has told you,” as Janet said) extended beyond analyzing religion and their religious experiences. Another theme of our conversations was the relationship between alternative healing practices and Western medicine (biomedicine), and many of the healers had critical commentary on this subject; eight of the nine healers commented on some aspect of biomedicine and/or their personal experience with it. This sub-theme reflects another aspect of what open-mindedness means for these participants in terms of their critical reflections about institutions or systems they were brought
up with. Most of the participants seemed at wary of aspects of or trends in contemporary biomedicine. However, positive feedback about some biomedical offerings was provided. What appeared generally to be the biggest detractor for these participants was the way that biomedicine has become entrenched as the best and only way to heal from illness, injury, or unwellness.

In providing positive commentary, several of the healers noted their appreciation of emergency biomedical care in the case of broken bones or other serious conditions (Janet, Chloe, Sandra, Cynthia). Robin said: “I mean if a bone needs set, [then] a bone needs set. You can’t pray over it and hope it grows back, right? That just doesn’t make sense!” Cynthia suggested, too, that in some cases medicine simply needs to be taken. She was careful to break down a stereotype that healers immediately tell clients to stop taking medication and focus completely on using alternative approaches, all-or-nothing:

I will never tell someone to stop taking their medicine. I’ve seen healers before that will say don’t take your blood pressure medicine. Rely on medication, rely on this, well, you know what? We have to go back to our DNA. Not everyone can breathe and can lower their blood pressure just by doing the alternative methods. The same thing with cholesterol. You’ve gotta go back to DNA. Sometimes, you cannot lower cholesterol without a cholesterol-lowering drug.

Cynthia was expressing that while alternative methods may be effective for some, there may be other individuals who cannot reap the same benefits from similar treatments. The idea that we should “go back to DNA” indicates that these differences are biologically based; she hinted that the best treatment for an individual client is whatever works best for them not only for their mental and emotional health but also for their biological health and predispositions. Robin and Cynthia both suggested that there is an appropriate time and place for all forms of medical
treatment, whether mainstream or alternative, and that any course of treatment should be tailored holistically toward the individual client. Conversely, this would indicate that prescribing the same type of medication for any client coming in with a certain ailment or illness may not be the appropriate solution for each client (i.e., the root cause for each individual may be unique to him or her, and therefore treatment should be uniquely tailored to his or her individual situation and predispositions). The open-mindedness here is open-mindedness to considering that their course(s) of treatment may not be the best for each client that they work with.

Expressing a concern with mainstream medicine and society in general, Janet, Chloe, Robin, and Michelle spoke about an over-reliance and over-use of medications and prescription drugs. Robin characterized medicalized/biomedical birthing practices as “socially acceptable violence against women and children,” and Janet suggested that the media was partially to blame for the high level of reliance of drugs and medical interventions in biomedical care. Chloe suggested that the popularity of drugs was due to their ability to “drown out the pain” without having to address the underlying cause, which might not be just physical.

Michelle has extensive experience dealing with mainstream medicine due to her own chronic and hereditary illnesses. She has had several negative interactions with this model of care and suggested that many of her problems arose from doctors not taking her seriously because she appeared to them to be just another “whiny woman complaining about pain.” She also felt that she was too quickly medicated for her condition, which was exacerbated due to the side effects of the prescriptions she was given. She stopped taking the prescriptions to eliminate the side effects, and was accused of drug trafficking by the medical staff attending her because the chemical compound of the drug did not show up in her routine urine screening. These stories demonstrate that the type of healthcare Michelle was seeking was not fulfilling her needs;
Michelle felt targeted and not taken seriously as a patient, potentially because she was a woman patient.

Additional negative opinions emerged about mainstream medicine, including that for many clients it is too expensive (Laughing Womyn), especially if they are uninsured (Sandra). Robin further described that the expensive care provided by most biomedical establishments generally does not treat the client holistically, to their ultimate detriment. Holistic treatment would treat the root cause and address all areas of health: mental, emotional, physical, and spiritual, rather than merely curing symptoms or physical illness (Robin). Laughing Womyn also said that many of her clients have expressed fear of mainstream medicine. According to Cynthia, this may be because people are simply not getting what they “really need” from the biomedical care itself or the prescriptions/treatments given to them:

And you feel like the energy needs to be moved, and it’s stagnant. But I [couldn’t] do anything [when I was working as an EMT]. I could just take their vitals and give ‘em a pill and go on their way. But what you really know they need is a good hug....When you’re working in a clinical setting and someone comes in and says, um, they’re sick, nine times out of ten, they are gonna walk out of the office with a prescription. I would say maybe four or five times out of ten, they don’t need that prescription. And I’ve known doctors to write prescriptions for penicillin, to use prophylactically. And, ‘cuz penicillin does not work anymore. Penicillin, they will just give [it] and say, “Well, you know they needed a ‘script. They weren’t gonna leave here ‘til I gave ‘em a ‘script. I’ll give ‘em penicillin.” And that’s part of our problem these days. And that’s not healing, that’s putting what I call the ‘band-aid’ on it. And, again, I saw this a lot when I was an EMT, we used to have these people we’d call frequent fliers. Always calling. Always coming in.
It’s—what’s going on here? What does this person really need? And you just can’t give it to them in that setting.

Sandra concurred that her clients often express that their mainstream doctors can’t give them what they “really need.” It seems in both cases that what clients “really need” is more emotional, spiritual, or mental care in addition to the care their physical bodies are receiving from (physical) treatments (e.g., prescription medications). She suggested that pharmaceutical companies are putting too much pressure on doctors to perform in a certain way that is not consistent with the holistic model of care that more people seem to be seeking:

What I’m seeing, just from the people who come to my door, is, you know, mainstream medicine is not workin’ for them anymore. They can’t get answers from their doctors. They’re tired of having prescriptions shoved at them; takin’ pills…you know the pain’s not goin’ away, tryin’ to go through modern medicine. And I’m seeing that more and more. And part of it too is they just want a person to listen. And sometimes part of that listening is part of their healing process…I think we have the best emergency care in the world, and I think our poor doctors who got into medicine to be a good doctor unfortunately are being driven by the pharmaceutical companies and things are out of their hands. So now, I’m seein’ people come to me and to my peers [other healers] saying there’s gotta be a better way.

There were however, additional positive comments about mainstream medicine being more open than ever before to expanding treatment options to alternative therapies. Kathleen specifically noted a wider acceptance among biomedical professionals of chiropractic care, and Cynthia repeatedly insisted that mainstream medicine and science in general are “finally catching up” to
alternative, holistic models of care. Sandra said “I think and hope that what we’ll find and evolve into is having the best of both worlds.”

For the healers in this study, being effective implies an ability to detect what is “really needed” for clients when the biomedical establishment fails to do so. The reason for failure is the over-reliance on entrenched methods for treating clients, e.g., passing out prescriptions indiscriminately to satisfy a patient’s desire for one. Becoming a healer implies an essential element of critical awareness towards alternative sources of illness than institutionalized biomedicine could identify; otherwise, there would be no need for healers. In this study, participants demonstrate an open-mindedness to keeping a critical eye on their own practices, to lending a critical eye to entrenched biomedical procedures and establishments, and to maintaining open-mindedness toward the idea that individual clients have different needs based not only on their specific illness or unwellness but also on the client’s individual biological, emotional, spiritual, and mental makeup. These conversations suggest that institutionalized healthcare—not in terms of universal healthcare but rather in terms of providing homogenous healthcare options for a diverse, heterogeneous group of individuals—is part of what clients don’t “really need,” reiterating the healers’ general distaste for institutionalized systems that organize individual behavior or do not attend to the uniqueness of each individual.

These discussions reflect the healers’ feelings and understandings of mainstream modern medicine—and some of the qualms they have with it—and also shed light on how they feel about mainstream US culture and society on a more general level. These participants are disenchanted with what they perceive to be as the over-use and over-reliance on prescription medications, a lack of care towards emotional and spiritual health alongside physical health in mainstream
medicine, and the problems of institutionalizing or homogenizing healthcare to such an extent that the unique individual needs of the client cannot be met.

Deeper conversation yielded further commentary about perceptions of positive and negative elements of US culture as a whole, not merely the institutionalized medical system perceived as entrenched in the US. These observations about the wider culture demonstrate participants’ perceptions and understandings of the cultural context in which they practice. The majority of these healers’ clients are American, and healers’ perception(s) of US culture and society influences the way they interact with and assist their clients. This is particularly true for the aspects of US culture and society that healers’ perceived as negative or harmful, since these are understood as potential underlying causes for clients’ problems and issues.

**Institutionalized Elements of US Culture and Society**

Several of the healers commented about the state of US culture as it relates to emotional health (Michelle, Cynthia, Laughing Womyn, Chloe, Janet). This reflects their open-mindedness to criticizing societal norms and critically analyzing the consequences and effects of these norms on their personal lives and those of their clients. According to some of the healers, individuals/clients find health difficult to achieve in the current social system, which does not allow them to tend their emotions sufficiently, resulting in immense personal stress (Michelle, Chloe, Janet). Cynthia said that modern Americans have forgotten “*how to breathe,*” which causes stress and tension in their lives and leads to unwellness. Sources of stress include the average American’s work environment (Chloe), the endless choices in life and the pressure to choose the best options without ever being wrong or making a mistake (Janet), technological advances that reduce much-needed social interaction (Cynthia), and wider social issues like racism (Michelle), sexual abuse, violence against women (Janet), poverty, and homelessness.
(Janet), all of which the collective society is having difficulty solving or resolving. Although not explicitly or exclusively women’s issues, participants are highly attuned to these issues as general social ills impacting their healing work and experiences as women.

Other negative elements of mainstream US culture described by participants relate to spirituality and the emotional life. Cynthia agreed that “trauma to the soul” is not uncommon in mainstream US society. Michelle suggested that both the collective negation of intuition as a valid source of knowledge or knowing and the collective shaming of the physical body as a possible cause for this general malaise:

*I think in our culture we’re very oriented toward the left brain analytical as proof for things. That’s our epistemology. And so, we have denied the evidence—we’ve denied whole bodies of evidence and whole rules of evidence of other types [of knowing]. For me, though, I feel like I have always tried to give equal credence to both the rational and what I term the non-rational. It’s not irrational. There’s been this dichotomy: well, there is the rational, and [then] there [are] the irrational things, like emotion [or when] you just have a hunch about something. And [they say], you know, you have to just ignore those, because that’s just stupidity. It’s [seen as] the antithesis of intelligence.*

These ways of knowing are dichotomized in US culture, affirming the Cartesian dualism suggesting that the rational or cognitive way of knowing is superior to any other type and that they body is inherently inferior. However, these comments about evidence, validation, and rules also hearken to the type of positivism that would be problematic for a truly non-rational or non-dualistic (postmodern) epistemology. Considering the history of Cartesian dualism and the historical alignment of the feminine with the body (or nature/the natural) and the masculine with the mind (or the intellect) comments from female healers that the body or bodily ways of
knowing are denigrated in a patriarchal society are not surprising. Kathleen suggested that a
general lack of love in US society and culture—presumably a truer or somehow more authentic,
complete type of love—is a source of injury and pain. Love and tenderness have traditionally
been associated with the feminine, reiterating the idea of the denigration of the feminine in
patriarchal societies. These discussions suggest that an institutionalized dominant epistemology
or worldview upholding those traits or characteristics traditionally described as masculine—
rationality, intellectualism, cognition over intuition, etc.—are causing problems for some aspects
and groups within US society.

Janet contrasted the challenges of the present economic situation to her experiences as a
younger woman in the 1960s and 1970s, suggesting that in the present, US culture and society is
more economically disadvantaged and more materialistic. She also noted the general challenges
faced by contemporary Americans in their family life and personal spirituality, suggesting that
current US culture does not make it easy to nurture these elements of life. She perceives a greater
level of difficulty in living a “simple life” in the present than in the past. Most of this difficulty
stems from the economic challenges faced by the majority of contemporary American people,
which prevent people from pursuing potentially more meaningful recreational activities such as
friendship and community building or traveling for pleasure:

*It’s so different now. So different. Then, in one of my communal experiences, I had a six
bedroom house for a hundred and twenty dollars a month, split between four or five
adults. That makes a pretty easy life. So there was plenty of time, then, to play and play
music and have fun, and do things together and travel and all that, just—it was the
benefit of a rich culture at the time. And now we no longer have that.*
“We’re still pretending that we’re a rich culture,” she said, hinting at the excessive spending and growing debt of individuals and the nation as a whole. This spending, she seemed to suggest, is not gratifying in the way that a full spiritual life as she perceives it would be gratifying. Laughing Womyn attributed these issues and stresses to a general, collective sense of anomie or “dissatisfaction” with US culture as it is experienced by the majority of Americans. Like Janet, she connected this dissatisfaction with an unfulfilled or unfulfilling spiritual life. This dissatisfaction becomes institutionalized as the norm, and the resulting unwellness is often noticed, or manifests itself as Cynthia’s forgetting, i.e., forgetting how to breathe, relax, and rejuvenate.

Robin noted additional challenges faced by modern American women specifically and reiterated her views about the violent nature of US society toward women. She suggested that many people try to ignore negative feelings or disturbing aspects of the wider culture, which also contributes to a general sense of dissatisfaction in life. For Robin, these troubled relations to the wider culture manifest themselves as painful menstrual cycles, violent childbirths, and a hyper-critical and judgmental female culture. Kathleen hinted that abuse between individuals in general has not been ameliorated by time and apparent cultural or social progress: there is just as much abuse of just as many kinds happening in modern times as there ever was. It seems that Cynthia’s idea of soul trauma extends beyond individual souls to the soul of the American people as a collective; traumatic wounds cannot produce feelings of satisfaction on a large or small scale. Thus, this trauma and its negative feelings become a norm.

These elements are largely institutionalized aspects of US culture, again raising the concern against institutional rigidity that the healers have iterated and reiterated throughout these discussions. Their critical awareness of these elements is facilitated by their position as marginal
or non-mainstream (i.e., healers are non-mainstream whereas medical doctors are mainstream), suggesting that their status as healers facilitates a critique of the aspects of mainstream society deemed problematic or harm-causing. They have become open-minded to alternatives to the mainstream social institutions in which they were raised. In keeping with their valuation of the individual and individual agency as important to healing, in these discussions, the (unawakened) collective seems responsible for not overcoming these social and cultural ills. Indeed, it is the collective and its entrenched institutionality that causes problems in individual lives.

**Summary**

Janet put it this way: “*Just to be a healer of any kind means that you have to reject a lot of American [culture]—your upbringing.*” Throughout the theme of open-mindedness, the healers demonstrated that through rejecting what could otherwise be accepted as inevitable or true (e.g., one’s family religion, mainstream medicine, marriage and family life as appropriate or best option for a young woman, a prescription from a doctor is the cure for an illness, etc.), space can be created for alternative ways of envisioning the world. Even by criticizing certain elements of culture or institutions, they seem to engage critically with the debates surrounding healing and US culture and considering alternatives. As Janet noted, individuals who reflect critically on their experiences and want to “*seek it out*”—“*it*” of course being empowerment, alternatives, new paths, or healing (etc.)—have to do the “*hard work*” themselves.

In terms of the phenomenon of becoming, these participants open-mindedness or critical awareness demonstrates that an essential aspect of their journeys of becoming healers is the willingness to question the known, to seek new levels of understanding of themselves, people, and the world, and to use this new state of mind to empower themselves as women and as healers. To reiterate, the critical awareness and reflections are necessarily colored by the healers’
post-awakening outlooks; these types of criticisms and reflections would most likely not be the same if they were made by the participant prior to her awakening. Laughing Womyn illustrated the depth of change in mindset and outlook that accompanied her transition into becoming a healer: “The younger me could never have seen me. She had no concept that this was possible.”

For these participants, rejections of what would be considered normal for their social standing (white, middle-class, female, Christian—mainstream) do not necessarily have a negative connotation, but suggest instead a positive opportunity for exploring alternatives perceived as more beneficial, in their judgment. Many of the criticisms healers levied were on the types of institutions that either caused them direct harm from which they needed healing or that now frequently come up as harmful for their clients, for whom they facilitate healing. Interacting with these institutionalized elements of society and growing into a critical mindset towards them was an essential element of these participants' processes of becoming. The fact that for many women there were several influencing factors in their choice to pursue the healing arts now becomes clear. For most participants, a combination of seeking healing for oneself on a personal level, general job dissatisfaction, spiritual, religious, or psychic/metaphysical experiences, and personality traits, such as nurturing, sensitive, caring, and maternal, contributed to the process of becoming a healer.
Groundedness, or Building Connections

“I encourage people to live based on fact and from the foundation of fact, from that groundedness of fact, to then stretch into the intuitive, rather than going the other direction.”

(Laughing Womyn)

Introduction

The third of the four themes that emerged across the nine participants in this study is the essential experience of “Groundedness,” or building connections. “Grounding” is an essential aspect of becoming a healer in these participants’ experiences. As it relates to awakening or transformation, grounding describes the ongoing processes of making a space for new identity; as Janet described, part of becoming a healer means a rejection of much of one’s own upbringing, and this is part of an ongoing transformative process. Robin defined making space as a process that happens in the body and the heart “so that whatever things are supposed to be [can be, and] there can be acceptance of that.” This is also an element of the open-mindedness healers acquire and indeed thrive on; these essential aspects of the phenomenon or circuitous process of becoming indeed overlap and echo one another in interesting ways. Building connections is both a process and a destination (connectedness), and it contributes to the ways in which participants make meaning of their present experiences, their personal histories, and the futures they see for themselves and for US culture/society. As both a process and a destination, grounding represents active connection building and groundedness suggests an element of fate or destiny as well as a state of being. Groundedness helps healers sustain their empowered selves, both in terms of being a healer and being a woman. The types of connections healers build relate to their genealogical heritage; establishing mutually beneficial relationships with nature; re-connecting to perceived lost or pre-modern female/woman power, knowledge, and wisdom; and
building networked relationships to others in their community support network, whether other healers or supportive family members such as children and mothers.

The healers also built connections to those elements of their lineage and familial heritage that reinforce their identities as healers, such as distant relatives who also pursued healing or healing-related practices. In its relation to open-mindedness, grounding indicates a maintained critical perspective on that which cannot be deemed productive, positive, true, or healthful in the sense of general wellbeing and wellness. Through open-mindedness towards alternatives and critical attitudes that may prompt a rejection of certain things, such as institutionalized religion or biomedical healthcare, a healer can maintain her groundedness and therefore sustain her identity and the choices that led her to the healing path. In some ways, it is rather a re-grounding: establishing “new” roots given a new identification in a subculture of mainstream Anglo-American culture.

Problematizing Modernity and Connecting to Pre-Modernity

The first aspect of participants’ grounding or connection building illuminates their opinions and relationships to the onset of modernity in the West, which they define and describe in their own terms. In doing this, they create a new foundation for understanding and relating to the world and grounding themselves in it, i.e., creating space for their identity. In terms of a root cause for the growing dissatisfaction with established paths and institutions as experienced by the healers in this study and their perceptions of the collective or general cultural malaise currently plaguing mainstream US society, the healers pointed to the onset of modernity. In other words, many of the elements of US culture they are dissatisfied with stem from developments that occurred in the age of modernity in the West. As described by Michelle, modernity includes the onset of Christianity and the Christianization of Europe, the Enlightenment, and the
Industrial Revolution. The healers suggest indirectly that pre-modernity was somehow less harmful to individual and collective or societal health and wellness, and that pre-modern models or modes of living were more beneficial to health and the status of women, women’s knowledge, and more connected spirituality.

These ideas were suggested indirectly by multiple participants, and Michelle explained further about the “systems” created during and after the onset of modernity that she perceived as particularly detrimental to society:

I think we definitely have exceeded the limits of the human organism on this planet.

People are falling apart. It’s the culture that we’ve created, the economic system that we’ve created, the political systems that we’ve created, all of this. It’s just beyond what human beings can endure without becoming ill. So yeah, there’s a lot of healing that really needs to happen, and people seem to be seeking it more.

She then discussed her thoughts on why this might be and whether people are realizing the illness or unwellness that is prompting them to seek healing:

I think that it’s coming toward a great transition point in the history of the earth. I mean I don’t know [if] the earth’s gonna blow up in a big ball of fire or anything like that, but I think we’ve reached the point where the systems that were put in place, beginning with the Enlightenment and the Industrial Age, the systems that were put in place—well, really they were presaged by many other systems—but you know, they’re done. They’ve gotten to the point where they’re obsolete and can no longer be sustained. And so, we have to evolve, we have to change the way we do things, or we’ll all just be extinct. So, it’s coming to that. And people know it. People instinctively know that. They sense it. Even
the people who are the deniers of climate change and things like that. There, there’s a fear. There’s a fear that’s everywhere.

Not all of the nine participants agreed that there is any more need for healing today than in the past, though those who disagreed with this statement said that the need today was equal too (not less than) the need in the past.

Michelle’s discussion here raises several interesting issues and ideas. To reiterate, she points to certain “systems” that, although “presaged” by other systems, solidified modernity as a cultural institution. Based on our interview, these are things like institutionalized religion, late industrial capitalism, and the “political systems” of modernity (presumably systems such as democracy, monarchy, theocracy—political systems of Europe and the US in recent centuries).

Interestingly, she indicates that the problems with these systems are not cultural, but rather connected to an essential human inability to endure them or be sustained by them. This inability to be sustained is the fault of the systems but also of our humanity; “we” have exceeded “our” limits on the planet, as humans and animals. People are what have created “all of this,” and people have reached a critical point of either having to choose healing or face extinction. This passage demonstrates both the damaging elements of modernity that are causing a general unwellness and, in fact, deadly danger to the “human organism.” It also highlights the aforementioned awakening of individuals to the realities of their unwellness; that something is wrong and needs to be fixed is an instinctive feeling for individual people. Interestingly, based on additional discussions by the healers about the value of returning to more traditional, indigenous, pagan, pre-modern roots or ways (as perceived), then evolving and “changing the way we do things” may appear at face value to be a sort of regression, albeit into a past that is perceived to be less problematic. However, any changing of ways would also indicate a
(re)grounding into something new, a process of building connections based on an assessment of the perceived present condition of the world.

Regarding a grounding in pre-modernity as a possible solution to the issues of modernity, Sandra indicated that the past and its traditional ways was not a wellspring of ease and simplicity, but rather a challenging and difficult way of eking out an existence, but in these discussions there is still a value placed on (perceived) older, traditional, or forgotten ways. This includes pre-modern religious or spiritual systems, such as the aforementioned paganism, which is perceived as pre-modern, pre-Christian, tribal/traditional European religion. According to Laughing Womyn, the current “system” of mainstream US culture disproportionally affects women, in that men are more “comfortable” in the system because “men created the system,” and Christianity for Laughing Womyn was a prime example of one of these systems. She explained, specifically about “white people,” that:

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\text{We’ve had so many centuries of Christianization...our tribal cultures in Europe have been practically extinct for over a thousand years. Most of them for fifteen hundred years or better. And so our memories of what it was to have those earth-centered traditions are really distant...there’s no lineage that has been handed down.}
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Again, the onset of modernity in Europe, one of the early hallmarks of which was Christianization, is deemed responsible for a perceived disconnect form something more rooted, more tribal, and perhaps more authentic—at least, less harmful for or negative towards women. Robin connected “the old ways [and] the wise ways” of white women, which she described as having been “wiped out” in the last 400 years to the reinvigorated interest among white women specifically in healing, pursuing “lost” now-alternative spirituality, and “reclaiming tradition.” She made reference to the “burning times” of Europe, presumably witch hunts and the
Inquisition. These discussions indicate not only that modernity is the source of general unwellness in US culture but also that a reconnection to previously thriving, presumably pagan traditions that valued women’s ways of knowing and women’s knowledge can be a way to heal the cultural distress of which Michelle spoke. This can be connected to healers’ making space for their identities in that they are grounding themselves and their choices in their conceptions of the past and history.

**Connecting to Heritage**

The second element of these healers’ connection-building or (re)grounding is participants’ alternative ethnic and racial ancestry to their dominant Caucasian/Anglo-European ancestry. Making claims to certain heritages or accepting/embracing non-Anglo family lineage allowed healers a space to make claims to difference from within the Anglo-European ethnicity that is visible by their skin. These claims sought to validate not only the healers’ new identities and in some ways the non-white/non-Anglo-American or Anglo-European cultures from which some of them draw their practices, but also to lend legitimacy to their disidentification with the mainstream Anglo-American or white culture in which they were raised. Several of the healers reported a strand of Native American lineage, which also contributes to any process of self-indigenization that these healers may be going through—probably unconsciously—to further solidify not only their distinctiveness from European and mainstream Anglo-American (white) cultures but also authenticate, to themselves and others, their lifestyles and identities. Again, this is what is meant by making a space for identity. To be sure, not all of the healers necessarily reflected these ideas in their interviews, but the theme emerged for a substantial enough number that it warrants exploration.
Most of the healers referenced or mentioned Native American tribes in some way, and some of these referenced them in terms of personal heritage, albeit removed by some generations. This occurred even though all participants used “Caucasian” or “white” as their racial identifier; some of them identified as a blend of racial heritages, with the dominant racial inheritance being white Anglo-European, and in Michelle’s case, Slovakian (European). Cynthia, Sandra, Laughing Womyn, and Robin identified as white but described themselves as “mutt,” “Heinz 57,” or a mix of various heritages, including Native American. Others made no heritage claim to Native American ancestry: Michelle and Sarah did not reference Native Americans in any way, and Kathleen explained about a large totem pole located on her property. She noted that it belongs to her husband, who is a shaman, but did not indicate that its presence signified any aspect of her heritage or in fact anything significant at all for her. Chloe mentioned a Native American friend of hers in our discussion about men-based healing circles, though she did not indicate that Native American culture or spirituality were relevant to her healing practice or personal lineage. Native American cultures were mentioned as significant to other participants, specifically Cynthia, Janet, Laughing Womyn, Robin, and Sandra.

Of these five, four described Native American heritage in their family a few generations back. Cynthia identified that she had an ancestor four generations back from the Lenni-Lenape tribe, and Sandra specified Cherokee and Cree heritage several generation back on her father’s and mother’s sides, respectively. Laughing Womyn noted Cherokee heritage four generations back. Robin indicated a suspected Native American ancestor on her grandmother’s side, though described that her “lineage has been lost due to alcoholism” and a lack of family records. Family photographs of an unknown Native American woman have given her family the suspicion that some ancestry could be traced back to a Native American tribe of some kind. Other heritages
mentioned include: Slovakian (Michelle); European (Janet); African American (Laughing Womyn); Dutch, French, German, Czechoslovakian (Cynthia); and Bohemian and possibly Mexican (Robin). Sarah and Chloe, the two youngest healers, identified exclusively as Caucasian and white, respectively. Kathleen, also a young healer in the sense that she has been practicing for fewer years than other participants nearer her age, also identified as exclusively Caucasian.

Healers were eager to explain their ancestral heritage and reticent to answer “white” or “Caucasian” when asked to define their identity. Some of them hesitated to respond to this, or gave a caveat that they were of mixed ancestry or could claim non-Anglo-European heritages. “White” seemed to be a catch-all or an inevitable, unavoidable classification; those who claimed and clarified other ancestral roots did not necessarily seem proud about expressing their Anglo-European roots. This is, however, merely the impression of the researcher. It could indicate further disidentification with mainstream “white” US culture and what it signifies to them, which would resonate with some of the other ideas expressed throughout these interviews. For Janet and Laughing Womyn in particular, the incorporation of Native American techniques and spirituality into their healing work was significant. In addition to an affiliation based on personal lineage, these two participants also described the importance of American Indian mentors they have had during their journeys towards become healers.

Laughing Womyn and Janet also mentioned that they incorporate aspects of Native American spirituality into their personal spiritual practices. Janet had a native Chinese mentor in her feng shui learning, and Robin mentioned communing spiritually with a deceased but still well-known Indigenous Mayan healer, Don Elijio, regarding whether or not she should begin studying Mayan abdominal healing techniques. Accordingly, native practices from these cultural origins have influenced the healing techniques the women now utilize. Cynthia reported that
some of her sensitivity for environmental issues “could go back [to] the Indian heritage” she has, although did not indicate the use of Native American spiritual or healing techniques in her personal life or practice. Cynthia said that she is an avid reader and mentioned reading at least one book by a Native American healer, and this book informed her understanding of healing archetypes such as the Wounded Healer. Others (Michelle, Sarah, Chloe, Kathleen) did not refer to any Indigenous or Native American mentors, literature, or practices, although the EFT system practiced by Kathleen has a basis in (Indigenous) Chinese meridian therapy.

Others mentioned Native American or other Indigenous mentors and teachers they have had throughout their healing journeys. Laughing Womyn and Janet, the two eldest healers, both mentioned significant, long-term, learning relationships with Native American healers/medicine people. At least three of these Native mentors have been ridiculed by other Native people and groups for working with non-native healers; there is a sensitive line between cultural borrowing and blending or integration and cultural appropriation, and the healers who discussed the importance of Native American spirituality, practices, or heritage also commented on this tension (see p. 172). For both of these healers, Native healing techniques have helped them re-connect or ground with the tribal European cultures they described as being lost to them. Janet said that once a healer rejects an element of the mainstream/dominant culture, then what is left for her to utilize is that which is around her, in her immediate surroundings. For Janet, this meant an inclination towards native traditions and practices. This also indicates an essential element of her becoming a healer and demonstrates, again, the way that the process of becoming for these participants involves a shying away from mainstream white culture and an exploration into alternatives that hold more meaning for them, for many reasons.
Connecting to Nature

Another way that healers ground themselves both literally and symbolically or metaphorically is by describing their strong connections to and affinities for nature and the natural. Robin connected her ability to heal effectively to the health and wellbeing of the land on which she lives and practices; according to her, healers draw knowledge from history, ancestry, and the physical land of the community for which they practice the healing arts. She described this from a historical perspective, noting that “it used to be” that specific “tribes” were in healers’ backyards, meaning that they “would know the people so well, you know, as healers, and [they] would know their life stories, because [they] lived with them.” This knowledge and closeness meant that “the people’s medicine was...really in the community...in their plants” and shared history. Robin noted the importance of this to herself and her practice considering the fact that the ancestors of white Americans “came to this land...with a lack of reverence.” This, Robin described, caused the medicine to die, especially because the spirits of the land neither greeted these irreverent ancestors nor accepted them. The Native American genocide was “absolutely” intertwined with the medicine of North American land being killed. “If we walked onto this land with reverence, we probably, you know, we never would have killed...the medicine” (Robin).

Land, plants, trees, and nature were significant for other participants, as well. Michelle explicitly connected her experiences in and access to nature with her ability to do healing work: “...to be able to go out in nature and be restored is very important...it’s even draining for me to even visit a city.” Janet mentioned that trees, water, and nature support her both in her life and practice. She mentioned specifically the natural properties of South-central Indiana and the capacity or ability of the land to support healing work: “We’ve come here, we’ve worked with
nature, we’ve learned from nature, we’ve helped people. This is a healing countryside.” Sandra noted her affinity with the land on which she was raised and connected some of this land-value with the roots of her family, describing: “…in a sense, I am a native American, ‘cuz my people have been here a long time.” The idea that the dominant (white) American culture is sick or in distress—first mentioned by Laughing Womyn—was reiterated by Robin, who mentioned that killing the medicine of the land leaves little room for wonder as to the cause of the general cultural malaise of contemporary America (see p. 141).

Building connections or re-connecting to nature was important to these participants, who often viewed their ability to succeed in effective healing in correlation with their access to, relationship with, and affinity for nature and what they perceive as the natural. Here, grounding takes a literal sense; the importance of the physical earth to these participants reinforces the idea that building connections to what was lost due to modernity is important for them. Several of them described the ways in which contemporary Americans are disconnected from nature, much to their detriment. For example, Michelle said that people would be much healthier if they connected through nature by appreciating natural phenomenon such as the sunrise and sunset. Janet said that nature was her support network, indicating that her connection to nature sustains her both in her personal life and in her healing work. Tuning into and tending this connection to nature is an essential aspects of these women’s realities as healers.

Connecting to Family Healing Traditions and Healer “Ancestors”

Another important element of these participants making space for themselves as healers—through building connections and maintaining a sense of grounding in their identities and practice—is their relationships to other family members or ancestors that practiced healing. Five of the women in this study mentioned some family lineage of healers. In referencing their
perceptions of certain family members, Robin and Cynthia described unactualized healing potential in their relatives. Sandra recounted an incident in her youth when her grandfather healed her injured wrist using just the power of his touch. Michelle described her surprise to learn in middle adulthood that she comes from a long line of women healers, and Laughing Womyn traced her healing heritage culturally and geographically.

Michelle said that her mother insists that because she has entered her “crone years” or mature womanhood, “the mantle has fallen upon me” to continue the tradition of female healers in her family line. She is coming “into her own” as a healer now that she has grown older; other mature female family members were also healers in their own times. Interestingly, when Michelle was younger, she was not aware of this aspect of her family past. She recounted:

...after I started learning the Reiki, my mom—I was talking to her on the phone—and she was laughing, and she said, “You know you’re following in the footsteps of myself and your grandmother?” And I said no, I didn’t know that. And, so she proceeded to explain to me—and I can’t believe! The things that my mom never told me—it’s amazing. She’s 80, and I’m just now finding out things that—I’m like, what!? You never told me that? Like, 40 years ago?

Michelle vaguely remembered her mother’s own practices of faith healing by “laying on of hands” and also recalled memories of her grandmother, who “did yoga and wore sandals and burned incense and all these kinds of things.” Her grandmother was a practicing Christian who also dabbled in alternative practices like yoga, as described. Both Michelle’s mother and grandmother practiced healing based in their Christian beliefs, which Michelle believes to be the reason she paid them little notice. She explained:
...I just kinda dismissed both my mother and my grandmother as healers, because, you know, they both did the Christian laying on of hands, but, I guess because I rejected Christianity for myself, I just didn’t really pay attention to those things, and I didn’t look into it or take it seriously.

In her younger years before beginning her journey as a healer, Michelle paid little heed to the tradition of women healers in her family. Michelle’s mother shared more elements of family history with her, and these were more shocking to Michelle; she learned of her great-grandmother and older Slovakian ancestors’ experience in the “old country” and was surprised to hear of a tradition of healers spanning back throughout several generations of her family.

...the whole family line was, and apparently wasn’t just the women, but the men also were the ones who did, like, the divining for water, and the men were also—during the period of time when they were doing bloodletting and they had barbers who did that, served that function, and the women were herbalists and natural healers.

For Michelle, these additional enlightenments or awakenings to her family past helped her connect to a tradition that helped her come into her identity as a healer, even though she was unaware of this family inheritance prior to her own explorations of the healing arts. It seems that the existence of these family members affirmed for Michelle that she was, as the “mantle” came upon her, fulfilling a sort of inevitable or predestined role as healer in her family line.

On a similar note, Laughing Womyn’s family history was also unknown to her until later in life and was explained to her by her mother after she (Laughing Womyn) began displaying interest in the healing arts. In adulthood, well after her healing practice had been established, Laughing Womyn discovered that a great-aunt had supported herself during and after the Great Depression by reading fortunes in playing cards. When Laughing Womyn asked for more
Laughing Womyn was skeptical that her relative actually felt ashamed about her abilities: “I was like, yeah, if she did this for 30 years, supporting her family, she was not ashamed of that!” Laughing Womyn gave the impression that the family was more ashamed of her aunt than her aunt was ashamed of her card-reading, which would have explained why this piece of family history was kept quiet.

Laughing Womyn also recounted a family trip to ancestral homelands in France, which she described as the village from which her French ancestors originally came, prior to their immigration to North America. On that trip, which she took with her mother, she discovered an even deeper and richer lineage of healing that was previously unknown to even her mother:

> My mother’s heritage is French, and my mom and I have gone to France a few times over the last few years and met our cousins over there and gone to the village that the family is from, and on our last visit at the village, we were talking to some of the local people, and I found out that there is a long, long history in that part of France that’s still practiced today of shamanic healing. And my family was very much a part of that, and I was, I was very pleased. I was like, wow! Okay. This is—I’m not the oddity in the family here.

Laughing Womyn conveyed that these elements of her family history resonate with her experience as a healer. She reiterated that these bits of family history were generally kept quiet among her family members—as the family’s Native American and African American lineage was also kept quiet—indicating again that Laughing Womyn is carving her own path distinct from what the rest of her family may have expected of her. For Laughing Womyn, grounding her experience in a familial tradition reinforced that she was on the right path for her; there is an element of fate or destiny at play for those participants who have discovered, as if by accident
and fate, that they are following in the footsteps of ancestors or relatives whose experiences were not widely known to the family or to the participant personally. As will be shown, this suggests both an activation of the Healer archetype and consequentially, as described, an element of fate or predeterminism at play in these participants’ lives. Furthermore, these stories illustrate how open-mindedness and grounding help to create space for an identity as a healer that grounds the healer to her identity as it simultaneously makes room for it. Being more open towards recognizing these ancestors that were not generally spoken of among her family members also reinforce the critical awareness element of Laughing Womyn’s journey towards becoming a healer and reinforces that embracing open-mindedness can help ground her as a healer.

Sandra’s family did not have such a history of healers, whether overt or hidden, although she did describe a memorable childhood experience involving her grandfather healing her through touch. Sandra was young at the time—about eight years old—and she had taken a spill while playing on some ice. Before the family could agree on whether to take her to the hospital to get an X-ray or if it was just a sprain that could be tended without a trip to the doctor, her grandfather had already healed her:

…”my granddaddy came up to me, and he’s this tall lanky man, had these great big hands, and he just went and rubbed his hands together and said, “Let me just put my hands on your wrist and it’ll feel better.” And I remember how warm his hands were. And I remember that when he took his hands, he didn’t rub my wrist, he just put his hands around it, his great big hands, and when he took those hands away, my wrist felt better, it didn’t hurt as much.

This was her only memory of anyone practicing healing of any kind in her family. The clarity of her decades-old memory suggests the impression this encounter made on her. It is possible that
she now draws a connection between herself and her grandfather in terms of a healing heritage, since she also practices healing through touch. In this way, she would be grounding herself (in part) by using this memory to help make meaning for her life as a healer.

Other participants noted instances in their family of healing or unactualized healing potential, though the familial healing traditions were not as strong as those previously described. Robin characterized her mother as “really intuitive” but said that she (her mother) is fearful of her intuitive ability: “it scares the crap out of her.” Robin insinuated that her mother has the potential for becoming a healer but may be too afraid of pursuing that path. This resonated with Cynthia’s description of some of her own family members; Cynthia sees potential within some of her aunts and uncles to become healers, but described herself as the “oddball” of her family since no other relative has chosen to step into their healing abilities. Here, Cynthia seems to have made a choice and to believe that becoming awakened to one’s healing self can occur through active choosing, which differs from the inevitability or destiny/fate aspects of becoming a healer demonstrated in Laughing Womyn’s and Michelle’s stories.

The youngest two healers, Sarah and Chloe, did not discuss any tradition of healers in their respective families. Based on Chloe’s interview, she is the first person to explore the healing arts in her family. In Sarah’s case, both she and her mother are embarking on a healing journey together, though it seems they are the first people in their family to do so. Sarah’s mother had a spiritual awakening that prompted her to explore strategies for self-healing, and her mother’s experience was a catalyst in Sarah’s own decision to explore healing. These two awakenings occurred within a very short time period—within a couple of months of each other. Sarah recounted that her mother was deeply influenced by the work of Eckhart Tolle and recommended some of his work; both were influenced by reading this book, and Sarah grounds
her experience in the spiritual awakening she had when reading it and in the path towards healing and self-healing she is now following.

In terms of grounding or building connections as an essential experience of becoming a healer, participants in this study demonstrated that connecting to existing family lineages or traditions of healers can help ground their identity as healer to the past and thereby validate or affirm it in the present and future. In other words, this grounding creates a space for the participant’s identity as a healer; connecting with previous generations of healers in the family can help participants ground themselves in a legitimizing or authentic healing heritage. This is significant considering the importance placed on most participants of Old World traditions that are perceived to have been lost, particularly women’s wisdom and ways of knowing that may have been subjugated to men’s dominant position in a patriarchal society. The grounding processes that these healers exemplify are essential to their processes of becoming, which are influenced by healers’ outlooks on the world, themselves, and the connections they can make to history.

Summary

What groundedness or grounding implies is a way of relating the self to the world in such a way that a greater level of perceived self-empowerment is actualized, a space is made for a desired identity to exist, and the self is authenticated in a way that affirms decisions and past experiences. For these participants, grounding in nature, genealogical inheritance, alternative ways of being that reject those elements of mainstream culture perceived to be negative, and connections to ancestors as well as possible more fulfilling pasts (such as pre-modernity or some aspects of perceptions of tribal or native lifestyles) is an essential element of the process of becoming in that it shapes healers’ perceptions of self as healers. Though not all healers
discussed each or all elements of grounding discussed above, it is fair to say that a rejection of an aspect of one’s upbringing would indicate a re-grounding or re-location to something new, different, or alternative. So, for these participants, grounding in a variety of interpretations is significant and indeed an essential aspect of the process of becoming a healer.

Arguably the most interesting conclusion to be drawn from the theme is that healers are making history claims that fit their needs and indeed help them find space for their identity. An example of this is the ways in which they draw on pre-modernity as a time of a greater valuation of women and women’s knowledge and a time of European pagan tribes; both of these have been “lost,” which was reported as a detriment. The healers also suggest that the onset of modernity was a turning point in Western history resulting in negative consequences for humanity as a whole. These are presented as true or accurate elements of history, and the healers can validate their beliefs and work based on this foundation of historical perceptions. It is very interesting to hear their stories and explanations about why the world exists in its present state, and healers are without a doubt devoted to providing the best healing for themselves and any clients; the history truth claims made to facilitate or validate the type of work they do and the lifestyle they lead merely indicate a creative open-mindedness towards reconceiving or reconsidering history as it is presented or understood by the dominant Western historical canon. This means that healers yet again ground themselves in an alternative perspective.

The reasoning for this need to take an alternative perspective further grounds participants in their identities not only as healers but also as women and helps to reaffirm the notion of grounding as well as its necessity. It relates to the system of patriarchy that so many participants mentioned. According to Laughing Womyn, since “men created the system,” women have to “look around the edges for other ways of doing things.” Men are more comfortable in the
system, so there are fewer feelings of disenfranchisement among men; women are “disenfranchised in a lot of ways.” She also described that women have a long history in the healing arts:

Well, women have always been shamans. You know, I mean, hist—pre-historic, historic, current, that’s always there... women tend to come from a place of empathy a little bit more readily than men do, and so we make the emotional connection with the person we’re working with...

Janet affirmed that women’s experience in a patriarchal society contributes to the large number of female healers; women are frequently abused by this type of society, she said, and this makes women more empathetic and perceptive of the distress of others. Janet also concurred with Laughing Womyn and Robin that women are “taking back their mothering and nurturing and nature orientation that goes back to herbal healing...and all the other wonderful things women always did.” Again, we here return back to a historical claim, now about the history of women as a whole; healers have to ground their identity to legitimize it not only to themselves (even if subconsciously) but also to those who would disparage them (e.g., some biomedical professionals or conservative religious leaders) and most importantly to those who are seeking and benefitting from their services. These groundings ultimately help the healer achieve her own healing so she is enabled and empowered to facilitate the healing of others. Conceived of in this way, grounding is a vital element of becoming a healer.
**Integrity, or Ethic of Care**

“I’ve been refining my perspective on what is the right attitude, what is the helpful attitude, and what really helps the world—and what doesn’t.” (Janet)

**Introduction**

The final essential element of these participants’ experience in becoming a healer demonstrates again the ways in which becoming cannot be considered a linear process, for these women. The final theme, integrity or developing an ethic of care for the self and in a healing practice, expresses the importance of maintaining groundedness and open-mindedness for both healing and being a healer. Participants demonstrated that sustaining the tradition of women’s wisdom, maintaining a critical awareness of self in terms of healing practice, and stressing the importance of giving care over earning profits are essential values for them as healers. These discussions demonstrate that the healers have a specific set of ideas about working and living in integrity means, and the nature of this integrity reflects the importance of a strong ethic towards care and a responsibility to behave in what they consider to be an altruistic manner, insofar as they perceive this to be possible in the modern US economic and social environment. The healers’ discussions suggest that the ethic of care they maintain towards themselves and their clients permeates their entire lives, not just their professional lives, which further illustrates the importance of living a life of integrity. Robin described it this way: “I have to walk my talk.”

She feels that it is important to follow the path of healing in her own life and uphold the values and standards for herself that she impresses upon her clients. “And that sucks sometimes,” she concluded, indicating the importance of maintaining the ethic of care and level of integrity, even if this proves difficult.
To reiterate, this essential element of the healers’ journeys does not reflect a final destination in a process of becoming a healer. Rather, this ethical responsibility to integrity and caring permeates healers’ worldviews and helps give meaning to their practices and lives. It reinforces other essential aspects of their healing, particularly being open-minded and grounded. In many ways, striving toward integrity and “walking the talk” of their healing philosophies both creates and sustains the worldview that gives meaning to their identities as healers, which developed out of a process of awakening and becoming. Maintaining this set of values characterized as integrity should not be interpreted as a plateau or place/location where healers arrive and/or stay. Instead, this final theme should be conceptualized as an ongoing outlook encompassing ongoing reflection, ongoing personal (spiritual, emotional, mental) development, and ongoing growth and evolution. Thus, the process of becoming is not only non-linear but is also continual.

**Ethic of Care and Femininity**

Maintaining an ethic of care towards the self and other people, including clients or healees, features a variety of different attitudes, practices, and perspectives. For these participants, providing care rather than seeking profits, working to help others heal and empower themselves, and ensuring that clients/healees receive the treatments and care they “really need” were critical aspects of how an ethic of care is maintained in healing practice. As healers continue to be open-minded and continue building connections that both strengthen their practice and create a space for their identities as healers, choosing to work and live with integrity and a sense of responsibility towards themselves and clients/healees adds another layer to their ongoing grounding as healers. Another way that the ethic of care manifested itself as critical to this set of healers relates to their perceptions of themselves and other women healers in terms of
their femininity, womanhood, and even motherhood (or maternal tendencies or characteristics). Through integrity as women and as healers, participants maintain efficacy in their practice and dignity in their lives.

The healers connected the ethic of care to femininity and feminine gender characteristics they perceived as innate to women, even though a few participants suggested that some of the characteristics they and others usually describe as innate to women could be considered stereotypical gender roles or behaviors and are therefore problematic. Nonetheless, tapping into perceived or actual innate caring abilities and tendencies was important for these participants. These healers’ nurturing and empathetic attitudes towards clients’ concerns set them apart from the biomedical model, which they viewed as more sterile in its treatment of patients viewed as sick bodies and not as whole people. To elicit healers’ discussions and commentary about the gendered aspects of healing and being or becoming a healer, I asked them share their views on why the majority of healers are women, both in general and in the specific geographic region where they live. This discussion is intended to show some of the values, traits, and characteristics that contribute to the ethic of care by which these healers operate.

Healers confirmed that maternal traits can help a woman come into herself as a healer and also affirmed that tapping into these traits was part of their experience of becoming a woman, a healer, and, in some cases, a mother. Michelle, who has several children, said that women are naturally predisposed to being able to negotiate between two worlds—the physical world and “the world beyond”—due to their ability to create life:

Because of my experiences with childbirth, I do believe that women are naturally tuned into the world beyond. That it’s, you know, our biological nature. First of all, uh, the experience of pregnancy, um, allows us to have another being both physically and
emotionally, energetically, spiritually—in all ways, mentally, everything—that entire
being is within our entire being. And it is being grown out of our own bodies. And men
can’t do that.

Janet agreed that women’s role in birth and childrearing helps them develop their natural abilities
to nurture and nourish others. Although none of the healers explicitly mentioned that being a
mother is a necessary “step” towards becoming or being a healer, the general consensus seemed
to be that mothers are highly connected to their maternal instincts, and that women in general,
regardless of whether they have children or not, have a more innate or natural predisposition to
be talented and effective caregivers. This is particularly interesting considering that these
participants juxtaposed mainstream medicine and alternative medicine as embodying or aligning
with the masculine and the feminine, respectively. This reinforces the status of healing as a
profession of care and care as an element of the feminine, for these participants. In terms of
integrity healers seem to suggest that aspects of the feminine—especially maternal tendencies or
traits—ensure that the type or quality of care that clients “really need.”

Others healers provided further commentary about the relationship of healing to women
and femininity. Robin suggested that women are always trying to “swing” the imbalance of
patriarchy to more of a balance between male and female and insinuated that women healers are
especially embroiled in this effort. On a similar note, Cynthia said that Western society is
currently shifting from a patriarchal structure to a “more” matriarchal structure, and this was
described as positive. Robin explained (as previously described) that white women in particular
are trying to reclaim lost life experiences, “old ways [and] wise ways” that were “extinguished”
during the “burning times in Europe.” So, women have a responsibility through their work and
knowledge to try and ensure that women retain a place of relative power or equality in society.
She said that this is a form of “stay[ing] in our integrity,” suggesting that it is both a relationship with and responsibility to the past as well as a (re)grounding in female traditions of wisdom that allows modern healers to maintain what they view as their integrity in their practices. None of the healers suggested that an imbalanced matriarchy is a constructive end goal of these perceived societal shifts; rather, they suggested that working to equalize or balance the masculine and feminine is part of the ethics by which they live and practice.

Another popular response to the question of the preponderance of women healers over men healers among participants relates to the characteristics of women and females and the ways in which certain characteristics predispose women to interest and success in the healing arts. Sandra suggested that women are “certainly more emotional” and therefore more able to empathize with suffering clients. She, too, suggested that women possess an innate “mothering instinct” that manifests itself in different ways for different women; women healers who are not mothers are still able to tap into this instinct in productive ways for their work. Cynthia said she thinks that there are more women healers because women are “more open” to healing and passing healing along. Similarly, Kathleen suggested among women a generally higher level of thoughtfulness, introspection, and reflection on life path. As Sandra, she also noted that “women tend to be more empathetic” but stressed that these conclusions were drawn based on her personal experiences with men and women. Chloe described this as a heightened sensitivity to others. All of these ideas suggest a specifically feminine form or way of healing/caring, and tapping into and/or validating this aspect of the feminine allows these participants to make meaning of their lives as healing women. This ensures efficacy in practice and demonstrates another essential value of these participants (i.e., valuing the feminine or women’s ways).
Sarah provided a detailed response to the question of why there seem to be more women healers and shared further insights about feminine and masculine characteristics:

*I think women are more open to the heart; women tend to have more of that heart-energy, whereas I think a lot of men, they’re more in their minds or they think more scientifically or mathematically, and things like that. They’re just taught, you don’t feel emotions, you don’t cry, you know, the social programming and cultural upbringing and things like that. I think women are just more comfortable with that. And [women] are taught: you take care of people, you help them. So healing kinda comes more naturally.*

The idea of healing coming “naturally” suggests that Sarah perceives an innate, possibly biological ability or predisposition for women to become healers. This aligns with others’ suggestions that feminine means maternal, again suggesting the idea that women are biologically more predisposed to caring. Sarah also extends this predisposition to the energetic (biological?) level when she implies that women have more “heart-energy,” hinting that the caring or maternal trait is also based in a spiritual realm of some kind, not only biology. She did not clarify whether she feels that the body’s energetic systems are biological or spiritual, although she gave the impression that the answer could be both.

These discussions blur the line between biology/science and spirituality, destiny, or fate (metaphysics), which resonates with participants’ beliefs in treating a client or unwell person holistically. Treating the whole person is another way in which healers maintain the integrity of their practice, and their maternal/feminine caring is one way they ensure that what is treated is more than just the symptoms of a person’s illness or disease. The theme of unorthodoxy thus appears once more; these participants, as women and alternative healing practitioners, seek to take advantage of traits perceived as oppressed (i.e., femininity, caring, emotionality) to help
clients achieve a state of holistic health (that is, not merely physical health, perceived as the main focus of orthodox/mainstream medicine). The healers suggest that maintaining their femininity and those aspects of gendered behavior that validate and empower their experience as females and women helps to ensure that they meet the responsibilities they have to help restore balance to a perceived imbalance—in other words, patriarchy. In terms of working and living with integrity an ongoing effort or state of being, maintaining and ethic of care both affirms these participants’ identities as women and, in many cases, as mothers. This integrity supports their healing practice. In terms of the phenomenon of becoming, this discussion suggests again that empowerment is an essential experience of becoming a healer, and sustaining or maintaining self-efficacy through perceiving the self as empowered by living with integrity is vital to facilitating healing work, in these participants’ experiences.

Attitudes toward Other Cultures

Another instance where healers displayed their understandings of what integrity means to them was in their discussions of the ethics of cultural borrowing, specifically in terms of adopting or adapting cultural, healing, or spiritual practices or beliefs from Indigenous North American cultures (Native American and Indigenous Mayan) to their own healing practices or spiritual belief systems. The healers provided commentary on the perceived ethical murkiness of cultural borrowing, both in terms of their individual practices and in terms of the New Age movement in general, the latter of which some healers criticized strongly. These discussions reflect a critical awareness of self and practice as well as illustrate the set of ethics by which they live their lives, reinforcing the idea of open-mindedness as an ongoing state and integrity as an essential value for these healers. Although a discussion of the ethics of cultural borrowing or appropriation from Native American cultures is far beyond the scope of this analysis, it is fair to
say that these participants’ perceptions of these ethical issues can shed some light on the set(s) of values and ideas by which they operate as healers. In terms of their processes of becoming, this discussion will illustrate the ways in which participants maintain their critical perspectives (open-mindedness) even as they arguably attempt to ground themselves in some ways into traditions that are not necessarily their own, although, as described, some of them made heritage claims to Native American ancestry. In terms of integrity this discussion will demonstrate that healers are actively reflecting on the ethics of what practices and traditions they consult for their healing practices, showing that a critical awareness and sensitivity towards others is a reiterated theme that illuminates healers’ ethics and affirms the notion of a feminine ethic of care as embodied by these participants.

To reiterate, this section will demonstrate healers’ perceptions of and conclusions about the complex issue of cultural appropriation as it relates to their practices and spiritual lives. If the participants who discussed these issues view themselves as culturally appropriating from Native American cultures, they do not consider themselves as exploitative or possessing an intention to cause harm through selfishness or offensiveness. The fact that some of the healers have had Native American mentors, as described, suggests not only that the healers wish to legitimize their use of Native American practices but also reflects the idea that cultural appropriation is relative: for some, whether Native or non-Native, any use of Native traditions by non-Natives is unacceptable, but for others, such as the Native mentors of these Anglo-American healers, this type of borrowing and blending can benefit all parties involved, according to some of the participants (Laughing Womyn, Janet, Robin, and indirectly, Kathleen). The healers who commented on these issues (Laughing Womyn and Robin) demonstrate some of the complexity of their position and reinforce the ideas that the healers perceive themselves as practicing with
integrity—not malice or selfishness—and that they view themselves as responsible for their actions and the consequences of these actions.

Laughing Womyn and Robin (who were mentor and mentee, respectively) spent considerable time discussing their thoughts about cultural borrowing in the healing arts and as it appears in the New Age culture more generally. Laughing Womyn commented extensively on the tensions between some Native perspectives and the perspectives of the groups—often white or Caucasian—borrowing or using Native traditions, spiritual beliefs/structures, and healing techniques. She described how some Native people can be offended by the use of ceremonial rites by people outside of the community, but also noted that other Native people hope to teach their traditions in order to preserve their purity in the inevitability that they are practiced outside of the Native community. She also noted the risks of non-Natives romanticizing Native spirituality as more “special,” since this can lead to unwanted or “greedy” borrowing (Laughing Womyn); when white people feel that they “need to get [their] hands on” Native traditions, then sharing or borrowing can become stealing. She also suggested, however, that modern white US culture is in distress and could benefit from the “grace” of others’ guidance:

_I guess my argument to Native Americans or African Americans against shutting white people out of the traditions would be the white culture is definitely out of control...and part of that is because our own native traditions, our own earth-centered traditions are so far removed from us by so many generations of conquest and forced socialization. We need to find that connection that’s innate again, and we need some patterns to help us understand how to live beyond what we have centuries of training in, so that we can see what else is possible. My argument to white people against cultural appropriation would be, it’s not yours to take. If you’re taking it from the perspective that you have—you’re_
entitled to this, [then] you’re being an oppressor. If you ask and the gift is given, or if the gift is just given, then accept it gracefully and accept it respectfully.

The idea of accepting a gift gracefully and respectfully suggests what integrity might be for Laughing Womyn. However, as described by Mauss (1925), gifts do not come without a cost of some sort, and in this case, the accompanying ethical issues of cultural appropriation, the legacy of Native American genocide, and the complexity of navigating the psychic wound of settler-colonial subjecthood are returned to Laughing Womyn and others like her (Veracini, 2010). In her discussion, Laughing Womyn noted that Christianization was the primary factor in the disappearance of European tribal cultures, and therefore contemporary Europeans, Anglo-Americans, and European-Americans have lost their tribal lineage and earth-centered traditions. In terms of seeking out a path of integrity this idea suggests that returning to pre-modern roots as a means for seeking a more authentic mode of being in the world may be more healthful for individuals and mainstream culture as a whole.

Regarding cultural appropriation or borrowing, Robin expressed a similar view to Laughing Womyn. Robin mentioned New Age use of the word “shaman” as a specific, problematic instance of appropriation. In this instance, integrity is put in jeopardy for the sake of marketability, and that caution for care and respect toward the cultures that rely on shamanism is often absent:

I get really frustrated when New Age-y people say that they’re gonna put on shamanic journey workshops or whatever. I just don’t even think that they know the history of the word that they’re using; they’re just using what’s marketable. And then all the sudden to me, then that becomes really disrespectful. I know Laughing Womyn will use the word shamanic healing to describe what she does, and I’m okay with that.
She explained: “[Laughing Womyn] doesn’t claim that she’s teaching someone to be a shaman. And she’s not saying that she’s a shamaness.” Also exploring the line between integrity and profit-seeking, Laughing Womyn explained that she does not charge clients for certain ceremonial practices, since her Native American mentor insisted that these types of traditions are meant to be kept within the community, for the community. For Robin, there is a fine line between borrowing and blending and cultural theft; she said that if healers or practitioners can maintain “reverence for that culture’s journey,” then this would prevent over-romanticization and cultural insult. She affirmed that some New Age practitioners can put themselves in a dangerous position by “just want[ing] the frosting on the cake” rather than accepting and acknowledging the complexities of what it means to put oneself in the hazardous position of adopting a mentor, practice, or technique from another culture, particularly as a white American healer. This is particularly true if the underlying motive is not care or respect (as integrity) but rather greed or marketability, as both Robin and Laughing Womyn noted.

Robin further explained her own tension with the ethics of cultural appropriation, which developed when she was beginning to explore and use Indigenous Mayan healing techniques. These women’s health techniques that have been made popular in America by Rosita Arvigo, a native Chicagoan who spent time in Belize working with an Indigenous practitioner named Don Elijio. Robin commented not only on her own decision process in adopting the techniques but also the means by which Arvigo “brought” the techniques to Western culture:

... I just got drawn to this work...Rosita Arvigo is the woman who anchored Maya abdominal massage in the Western culture, and there’s a lot of hot debate about whether she did that with integrity or not. I had to do a lot of soul-searching about whether or not I felt like that was the appropriate route to go. And as I looked, I decided [that] ethically,
my thing is: I have to get the best information I can get for my women. And [these
techniques are] my best bet. I think Rosita went about it with reverence. I think the
politics of going into a different country and learning from a healer [are] a little dicey,
and then bringing that back to your culture—I’m not sure how all that went down…I
went ahead and I worked with my guides and talked to Don Elijio, who was Rosita’s,
mentor and taught her this. I did it through the spirit realm. And he said, “Do it, it’s
okay,” and really gave me some clear information about, like, [don’t] get involved with
the politics. It wasn’t important. Just get the information and bring it back to my women.
He supported me in that.

She said: “I’m really, really hung-up about cultural misappropriation. Just seems so
disrespectful.” For Robin, the ability to care for her clients in the manner that they need is what
is at stake. This is her primary concern over marketability, personal heritage, or politics. This
demonstrates that for Robin, integrity is finding what’s best for her community—“my women”—
and that this is her primary ethical responsibility. From Robin’s perspective, paying attention to
the hazards of harmful cultural appropriation is an important step in maintaining integrity and
critical awareness of self, ethics, and practice, as is providing the best services possible.
Laughing Womyn’s discussions and interview echoed this perspective.

Summary

Though the healers’ ethical concerns certainly extend to additional areas than cultural
appropriation and technique borrowing, this example shows the connection between developing
a practice and life of integrity maintaining open-mindedness and critical awareness, and the
healing practices of these participants. This was intimately related to their individual processes of
becoming. Robin and Laughing Womyn show that in terms of becoming and being a healer,
defining and attending one’s ethical responsibilities warrants significant and ongoing attention. In striving to maintain an ethical practice and “walking the talk,” healers can remain grounded in their practice, choices, and intentions (Robin). The participants gave the researcher the perception that ultimately, what mattered was doing beneficial work for the clients and other healees (such as family members or the healer herself) while maintaining a sense of respect for cultures and peoples whose practices the healers may draw inspiration or techniques.

The purpose of this chapter was to present the findings of this study. Findings were organized into four themes that reflected the experiences of participants in their processes of becoming healers. A very important aspect of healers’ journeys was that their processes of becoming were not necessarily linear. Rather, impactful experiences and periods of transition contributed to an ongoing process of “unfolding” as a healer. Major themes included: 1.) participants’ experiences of “Awakening,” or inner transformation; 2.) a sense of “Open-mindedness,” or developing critical awareness, 3.) a period of “Grounding” culminating in a sense of “Groundedness” representing participants’ building connections to people, ideas, and experiences that make space for their identities as healers, and 4.) “Integrity,” or a solidification of their ethic of care, which insinuates both a maintenance of their values and worldviews as healers but also a promise to both themselves and clients to maintain integrity in practice, even if this means revitalizing their practice or incorporating new techniques or ideas perceived as better for what clients “really need.” As will be shown, these themes considered collectively can inform an understanding of the essence of participants’ experiences of the phenomenon under investigation, namely becoming a healer.
CHAPTER V: DISCUSSION

This chapter discusses in further detail the phenomenon of becoming a healer, as experienced by the Anglo-American women who participated in this study, by implementing several theoretical frameworks to analyze the essential experiences outlined in the previous chapter. Each of the four major thematic areas, which illuminate the essence of the phenomenon explored by this study, are considered through specific frameworks that help explain and interpret the experiences of participants as they have described them and as they have been presented by the researcher.

The discussion utilizes the Wounded Healer archetype (Jung, 1942, as cited in Merchant, 2012); Abel and Nelson’s (1990) circles of care; Fisher and Tronto’s (1990) feminist theories of care and feminist critiques of caring (Opie, 1992); other elements of feminist theory such as women’s ways of knowing (Belenky et al., 1997) critiques of science and patriarchal social structures (Tuana, 1999; Delphy, 1993, and Connell, 2005); and several other social theories (Spindler, 1963, as cited in Pai, Adler, & Shadiow, 2006; Gramsci, 1929-1936, as cited in Lemert, 2010; Marx, 1844, as cited in Lemert, 2010; Veracini, 2010) to explore the meanings, implications, and realities of these women healers’ experiences, including concepts of hegemony, alienation, aspects of settler-colonial theory, and individualism (as an Anglo-American core value). Foucault’s discursive approach (1972) is applied to understand participants’ meaning-making and the concept of creating space for an identity (as cited in Hall, 1997).

The goal of this chapter is to support assertions and conclusions drawn in the previous with foundations of theory that help clarify and illuminate the nuances of these participants’ lived experiences and their processes of becoming healers. This research takes an inductive
approach and hopes to develop a unique framework for understanding these specific participants’ experiences. Ultimately, this analysis will show that the essence of the phenomenon of becoming a healer as experienced by these specific participants is **empowerment**.

**Awakening**

This section will explore healers’ processes and experiences of awakening using the ideas of the Wounded Healer archetype, alienation (from care of self), and individualism. This discussion hopes to show that awakening processes, as an essential experience of these participants becoming healers, helped healers become empowered to perform the type of self-care that they ultimately seek to facilitate for their clients and healees but which they must first explore for themselves on an individual level.

**Wounded Healer**

As previously described, the Wounded Healer archetype suggests that not only do those who awaken as healers embody a desire to serve others in a healing capacity but also an individual who has already processed or healed from her own emotional, spiritual, psychic, and/or physical injury or trauma (Achterberg, 1990; Benziman et al., 2012). These types of injuries or traumas generally prompt or lead individuals to seek healing, whether self-healing or healing facilitated by another person. Often, this healing is perceived as a restoration of balance (Cooperstein, 1992). The healer’s wound is retained and in fact becomes a source of strength that allows the wounded healer to relate to others upon completing their own healing journey; the woundedness is a source of compassion, empathy, and understanding that is highly significant to ability or success as a healer (Koss-Chioino, 2006). In terms of the awakening described in the previous chapter, the Wounded Healer represents what can happen to an individual when she or he suffers a traumatic experience of some kind and then begins her or his own healing journey,
ultimately transforming into a healer by activating the archetypal healer within. The Wounded Healer archetype provides a good starting point for understanding the experiences of the participants in this study, though the phenomenon of becoming a healer for these nine women is arguably more complex than the framework of becoming a healer expressed by the archetype (see p. 46).

In these women’s experiences, it was not only traumatic events or injuries that helped activate them as healers or prompt them to explore the healing arts. Several of the participants reported having metaphysical experiences that were not necessarily traumatic (Kathleen, Sarah, Janet, Michelle), and all participants with the exception of Chloe reported having some metaphysical experiences and one or more traumatic experiences. Cynthia did not necessarily note her experience with cancer as traumatic, and Kathleen did not explicitly suggest that her metaphysical experience prompted her to explore alternative healing.

The experiences of these participants demonstrate that the Wounded Healer archetype can manifest itself in a variety of ways due to a variety of multiple causes, including non-traumatic but influential experiences. An example of this is the story of Michelle, who experienced a traumatic birth, several metaphysical events, and manages chronic and hereditary illnesses; the Wounded Healer archetype, when considered in terms of these participants’ experiences, illuminates that an awakening to the healer within is multifaceted, multilayered, and can take quite a long time. There is no simple process of being traumatized and then becoming a healer, for these participants. The range of experiences that can prompt someone to activate the wounded healer within shows that the term wound is not necessarily the best choice to describe the catalysts for many of these participants; the idea of an Awakened (or Empowered) Healer is much more appropriate here.
The notion of an Awakened Healer bypasses the problem of the negative connotation or implication of the word wound, which seems to suggest that an individual must be damaged in some way even if they ultimately reach their own place of healing or wholeness. In terms of this study and from the perspective of the researcher, the participants in this study were decidedly empowered—based on participants’ definitions of empowerment and self-perceptions, discussed in the previous chapter—even if they have suffered traumatic experiences. By being awakened to healing or their healing potential from a variety of experiences beyond merely that which traumatized them in the past, the healers show that, from their experiences, becoming a healer is a highly involved and complex process.

Healers’ awakenings not only contributed to realizations of healing abilities, but also prompted substantial reflections on their positions in society as women, their individualism as a means to empowerment, and their relationships to the wider US culture and society. Their awakenings as both a process and as (a set of) finite experience(s), for example a traumatic birthing experience, contributed to their becoming a healer and demonstrate an essential element or aspect of this journey. Without an awakening phase, these participants would probably not have become healers, even though in their reflections the healers believe that there was an element of fate or destiny involved in their lives and in realizing their path (Pelicci, 2008). Furthermore, participants’ journeys to awakening did not necessitate a wound or woundedness, and, if a healer did suffer a traumatic event, this wound was not the only influential factor in her awakening. The idea that awakening results in an activation perhaps of an innate cultural archetype does reflect participants’ understandings of themselves, especially in the case that they consider becoming a healer as part of their fate or destiny.
Alienation

The concept of empowerment was highly significant to participants’ descriptions of their life events and stories as well as how they came to the path of healing, even to the extent that healing means empowerment, and vice versa. Accordingly, empowerment is also an element of participants’ awakenings. Undoubtedly, the individual affirmation and empowerment gained from the awakening element of these participants’ process of becoming boosts healers’ self-esteem and embolden them to continue making informed or awakened choices. The various awakening experiences described in the previous chapter contributed to enlightening healers to their capacities to be more self-directed and in control of their lives and experiences. One reason that the Wounded/Awakened Healer concept is so powerful is due to its relationship to women’s empowerment; by stepping into or awakening to the healer within, any alienation previously felt in terms of being able to or capable of providing self-care would be greatly reduced (Fisher & Tronto, 1990). For these healers, a reduced sense of alienation was one outcome of their awakening to the alternative path of healing.

What most resonated with these healers’ experience from Fisher and Tronto’s (1990) discussions was the notion that alienation is most keenly felt when women caregivers are not in an autonomous position to take control of their healing practices and other-oriented caring. Women are disenfranchised when not given responsibility to take care of themselves or others, which results in feelings of disempowerment, low self-esteem, and decreased efficacy. In terms of this study, participants suggested that the awakening experiences ultimately pushing (or pulling) them towards healing invested in them a sense of empowerment; they were activated to the power or empowerment of taking control of their self-healing and ultimately of their healing practices once they transitioned into the healing arts. This reinforces the importance of individual
agency as the healers in the study described and in the sense of the individual experience of awakening to the healer within (i.e., the individualized aspect of the healer archetype).

**Individualism**

Important to the experience of awakening as a first “step” towards becoming a healer, or, as Sandra described, “unfolding” as a healer, is the idea of the individual as an active agent in her or his own life. This individual is capable of making decisions and changes that lead to a perceived better future, path, or life situation. As described in Chapter II, this is a common element of New Age spirituality and approaches that fall under the New Age umbrella (O’Neil, 2001). As the Wounded (or Awakened) Healer archetype suggests, individuals are responsible for healing from their own wounds, and an awakened healer would have also taken responsibility for her own healing or seeking of self-healing. As the healers in this study described, their journeys towards healing were their own responsibilities, and they perceive themselves as capable of facilitating healing for others, not actively doing healing for others (Kenny, 2012; Merchant, 2012). Thus, awakening necessarily incorporates individualism, and healing requires individual effort.

According to Spindler (1963), individualism is a core value of Anglo-American culture (as cited in Pai et al., 2006). Self-reliance, originality, and the cultural sacredness of the individual are likewise valued as individualistic traits. In Anglo-American culture, the hard work performed by an individual is a key for socioeconomic success (Spindler and Spindler, 1987, as cited in Pai et al., 2006). As participants in this study described, many awakenings and indeed much of the open-mindedness to criticizing different elements of US culture and society seemed to suggest a rejection of what appear to be other possible core values of Anglo-American culture, such as the patriarchal social structure or some tenets of Christianity and its related “Puritan
morality” (p. 24). So, what is interesting here is the way in which the core Anglo-American value of individuality retains its power for these unorthodox participants; without individual agency and without the freedom of individuality guaranteed by a wider culture whose core value is individuality, these participants’ awakenings may have been hindered or perhaps sterile if they could not act on their individual desires to seek self-healing and eventually to choose to become a healer.

In terms of awakening as a part of a larger, ongoing process of empowerment and becoming a healer, learning to care for the self was an important element of these participants’ journeys, as it was in the myth of Chiron (Benziman et al., 2012). In learning to self-heal, healers became more disposed to healing others (Merchant, 2012). However, processes of awakening were more multifaceted than merely healing from a wound activating the healer within. Healers also, in valuing themselves and the abilities of the individual to achieving her or his own state of healing, became empowered in devoting time to self-care and self-healing. As a “step” in their ongoing process of becoming a healer, awakening helped healers turn attention to and devote care to themselves where perhaps they had not done before (Fisher & Tronto, 1990). In this way, awakening was a form of empowerment for these participants, even if the catalyst experiences that contributed to the awakening process were negative, such as illness (Kirmayer, 2003).

Open-mindedness

This section hopes to explore the concept of open-mindedness to healers’ processes of becoming. In considering Gramsci’s concept of hegemony (1929-1936), socialized gender role expectation, feminist critiques of and theories for caring, feminist ideas about connected and separate knowing, and Marx’s (1844) concept of alienation from labor, this discussion hopes to show that the open-mindedness healers embody in being open to alternative or unorthodox
choices or ways of being and open to criticizing the dominant culture empowers them as women and healers (as cited in Lemert, 2010).

**Hegemony, Gender Roles, and Caring**

In critiquing institutionalized aspects of society, the healers in this study explain their perceptions of aspects of US culture form dominant social, religious, and medical institutions/structures. For example, the ideals of wifehood (marriage) and motherhood that participants perceived as core values of their religious institutions represent a dominant model for women and femininity, ultimately an ideal and model that they could not necessarily accept as it was taught or espoused to them. In practice, these dominant ideals lead to subordination and marginalization of alternatives. To continue the example: a subordinate alternative to heterosexual marriage and motherhood could be as simple as single motherhood, having a child out of wedlock, or remaining, whether by default or by choice, single and child-free throughout one’s life. The concept of hegemony can help illuminate the function of these institutions or structures to healers’ lives and explain, at least in part, why the healers react so strongly against them. As the alternative healthcare providers and irregular doctors that came before them, the contemporary healers in this study demonstrated a variety of anti- or counter-hegemonic ideals in their critical analyses of aspects of US culture (Ehrenreich & English, 1973; Whorton 2002, p. 8). In this case, this included the hegemonic nature of gender roles in US culture and the hegemonic way of knowing valuing rationality over the non-rational or intuitive as a possible means for truth, knowledge, and understanding (see McCann & Kim, 2010).

For participants in this study, the fact that US social practice—the conduct of everyday life and the choices of individuals—is organized based on this hegemonic system of gender roles is problematic, but not for reasons that first come to mind; healers in this study unquestionably
exemplify and value feminine characteristics such as being maternal, caring, and nurturing, but they also demonstrate the value of masculine characteristics, like independence and being active rather than passive, to their personal and professional lives.

In the US, the hegemonic nature of the gender role system is the root of patriarchy, since feminine characteristics and women in general are relegated to a subordinate position. Even though healers are finding a way to survive and reclaim some power from within the patriarchal system of mainstream US culture, they still critique it in their discussions of the dangers of “imbalance” between the masculine and feminine (or patriarchy and matriarchy). These healers view patriarchal social relations as a cause of the social ills that create illness and unwellness (in themselves and clients/healees). By pointing to capitalism, biomedical medicine (rationally/cognitive in its understandings of the world), patriarchal religious institutions, and the hegemonic social order that disproportionately disadvantages women, the healers expose their counter- or anti-hegemonic positions. Their identities are non-normative, to be sure; the criticisms they levy suggest what their awakening has taught them in terms of counter-hegemonic ways of being and understanding the world and demonstrate precisely what being open-minded means in these cases.

For participants, the open-mindedness they maintain toward alternative or unorthodox lifestyles or ways of being in the world is, as demonstrated in the previous chapter, a key or essential element of their process of becoming. In some important ways, they reject the hegemony of gender role socialization—such as by changing careers, by moving beyond full-time motherhood, and by establishing themselves as healers in a culture whose dominant or hegemonic healthcare system is biomedicine (Whorton, 2002). Conversely, participants could be considered complicit in upholding this hegemony by embodying, valuing, and benefiting from
characteristics generally associated with (hegemonic) masculinity, such as independence, non-passivity. However, these characteristics, choices, actions could be read as female empowerment, and indeed the healers view themselves in this light.

The question remains whether healers are destabilizing the patriarchal system they decry and seem to want to destabilize; if empowerment means gaining access to those characteristic or elements of hegemonic masculinity that give men their social power and mobility, then empowered women could be complicit in maintaining the “hegemonic project” of patriarchy (Connell, 2005, p. 238). However, the general sense from participants is that empowerment to them really means a reconceptualized femininity (not a masculine female). This reconceptualized femininity values what may in fact be traditional gender roles or characteristics, such as female nurturing and masculine independence, but it no longer hopes these will be wrapped up in a system of power dynamics that lead to a cycle of oppression. Perhaps this empowered femininity is the true essence of becoming a woman healer, considering what criticisms of patriarchy mean for these participants. Indeed, the sort of empowered femininity that healers seek to exemplify is not hegemonic masculinity but rather their conception of a pre-modern matriarch or wise woman, whose value and status in the community as a sacred keeper of knowledge is unquestioned. This demonstrates, through the rejection of elements of modernity, a re-valuation of pre-modernity (as perceived) is concomitant with a re-valuation of femininity and womanhood, taking the form of a reconceptualized femininity.

This discussion demonstrates some of the basic tensions between feminist theories of care (Fisher & Tronto, 1990) and feminist critiques of care (Abel & Nelson, 1990; Opie, 1992). For participants, the healing arts are unquestionably a matter of self-care and facilitating others’ self-care to enhance overall wellness on the individual and global levels; in terms of open-
mindedness and becoming, rejecting hegemonic or dominant social orders—one of the “steps” healers took to begin making space for their identity as healers—is one path towards beginning a healing journey. This is especially true if the institutionalized elements of society previously noted are contributing to unwellness.

If healing can be considered a care-oriented venture and if healers are empowered through the acts of commanding their own (job-related) resources, reinvesting themselves in their communities as local resources in their own right, and embodying the ideal of self-caring and attentiveness to one’s personal health, then their caring is more in line with Fisher and Tronto’s (1990) ideals of a feminist theory of caring. However, if caring reinforces a harmful hierarchy (i.e., the healer is in a position of power and dominance over clients), falling back on their proclivity for caring as an outcome of their gender socialization, or focusing all of their energies towards those external to them (as traditional ideals of motherhood suggest mothers should do in terms of caring for their offspring and husbands before caring for themselves), then their caring could be more easily critiqued from a feminist perspective. The latter is illustrated in participants’ essentialist responses about why there seem to be more women healers than men; participant responses to this question could be interpreted that females have a biological predisposition to caring since they are child-bearers (Brooke, 1997, as cited in Pelicci, 2008; McKay, 1993, and Minkowski, 1992, as cited in Struthers, 2000, p. 261). Further analysis of these issues is a direction for future research on this topic, and revisiting these specific clients would be beneficial to furthering understanding about their specific experiences and thoughts about these issues.

In terms of participants’ processes of becoming healers, open-mindedness to rejecting gender role expectations that the dominant culture has for them proved instrumental in their
embodying alternatives, such as the empowered or reconceptualized femininity discussed above. Although further conversations with these healers would better illuminate their positions on biological essentialism and their opinions about whether they may be upholding elements of the patriarchal system they decry, it is clear that healers are attempting, through a counter-hegemonic process, to create an alternative path for themselves than what was presented to them as normal or ideal considering their social position, race, and sex. Ultimately, these healers view their open-mindedness as a means for empowerment. In the next section, feminist theories of different ways of knowing will further illuminate what open-mindedness means for these participants.

**Connected vs. Separate Knowing**

Participants’ open-mindedness toward their own intuition and personal experience—their connected knowing—is what they describe as empowering them as healers and increasing their efficacy in practice. They rely on their historical perceptions of women’s ways and women’s wisdom to substantiate or ground their practice and identities; for these participants, connected knowing is the lifeblood of their healing practice. These are known as subjective and intuitive knowledges (Engebretson, 1996). Without enabling and taking advantage of these perceived natural abilities, which Michelle described as intuitive or innate, these women would not be able to heal themselves or others. The intuitive or innate nature of these abilities is also indicated or affirmed in the Wounded/Awakened Healer archetype; the healer must simply activate her healer within (Benziman et al., 2012; Merchant 2012; Kirmayer, 2003). Since participants in this study perceive themselves as providing a more holistic approach to health than the biomedical model can provide, they necessarily rely on their connected or experiential knowledge, gleaned in part
through their own experiences of awakening and in part through their sustained attention towards developing their abilities as healers.

Thus, in terms of participants’ becomings, being more in tuned with the connected, feminine way of knowing would be a step towards re-valuing the feminine and possibly reflect a feminist stance or philosophy of life. The idea of re-valuing the feminine is what participants mean when they discuss revitalizing or reconnecting to the wise ways of women or women’s wisdom, since these topics are described as having been repressed throughout history due to the patriarchal structure of western society (Ehrenreich & English, 1973). Separate knowing does not fully allow for the types of intuitive and subjective knowledge(s) and ways of knowing valued by these participants.

The differences between separate and connected knowing and their respective relegations or alignments with the masculine and feminine are not intended to be read as a further dichotomization of women and men or the masculine and the feminine. What is most interesting about this discussion in terms of participants’ experiences in becoming healers is the way they transform what would appear to be “connected” knowing into “separate knowing,” considering the definitions provided by Belenky et al. (1997, p. 236). Many of their justifications for pursuing the healing art demonstrate the type of critical thinking and awareness characterized as the “doubting game” (p. 237) These participants display doubt about certain aspects of US culture, such as institutionalized religion, the status and treatment of women, and institutionalized aspects of biomedicine such as a perceived over-reliance on prescription medication. The doubt they have comes from personal experience, critical observations, interactions with clients, and other sources such as readings, workshops, or other forms of self-education. In this way, their doubting game appears also to be a manifestation of connected or
subjective knowing. Ultimately, what this illustrates about participants’ experiences is the possibilities for blending these two types of knowing, which reinforces that these participants value balanced approaches.

The idea of these different ways of knowing can also inform understandings of participants’ experiences becoming a healer as a phenomenological experience. Trying to understand participants’ way(s) of knowing is critical to understanding their experiences, since open-mindedness is an essential element of this phenomenon and encompasses a new critical awareness on the part of healers towards various aspects of mainstream US culture. Through understanding the ways in which participants engage with the wider culture and society at large, the experience of the phenomenon in question can be more deeply understood. Based on the theme of open-mindedness, healers both criticize from a separated knowing perspective and help make space for alternative or unorthodox envisioning of the world from the connected knowing perspective. Blending these two type of knowing thus appears to generate a new way of knowing based relatively equally in each. Considering that these participants are successful businesswomen or on their way to establishing their independent practices and exemplify what they view to be empowered womanhood, this is not surprising.

In this study, participants’ experiences reflect the type or way of knowing more traditionally associated with women and the feminine—connected knowing. They also demonstrate a complicated relationship with separate knowing in the way that they criticize that which has been institutionalized through this very way of knowing from an apparently rationalistic, truth-based perspective. Arguably, this is a more holistic, balanced approach to knowing that blends two dichotomized modes. In terms of experiencing the phenomenon of becoming a healer, participants in this study embrace gendered behaviors on either side of the
masculine-feminine spectrum (i.e., independence and critical rationality and caring and nurturing), thereby embodying a certain form of empowered womanhood that draws from both masculine and feminine ideals in ways that “work” for them and sustain their practices and identities. Healers also became empowered by choosing (or being open-minded toward) the path that most strongly resonated with their proclivities and desires, namely the healing arts.

Alienation

Marx’s (1844) conceptions of labor and alienation or estrangement can help elucidate the processes that contributed to participants’ transitioning away from the more orthodox career choices they made in the earlier stages of life, prior to becoming a healer (as cited in Lemert, 2010). As described in the previous chapter (see p. 87), most of the healers in this study, with the exception of Chloe, held careers in non-healing arts fields or fields tangentially related to healing. Examples include: draftsman (Sandra), auto mechanic (Michelle), gas station manager (Laughing Womyn), English teacher (Sarah), full-time wife and mother (Janet, Kathleen), emergency medical technician (Cynthia), and dancer/dance instructor (Robin). Becoming critical towards the ways these occupations were not fulfilling their needs was an essential experience of open-mindedness that ultimately contributed directly to them becoming healers, although this was a long and winding process—a “gentle unfolding,” as Sandra described.

Although there was not necessarily an expression of a dislike for wage labor per se by these healers, the idea that they were somehow alienated from the careers they held before becoming healers is clear: participants seem to have felt unfulfilled, disenfranchised, and disempowered. For example, Laughing Womyn and Robin explicitly described feeling disempowered by a lack of fulfillment in their former careers, and Robin further described that what she previously felt was empowering to her, smoking cigarettes, in terms of her chosen
career trajectory of dancer/dance instructor turned out to be something she eventually considered as disempowering. After making their career transitions, the participants now own or are developing their own healing arts practices and expressed that they felt more fulfilled than in previous careers. Becoming healers also seems to have been a large part of their own self-healing processes, such as in the case of Sandra, who began exploring her massage therapy career in full earnest in the wake of her divorce. Their sense of alienation from their own labor has reduced now that they are in the healing arts and are self-directed.

Control over their occupational or professional destinies was concomitant with a perceived increase in self-empowerment, since becoming a healer more strongly suited these participants’ personalities, dispositions, interests, and abilities. This fulfilled a twofold purpose in terms of reducing the sense of alienation felt in previous careers: healers were no longer sacrificing themselves and their energy/time to unfulfilling options, and they became the owners of their means of production. Interestingly, the fruits (products) of their labors are both theirs and not theirs, although this fact actually increases healers’ sense of empowerment. First, since participants benefit from continued self-healing as described by the cycle of healing in the Wounded Healer archetype, their work is producing a benefit (i.e., profit) for themselves in the mutual healing exchange (Merchant, 2012; Benziman et al., 2012). Second, since they describe themselves as supporting or facilitating clients’ self-healing, which means they are not creating an object (i.e., product) for the clients’ consumption. Rather, the product of their labor directly benefits the client, although healers clearly enjoy and find fulfillment from this caring-oriented aspect of their healing practice.

This section considered the open-mindedness to healers’ processes of becoming and illuminated how open-mindedness overlaps with and, in a way, creates participants’ sense of
empowerment. The open-mindedness healers embody in being open to alternative or unorthodox choices or ways of being and open to criticizing the dominant culture empowers them as women and healers; this section used the concepts of hegemony, alienation, and connected and separate ways of knowing to show how participants’ experiences with open-mindedness contribute to their process of becoming healers by helping them develop a critical outlook on the dominant cultural norms and values and by helping them re-connect to their autonomy and self-directedness in their healing practices. The next section will explore the underlying processes that help ground or sustain this open-mindedness to empower healers in their identities and in their healing.

**Groundedness**

In exploring healers’ processes of grounding as the means by which they make space for their healing and identities, this section will use the Foucault’s discursive approach to analyze history claims and consider Veracini’s (2010) explorations of settler-colonial theory to examine processes of self-indigenization among healers. Grounding their healing identity is an essential “step” in the process of becoming healers for these participants, and groundedness helps sustain or empower them. Again, through their worldviews and understandings of society and culture, these healers make space for themselves and their unorthodox or alternative identities as healers.

**Discursive Approach: History Claims**

The healers in this study put forth a variety of interesting ideas and claims, especially regarding the history of Europe in its pre-modern, industrial, and modern eras. These claims helped healers make meaning of themselves and their practices in relation to a wider historical context. The discursive approach can help illuminate why this aspect of the grounding process is useful to participants’ becomings (Foucault, 1972, as cited in Hall, 1997).
As described in the previous chapter, the impression that participants gave was that from their perspective, much of the social ill that has befallen the world and is responsible for their own and their clients’ unwellness has its roots in modernity and modernization. Some aspects of pre-modern Europe that have now been lost are understood by participants as potentially less harmful to overall health, wellness, and women. Participants pointed specifically to the Christianization of Europe, which meant that pagan traditions—which were described by Laughing Womyn and others as more equitable in terms of gender than Christian traditions—began to disappear and be stigmatized, ultimately to the detriment of women’s knowledge and status in European (and Euro-American) communities (Brooke, 1997, as cited in Pelicci, 2008; Southern, 1998). Robin also discussed the “burning times” of this period, the modern-day result of which is that women now have to work to “reclaim” lost wisdom and tradition that disappeared. Michelle pointed to Industrialization and late-industrial capitalism as another historical reality that contributes to many of the problems she perceives as facing the world today. In terms of grounding themselves in the knowledge and understanding that supports their practice and identity as healers, these participants craft connections to history that sustain their beliefs, influence their worldviews, and motivate them in their practices. This is an essential element or experience of the process of becoming a healer, for these participants.

The discursive approach of Foucault (1972), as outlined by Hall (1997), illuminates healers’ discussions in interesting ways, particularly in terms of their relationship to the hegemonic or dominant discourse that suggests other historical narratives than those put forth by their healers. For example, many more people were killed in the Inquisition and during the witch hunts than just women, and men were also accused of witchery and killed during witch hunts. This is not to criticize participants’ understandings of history, but rather to point out the
following: history has been told from the position of the dominant groups and individuals of society (in the case of Europe, the white male patriarchy dominates), and participants’ creative picking and choosing of elements of history that are important to their grounding process demonstrates a possible counter- or minority-discourse or a discourse construction that serves different ends than the dominant discourse. Certainly, in terms of a regime of truth, participants’ understandings of the world, history, and even the future affect the ways they treat themselves, treat clients, and justify their choices in terms of healing practices.

The way that a healer grounds herself in a historical framework that takes certain positions on historical realities indicates the way her own (counter-hegemonic) discourse works against the dominant discourse that suggests that modernity, including Christianization, was an indicator of progress and increasing civilization. Perceiving herself as grounding in or plugging into an oppressed tradition may allow her to justify her choices as authentic or more real (e.g., in providing what clients “really need”). Grounding in an unorthodox tradition that is still in some ways demonized by the wider (Anglo-American) culture, which itself still upholds certain ideas about women, health, and spirituality/religion, also justifies unorthodoxy in the face of hegemonic social structures through which these women may experience oppression (e.g., Cynthia was told by her religious ex-husband to suppress her healing abilities, change her style of dress to be more conservative, etc.). This was described by participants’ in the sections detailing their understandings of patriarchy and harmful elements of US culture. By grounding in an unorthodox version (counter-discourse) of history, healers’ make space for their legitimacy to themselves, for their legitimacy to clients as keepers of (lost) wisdom and knowledge, and for a re-formation of ways of understanding the world through alternative truths, that is, regimes of truth. This further illustrates their open-mindedness, as previously discussed, and demonstrates
the cyclical nature of the phenomenon of becoming; participants, on an ongoing basis, re-evaluate and refresh their understandings of themselves, their healing practices, and their values in order to sustain their worldviews and the legitimacy of their discourses.

Of course, claims to truth are always at risk of becoming a new hegemonic discourse, and participants’ truth claims about history demonstrate how a new regime of truth that has real consequences for their lives and practices can be created. This could have negative consequences, for example if a patriarchal system oppressive toward women shifts to a matriarchal system that oppresses men (no participants suggested this was what they hoped for). However, as Abel and Nelson (1990) have suggested regarding women’s care-giving, the emotional investment in caring and care-giving means that being truly critical of one’s choices of beliefs much more difficult, and this is compounded by the fact that women in caring professions are rewarded for being increasingly emotionally invested in their work. On a practical level, the healers seem to be “making it work” for themselves: making history and their decisions work to sustain their identities and practices. In this way, grounding serves a highly functional role.

Self-Indigenization

Making claims to Native American or other Indigenous heritage or borrowing elements of culture was a common experience for these participants, characterized in the previous chapter as another element of their grounding process. In this study, four of the participants noted some Native American heritage and three others made reference to their roots in various European cultures. Sarah and Chloe, the two youngest participants, were the only two to identify as Caucasian and white (respectively). The four participants noting their Native American heritage were Laughing Womyn, Janet, Cynthia, and (possibly) Robin. In all four cases, the primary identification was either as white, European, or a blend of heritages. Sandra noted that since her
family had migrated from Europe several generations back, she felt native American in a sense, but made no claim to Native American culture due to this seeming or de facto indigeneity. Michelle and Robin noted strong ties to their familial European ethnicity (Slovakian and Bohemian, respectively), and Laughing Womyn also noted African American lineage.

None of the healers practice Native American traditions or spirituality based on the claimed Native American heritage of their family, nor are they necessarily practicing their direct Europeans ancestors’ traditions or spirituality. As discussed, a perceived loss of the old ways was felt among many of the healers; this extends to a loss of ethnic European heritage and women’s traditions/culture that would have come with it. As Janet mentioned, when one’s culture is “lost” to them due to displacement or active rejection, then what remains available to be drawn from is that which she finds around her; in this context, this meant that some participants drew from Native American traditions.

Based on Veracini’s (2010) description of the settler ethnogenesis narrative transfers, connections can be made to participants’ experiences with their status as indigenous to the land they were born on, their loss of ethnic indigeneity in terms of their European heritage, and reconciling the tension between the two with a process of self-indigenization, a possible way of understanding a facet of select participants’ grounding processes. Self-indigenization can serve a variety of purposes for non-native people, including lending legitimacy to land ownership claims; fostering identity connected to the land underfoot; and maintaining power over subjugated populations already/still living on the land. Consequences for Indigenous people can be that they are romanticized as backwards, outdated, or relics of the past—simple, quaint, and static. Based on participants’ responses, self-indigenization as a form of grounding both identity
and practice can be a highly nuanced and complicated phenomenon in its own right and can be analyzed through the settler ethnogenesis concept.

Anglo-American loss of ethnic European heritage has occurred for some people not only because of the sheer distance between America and Europe, but also because many of the pre-modern tribal cultures informing these traditions suffered oppression and repression, according to participants. This loss of authentic heritage was part of what led participants to seek grounding in other cultures, as described in the previous chapter. This grounding proved foundational to participants’ identities as healers and essential to their process of becoming. Alienation from ethnic European heritages was not only due to families’ migration to America during North American colonization, but also happened earlier in history due to shifting social forces and Christianization. For these healers, more tangible alienation from ancestral ethnic heritages occurred simply because their families migrated to North America so very long ago.

Participants’ discussions hinted at several strategies they use to ground their identity, an important process for them in light of rejecting elements of their upbringing, such as their family’s religion and the generally patriarchal structure of US culture. Possible options for getting in touch with older, sometimes forgotten heritages included: connecting or reconnecting with a known non-European line of their lineage (e.g., Native American, African American, or Bohemian); rediscovering the indigenous traditions of their European heritage, (e.g., Laughing Womyn visited her family’s village in France and rediscovered her family’s healing history); or make do with what is around them and build new traditions on the idea that older European cultures were once tribal in a similar way that Native Americans were/are (Janet; Laughing Womyn). The latter option seems to have been particularly attractive and important to the healers due to their dissatisfaction with many of the hegemonic, mainstream elements of Anglo-
American culture, which dominates their personal lineage even if they can trace other ancestry. This resonates with O’Neil’s (2001) discussions of New Age spiritual/cultural bricolage and rejection of the Judeo-Christian heritage.

The healers in this study who discussed connections with Native American cultures seem to be working toward a re-indigenization of themselves not necessarily with the intention of transferring the Native American populations’ cultures and existence into a position of subordination or annihilation but rather to fill a gap in their cultural and spiritual lives left by the rejection of elements of dominant/mainstream US (white) culture, especially the Christian religious traditions of Anglo-American and European culture. Those who mentioned Native cultures seem to hold the Native American cultures that they draw from in high esteem and have had their practices endorsed by Native mentors and friends. However, some of the attraction they experience for Native Americans could possibly be contributed to romanticization of Native cultures (Clements, 2001; Deloria, 1998; O’Neil, 2001). This understanding could result in part from dominant (settler-colonial, white male) narratives of history that contribute to stereotypical understandings of Natives as stoic, wise, natural, etc.—the Noble Savage archetype (Clements, 2001). Further exploration of this idea would warrant a lengthier analysis and discussion in the future, and a possible area of further research would be to revisit these ideas with participants to gain a better understanding of their positions.

The idea that participants may be rejecting that which does not serve them and retaining that which does serve them—such as the Anglo-American value of individualism and the freedom to choose one’s path—is an instance where these participants’ experiences demonstrate a sort of tension or conflict. On a similar note, topics relating to race and racial inequality were left out of most participants’ discussions (Laughing Womyn mentioned her African American
heritage and Janet briefly mentioned the Civil Rights struggles of the 1960s and ‘70s), suggesting another possible contradiction; participants possibly make use of Native cultures not for the fact that these cultures have been suppressed undeservedly but because they fit participants’ needs and interests (Deloria, 1998).

This notion is demonstrated by Robin’s desire to get the best “information” from Indigenous Mayan healer Don Elijio, suggesting a deterritorialization and deocontextualization of knowledge as it is transplanted to Robin’s life/culture. At the same time, however, she demonstrates, through seeking permission from him to use his techniques, a sort of feminine approach that can be opposed to simply taking what she seeks. Here, simply taking can be seen as a more masculine approach. Asking permission is another aspect of socialized femininity, as described, and native cultures are generally feminized by settler-colonial cultures. Furthermore, the idea of a spirit guide more closely resonates with Indigenous cultures rather than US dominant culture, and alternative healers like Robin often rely on spiritual guidance and mentorship (Pelicci, 2008). Robin’s discussion demonstrates a further split, in her mind, between modern/mainstream/dominant culture in the US and native cultures, the latter of which Robin would most likely wish to identify.

Tangentially, this discussion reflects the varying goals or objectives of colonization of indigenous people in settler-colonial contexts. In the US, assimilation of indigenous people ensured that land could be appropriated, and this can be contrasted to the enslavement of Africans, who were not assimilated into the dominant culture because what was needed from them was not land but labor; it was beneficial to the dominant culture to maintain and reinforce difference between black and white. These ideas are explored by Wolfe (2002), and a lengthier
discussion on how the issues of assimilation, indigenization, and settler-colonialism relate to cultural appropriation and the New Age movement should be considered in further research.

**New Age and Cultural Appropriation**

In terms of grounding identities in unorthodox traditions, the idea of the New Age was mentioned by some participants in terms of its relationship to Native American cultures and cultural appropriation. Robin specifically used the adjective “*New Age-y*” to denote what others perceive as the more “*woo-woo*” elements of the subculture (Sandra). Again drawing from Veracini (2010), another form of narrative transfer characterized by “appropriation of indigenous cultural attributes” such as borrowing Indigenous costumes or “occupy[ing] native identities” is also pertinent to this study (Veracini, 2010, p. 47). Considering the problematic cultural borrowing common in the New Age movement and the cultural tensions this has created in the United States, exploring this issue as it appears among the healers of this study is important (Clements, 2001; Deloria, 1998; Lahood, 2010; O’Neil, 2001).

Veracini (2010) noted that part of the reason that appropriation or occupation of Native identities occurs is because of the fetishization of the native purely for her or his indigeneity; what is attractive are not necessarily her or his cultural elements *per se*, but indigeneity, which has been lost by the settler-colonialist and settler-colonial descendents. A consequence of this fetishization, whether intended or not, can be that Indigenous cultures are trivialized and demeaned, which means that the status of Indigenous cultures as legitimate in their own right is further reduced. This can have a negative impact on Indigenous peoples’ self-concept and reduce their ability to prevent land theft since they are increasingly viewed as illegitimate and incompetent as stewards of the land. So, this is also a form of transfer that ultimately contributes to the erasure of Indigenous people in settler-colonial states for the twofold reason that their
indigeneity is delegitimized and their claim to land is also delegitimized. Without question, some participants in this study are using Native American and Indigenous techniques, practices, and spiritual elements that are not part of their genetic/biological heritage. Also without question, Anglo-Americans are occupying Native lands and have been doing so since the inception of the settler-colonial project in North America.

Also important to consider here is the reality in modern America is the complex nature of the cultural borrowing and blending that occurs between Anglo-Americans (and other non-native peoples) and Indigenous populations. As has been demonstrated by scholars of the New Age movement, such as Deloria (1998), harmful appropriation occurs and is often decried by those who disagree with this practice, whether Native or allies. According to Deloria, in the New Age movement, this is known as “symbolic Indianness,” and those counterculture or counter-hegemonic New Age reformers who borrow indiscriminately from Native American cultures are generally seeking an authenticity and inspiration that their “native” (dominant) culture does not provide them (p. 159). However, there are also teachers who endorse the sharing of certain elements of Indigenous cultures with non-Indigenous people. Motivation for this can be economic but can also stem from a genuine interest in sharing and collaboration (although “sharing” can be one-sided and therefore appropriative). As Laughing Womyn suggested, there are those who believe that “white culture” is on a destructive path and causing widespread harm, necessitating that other options for ways of being in the world be shared and taught to non-native people for the greater collective good.

In terms of this study and these specific participants, disparaging their use of elements of Native cultures as outright, harmful cultural appropriation would do an injustice to their experiences and their valuation of the people and traditions they admire. It would also gloss over
a nuanced and important aspect of these participants’ realities as women trying to carve an alternative or unorthodox path for themselves in relation to the mainstream, patriarchal culture. Whether these participants are fetishizing Native peoples, actively appropriating cultural elements, or trying to transfer Indigenous people into nonexistence requires further analysis and could be a project unto itself, since participants’ stories reflect women’s experiences (women, that is, who live in a patriarchal society that they perceive to be oppressive to them). What this discussion hopes to convey is the possibility for a more complex answer than “yes” or “no” not regarding cultural appropriation but regarding whether there is a clear answer about these participants’ culpability in perpetuating harmful culturally appropriative traditions, New Age or otherwise. Indeed, this is not the ultimate goal of this study, which seeks instead to explore participants’ own meaning-making and perceptions of their experiences.

In all of the healers’ opinions, modern Western medicine—technically representing the healing culture of their European heritage—has some significant drawbacks, and participants are finding success for what they perceive to be their explorations of self-healing and their journeys towards helping others by facilitating healing. These participants said that their practices can help clients achieve results in terms of providing and understanding what clients “really need,” so they feel decidedly passionate about their chosen techniques and methods, even those drawn from cultures and traditions outside of their own. The healers in this study believe that they are doing the best they can for their clients by prioritizing their clients’ health over the contentiousness and complexities of harmful or exploitative cultural appropriation. Ultimately, rejecting many aspects of a culture (mainstream/dominant culture) and seeking out cultures and cultural traditions they perceive as more beneficial to their own and their clients’ health and wellness is a way these participants empower themselves.
Empowerment and Maternalism

In addition to their relationships with Native American and other Indigenous cultures, participants in this study commented on their family histories of healers and pointed to certain family members who practice or, if deceased, practiced a healing art of some form. In terms of participants’ grounding and making space for their own identities as healers, being able to connect to these aspects of family history strengthen the connection to the healing arts by providing a legitimizing history that has been passed down to them through ancestors. Though participants did not necessarily speak in these terms, their connections to family healers help illustrate the ways in which their identity can be understood to themselves, even subconsciously, as authentic in some way. As an element of grounding, building a connection to healing ancestors proved an essential aspect of these participants’ processes of becoming. All but the two youngest healers, Sarah and Chloe, noted a family tradition of healers or a relative who had healing ability or potential. Participants also commented on their connections to women’s ways and women’s wisdom in terms of a grounding in history and matriarchy. Furthermore, they described grounding themselves in a lost knowledge of women that should have been a rightful inheritance.

Based on these participants’ experiences, grounding, as described in the previous chapter, suggests a means for empowerment; empowering themselves through connecting to a healing heritage is one way participants build the connections that sustain their identities as healers. This can be understood through the concept of maternalism (Weiner, 1993). Empowerment means controlling one’s own body and challenging the authority of male experts such as biomedical professionals, especially in terms of motherhood, procreation, and other private behaviors related to health (Weiner, 1993). For these participants, building connections to a history or lineage of
healers within their individual families and building connections to a historical tradition of women’s ways or the wise ways of women contributes to their empowerment as healers and women and reinforces the high value of maternalism to these participants.

The healers in this study embody elements of maternalism in many ways, demonstrating their performance and valuation of some aspects of traditionally feminine gender role behaviors. It seems that in terms of empowerment, these participants’ grounding experiences feature a significant connection to maternalism or motherhood (or perhaps mothering instincts), despite or possible because of their disdain for the realities of US patriarchy, as they perceive it. As Janet and Laughing Womyn described, being helpers and facilitators of healing and empowerment are critical to their practice and therefore their identity as healers; the idea of nurturing and assisting someone towards empowerment or self-realization suggests an element of maternal love and attention to wellbeing. Janet and Sarah noted that this type of nurturing often includes encouraging people to realize that they can move beyond the realities of life as experienced and towards greater realization of doing what they want “really” want to do. In affirming their distance from the “hard work” that clients/healees must do for themselves to reach a healed state, the participants in this study reflect both a parental concern for individual development. They also display an attitude of stepping back to let the child blossom and grow despite inevitable difficulties, which resonates both with their valuation of individual ability and their propensity for supporting individual exploration of life paths and choices.

Nurturing individuals in this way is undoubtedly what empowered motherhood and femininity would mean to the healers in this study, and what Robin referred to as “feminine culture” and the “divine feminine.” This was echoed by the participants of Rose’s (2001) study of New Age women, who reported that the longer they participated in New Age activities, the
more self-empowerment and connection to the “female principles of caring/nurturing” they felt (p. 331). Despite the fact that the present study’s participants self-identified as healers and not necessary New Age practitioners, the idea resonates. By connecting to the nurturing and caring element of their gender role socialization through their own means rather than exclusively through biological motherhood (which may have, in a way, been forced upon them by society and social expectations), healers reclaim their autonomy, self-direction, and active decision making. Their increased responsibility for their own lives and wellbeing helped foster the empowerment they felt, even in the sense that they were nurturing and caring for or mothering themselves in a way that they had not previously been doing.

Even though some participants have not given birth to their own biological children (Sarah, Cynthia, Laughing Womyn), they connect to maternalism or motherhood through women ancestors or relatives who practiced healing and/or place great value on women’s ways, which may understand as their symbolic mothers or grandmothers whose knowledge and wisdom have been passed down throughout the years. In grounding to these empowered female ancestors or their own (perceived) innate mothering characteristics, traits, or instincts, these participants become empowered in their healing identities. They also connect to their mothering and nurturing instincts through self-care and facilitation of healing for others, as described in the previous paragraph.

Grounding as an essential element of these healers’ processes of becoming represents yet another way these women empower themselves as healers and sustain their identities and choices. By grounding in an unorthodox version of history that supports their worldviews even as it deviates from the dominant historical discourse, healers’ make space for their legitimacy to themselves, for their legitimacy to clients as keepers of (lost) wisdom and knowledge, and for a
re-formation of ways of understanding the world through alternative truths, that is, their own regime of truth. Processes of self-indigenization—though questions remain in terms the ethics of cultural appropriation—also help participants ground in traditions and cultures that they find around them once they reject much of the dominant culture that does not serve their purposes or align with their worldviews. Their grounding in motherhood and feminine parenting/nurturing also supports their empowerment and affirms those aspects of their personalities, dispositions, practices, and choices that make them effective as healers in their individual contexts. Robin connected these elements of empowerment to increased ability to follow one’s intuition, suggesting again that empowering women means validating the ways of knowing (i.e., connected and intuitive knowing) often devalued by patriarchal social structures.

**Integrity**

This final section will discuss the concept of integrity and what it means to participants’ processes of becoming and maintenance of their healing practices and identities. Abel and Nelson’s (1990) theories on caring, women, and feminism will be used to demonstrate how healers’ embodiment of many traditional gender roles or expectations (i.e., caring, nurturing, motherliness, etc.) serves to empower them rather oppress them. “Integrity” will also be considered in terms of participants’ values and ethics, demonstrating the way that being a healer necessitates a certain set of principles founded in experience, understanding, and open-mindedness. Finally, the notion of empowerment will be explored as the essence of the lived experience of becoming a healer for these Anglo-American women participants.

**Feminist Circles of Care**

The notion of circles of care discussed by Abel and Nelson (1990) can help illuminate the value system by which the healers in this study base their sense of integrity in practice and
within their personal lives. As described in the previous chapter, integrity from the perspective of these participants represents an essential aspect of becoming (and being) a healer. Though the process or phenomenon of becoming a healer is not a linear process, the final “step” of integrity represents a certain set of ethical responsibilities to the self, clients, and the wider culture; healers should “walk the talk” they espouse and “stand in their power” as empowered women and healers (Robin, Laughing Womyn). The most important element of a healer’s integrity is the ability to provide the best care, services, nurturing, and assistance possible. Part of this also includes being care-driven rather than profit- or fame-driven. Another element of healers’ sense of integrity was respect for and responsibility to the cultures and traditions they draw from to inform their healing techniques and practices. In terms of circles of care, healers’ meaning-making comes from providing the services they render, making their healing an “emotional labor” that facilitates the wellbeing of others while continuing to empower and sustain them (Abel & Nelson, 1990, p. 12).

For these healers, the notion of integrity as providing the best services possible to clients and other healees (including the self) was important. Again in relation to empowerment, Abel & Nelson (1990) discuss the ways in which caring could be reconfigured in feminist fashion to be positive rather than something that indicates a passive acceptance of the traditional gender roles of caring, nurturing, motherhood, etc. This relates to the maternalism discussed in the grounding section; Gilligan (1982, as cited in Abel & Nelson, 1990) has noted that the connectedness, maturity, and self-development that the act of caring can engender can lead to integrity of self. This is partially because caregivers and healers are put in a more autonomous and self-directed position and partially because the act of fostering the independence of others to heal or take care of themselves builds personal strength and encourages empathic relations to others. In this study,
integrity as a continuous state of empowerment that encourages healers to maintain the value system that sustains their identity as healers and also facilitates the “best” healing for clients. Fisher and Tronto (1990) have discussed the “sisterhood caring ideal” as embodying these elements of integrity and noted that women’s liberation from oppressive systems can be integrated into health and caring services to further feminist ideals and create positive changes in society (p. 55). Undoubtedly, in helping themselves and helping individual clients, the healers in this study seek to promote this type of wider societal change.

Empowerment

As previously described (see p. 70), the fundamental question of phenomenology is what a certain experience in the world is like—not to generalize or theorize about the world, but rather to deepen our understanding of it by reaching deeper clarity about the nature and meaning of experience (van Manen, 1990). In terms of this study and the experiences of these Anglo-American women, the phenomenon of becoming a healer means, in essence: seeking, gaining, tending, and facilitating empowerment. Many participants reported a general sense of disempowerment in their lives prior to becoming healers, such as in religious institutions or by experiencing the oppression of the patriarchal social structure into which they were born. In choosing what elements of their lives and other possibilities for alternatives to reject and accept and by taking responsibility for their healing journeys and livelihoods, the participants in this study began to see themselves as more empowered versions of the women they once were. What led them to this empowered state was their healing journey and their individual processes of becoming healers. Understanding the phenomenon of investigation in this study in terms of this essential experience sheds light on the way these women understand and make meaning of their “lifeworlds” (van Manen, 1990, p. 69).
In this case, becoming a healer is a complex and ongoing process of awakening, developing and then tending an open-mindedness towards reconsidering what they had experienced or perceived as youth as younger people, grounding or building connections that sustain and validate life choices and experiences, and establishing an ethic of integrity in life and practice. Together, these essential elements embody participants’ journeys of empowerment. They reflect that the process of becoming a healer, for these participants, is essentially an experience of becoming empowered—as women, as practitioners, and as individuals. As Cynthia suggested, part of this process of empowerment means removing the “mask of falsehood” that prevents the type of self-realization and control over one’s life, emotions, and destiny described by Janet and Sarah.

Interestingly, the notion of fate or destiny does not lead to feelings of disempowerment by suggesting to healers that their path or life destination is inevitable or unavoidable; on the contrary, conceptualizing of one’s life choices and path in terms of fate or destiny removes some of the responsibility inherent in making those choices, especially in terms of any negative consequences. As we give ourselves up to our fate or destiny, we actually become empowered by displacing the responsibility for negativity in our lives to external factors or predetermined outcomes. In other words, the possibility for cognitive dissonance is reduced. However, as Sarah mentioned, empowerment also entails control over one’s emotional responses and interfacing with the world, suggesting that despite any predetermined fate or destiny—positive or welcomed or otherwise—empowerment also implies ethos of non-attachment. It is worthwhile to note that various seeming contradictions emerged in participants’ feelings of fate and destiny, but undoubtedly the idea that coming to a path of healing that was somehow meant to be resonates with and sustains the sense of empowerment exuded by these participants.
Not only did participants find ways to improve their own lives, but they also help to empower clients to self-healing, effectively seeking to make themselves redundant by awakening their clients to their own inner healers. Based on our interviews, it seemed that these were the most important aspects of healers’ experiences, practices, and journeys; for these women, the essence of healing and of becoming a healer is empowerment.
CHAPTER VI: CONCLUSION

Summary of Findings

The purpose of this study was to articulate, from a phenomenological perspective, the essence of participants’ experiences of becoming healers as Anglo-American women in the context of South-central Indiana. The case setting was the towns of Bloomington and Nashville, and the participants were alternative (non-faith-based) energy healers, all of whom are women. The study illustrates the essence of participants’ lived experience of their processes of becoming, which were ultimately cyclical, ongoing, and rather like an “unfolding” than a linear progression toward an end destination or a preconceived version of the self. The main objective of the study was to articulate this essence, which was finally uncovered and interpreted or articulated as empowerment, both for self and others. Additional sub-questions included: 1.) What can be understood about becoming a healer, in a general sense, by interpreting these specific women’s experiences and life stories from a phenomenological perspective? 2.) How do participants make meaning of their lived experiences, their chosen path, and their identities as healers? Indirectly, the study also explored the rise in popularity of alternative healing among Anglo-Americans, among Anglo-American women, and issues of cultural appropriation in the US.

After extensive data analysis, four major themes emerged that reflected the chapters of participants’ becomings, which were individual and unique but also reflective of overlapping and harmonizing life experiences. These themes were: 1.) “Awakening,” or the importance of inner transformation to facilitating healing work, 2.) “Open-mindedness,” or the importance of developing a critical awareness of the self and society at large to the process of becoming a healer, 3.) “Grounding,” or the importance of building connections to sustained empowerment as a healer and as a woman in order to reach a state of “Groundedness”, and 4.) “Integrity” and
maintaining an ethic of care, or the importance of understanding and living by a certain set of ethics that help ensure empowerment on the individual level and a positive conceptual relation to clients and the wider world to developing and maintaining efficacy as a healer.

Each of these themes had several subthemes that informed and explicated the meaning of the experience from participants’ perspectives. Though they were organized as a sort of progression, the intention of the researcher was to convey that these themes represent aspects of a more holistic, ongoing, iterative process of becoming and transformation, based on participants’ stories. The complexity of participants’ processes of becoming reflect the multifaceted nature of their lived realities and the ways in which larger socio-cultural factors, personally transformative and traumatic events, and moments of awakening and perception of heightened clarity inform participants’ interactions with and experiences of their individual lifeworlds.

Participants’ awakenings were catalyzed by a variety of life events that contributed to their decision to become a healer, or, based on the Wounded Healer archetype, helped awaken the healer within (Jung, 1946, as cited in Merchant, 2012). The result was a new or renewed interest in alternative health and healing and often a change of career. Individual agency was an important factor for this reason, and additionally because agency and individuality is important for healing. All of the participants’ stories reflect that their paths toward becoming a healer were not linear and that the choice to become a healer cannot be reduced to the influence of one sole factor. Based on these healers’ personal experience, certain events and experiences were particularly influential, but their stories suggest a confluence of factors contributing to their processes of becoming healers. Factors included: metaphysical experiences, near-death experiences, traumatic life events such as family disruption and disharmony or challenging
childbirth journeys, addiction, physical illness, visions, and facing the challenges of coming out as a lesbian or as leaving the family faith.

The theme of open-mindedness was characterized by participants’ new awareness and critical eye for the world around them catalyzed by their awakenings. In terms of the phenomenon of becoming, these participants’ open-mindedness or critical awareness demonstrates that an essential aspect of their journeys of becoming healers is the willingness to question the known, to seek new levels of understanding of themselves, people, and the world, and to use this new state of mind to empower themselves as women and as healers. Many of the criticisms healers levied were on the types of institutions that either caused them direct harm from which they needed healing or that now frequently come up as harmful for their clients, for whom they facilitate healing. These included criticisms against biomedicine, religion, and mainstream/dominant culture as structuring institutions that restrict and dictate women’s choices and opportunities. Learning to criticize the socio-cultural expectations set out for them was a key aspect of participants’ becomings, which necessitated a shift out of one mindset into another; healers, in their open-mindedness to alternative ways of being in the world, demonstrated that reflecting on and reconceptualizing their worldviews was essential for their processes or journeys toward becoming a healer.

Once participants felt confident in their rejection of elements of society they grew to understand as restrictive and oppressive or harmful to them, they began to seek ways to ground themselves in different ways to support their new identity and outlook. Again, though this seems to be a linear progression through a set of steps and groundedness itself implies steadiness or maintenance of identity, it became clear through participants’ stories that grounding was and still is an ongoing process for them as healers. What groundedness or grounding implies is a way of
relating the self to the world in such a way that a greater level of perceived self-empowerment is actualized, a space is made for a desired identity to exist, and the self is authenticated in a way that affirms decisions and past experiences. The theme of these groundings was a reverence for conceptions of pre-modern times, peoples, cultures, and community life. Healers found solace in the ideals of Indigenous worldviews, pre-modern womanhood and the veneration of the feminine/female, and the power of identifying with a cultural group of women healers historically suppressed, victimized, and oppressed. Whether these ideas are legitimate per history or perhaps a romanticization or mere discursive construction, the healers staked their identities on these truths. As participants ground themselves and begin to identify with a reevaluation of perceived lost values, knowledge, or femininity, the notion of their perception and experience of empowerment begins to become clearer.

The final theme, integrity suggests the way that healers develop their set of ethics based on their experiences as healers grounding themselves in their alternative identity. This integrity involved maintaining a critical eye towards the self and practice, exemplifying an ethic of care focused on empowerment of others and self, and perceptions of respecting the cultures from which traditions or practices of healing may be drawn. Characterized as the need and ethical responsibility to “walk the talk,” healers’ integrity suggests further a sense of empowerment through living what they perceived to be their predestined or fated path (Robin). Ultimately, these themes informed the articulation of the essence of the phenomenon of becoming, in this case and with these participants. This essence was articulated as empowerment, and the meaning of this became clearer when the four thematic elements were considered using several theoretical frameworks and concepts, as described in the following summary of analysis.
Summary of Analysis

Using an inductive approach to analyze participants’ interview data to articulate the meaning and essence of the phenomenon of becoming a healer, as experienced by the Anglo-American women who participated in this study, this study implemented several theoretical frameworks to analyze its thematic areas of awakening, open-mindedness, groundedness, and integrity. Each of the four major thematic areas, which illuminated the essence of the phenomenon, were considered through specific frameworks that helped to explain and interpret the experiences of participants as they were described them and as they have been presented by the researcher in Chapter IV: Findings (see p. 87).

The discussion utilizes the Wounded Healer archetype (Jung, 1942, as cited in Merchant, 2012); Abel and Nelson’s (1990) circles of care; Fisher and Tronto’s (1990) feminist theories of care and feminist critiques of caring (Opie, 1992); other elements of feminist theory such as women’s ways of knowing (Belenky et al., 1997) critiques of science and patriarchal social structures (Tuana, 1999; Delphy, 1993, and Connell, 2005); and several other social theories (Spindler, 1963, as cited in Pai, Adler, & Shadiow, 2006; Gramsci, 1929-1936, as cited in Lemert, 2010; Marx, 1844, as cited in Lemert, 2010; Veracini, 2010) to explore the meanings, implications, and realities of these women healers’ experiences, including concepts of hegemony, alienation, aspects of settler-colonial theory, and individualism (as an Anglo-American core value). Foucault’s discursive approach (1972) was applied to understand participants’ meaning-making and the concept of creating space for an identity (as cited in Hall, 1997). Ultimately, this analysis facilitated articulation of the essence of the phenomenon under investigation in this study: empowerment.
Conclusions

Undoubtedly, this phenomenological case study is entirely about learning, education, and human development. To explain a general way, the process of these participants’ individual becomings and indeed the experience or essential aspect of this, empowerment, represent a learning process—autodidactism, learning informally from mentors and formally in structured training programs and workshops, exploring the meanings and structures of wider society through critical reflection and analysis, and discerning of the interior depths of the self. The healers in this study exemplify lifelong learning. In their exploration of ideas, questions, spirituality, womanhood in patriarchy, wellness and healing, and becoming a respectable self to the self, these women illustrate that development continues well beyond childhood and adolescence.

In terms of their development, much can be said about the process of becoming and identity development in the adult stages of life. Interestingly, these participants’ learning and development took place predominantly in informal ways and settings, though the development and growth experienced was unquestionably full of meaning and significance to their lives. Considering that they have embarked upon a divergent path than what was set out for them as young children and young women, exploring their developmental processes is worthwhile; explicating or articulating the essence of these experiences as they were lived can begin to suggest the richness and fullness of these women’s experiences, to them. Their development can be partially understood from this perspective through the psychosocial development theories of Erikson (1902-1994), which suggest that the self is the instrument of knowledge (1982, as cited in Douvan, 1996).
The idea that personality development is influenced by social factors is particularly relevant to this study, whose participants rejected elements of their socio-cultural inheritance in favor of new identities and arguably new personalities (Erikson, 1950, as cited in Douvan, 1996). Development of any kind is certainly influenced by the context in which it occurs; the notion of Jung that the archetypal processes will occur in any human culture in any time suggests, similarly, that the manifestation of the archetype within a specific culture will be dependent on the cultural milieu and characteristics. Whether these participants would have been healers had they been born in another time, place, and culture is beside the point, however; it is clear from their stories and testimonies that their social and cultural environment had a great influence in their personal development.

Construed from a phenomenological perspective, the lifeworld exists within the consciousness and is mediated by the self (as instrument of knowing, à la Erikson), and the individualized experience of this lifeworld both shapes and is shaped by the inner world, the personality, and the spirit. For Erikson, those entities that affect individual experience are other human beings, the living world as a whole, and the nonliving world (as cited in Kivnick & Wells, 2013). This suggests the truth of the effect of experiencing elements of one’s lifeworld, like spirits, energy, and emotional or spiritual connections to nature. In Erikson’s theory and the experiences of participants, these factors, relationships, and encounters helped shape their development and becomings.

Erikson had this to say about the creative and eccentric resolutions of the outcomes of the negative experiences of childhood and youth: adulthood growth and change is an intentional reconstruction of these hardships (1950, as cited in Douvan, 1996). In terms of suffering, Erikson suggested that agency and activeness to mediate negativity constitutes the self, suggesting the
value of learning to adults, such as the participants in this study. This demonstrates how healing is the path to healing, a circuitous notion indeed; through empowering themselves by seeking healing, participants can reconcile negative experiences from younger years and use them positively to influence their work and clients or healees in beneficial ways. Essentially, this is healing, and healing is empowerment. In terms of adult development, Erikson (1986) suggested that this sort of “vital involvement” with the external world is part of what constitutes meaning for the “self” structure, or personality (as cited in Kinvick & Wells, 2013, p. 45).

These developmental theories shed light on the broader educational processes happening in this rather finite case of a very specific demographic of a small sub-culture. Participants’ experiences demonstrate that they are lifelong learners, not just active but actively committed to maintaining this element of their integrity to self and personal belief structures. Their stories demonstrate the powerful potential of non-formal, self-directed, experiential learning can have for personal transformation. These, in turn, suggest the level of importance, for these participants, of these types of learning, through which they made and continually make meaning of their lives and lived realities.

As oppositional to the dominant paradigm, maintaining a devotion to their own education, development, and learning continues the sense of empowerment their alternative identities provide for them; as countercultural or radical, relatively speaking, these women need to continue exploring their paths and lives to sustain their feelings of empowerment. Ultimately, this is of vital importance, since their primary objective is to use their own healing and empowerment to facilitate the growth and development of others who are also seeking these types of experiential self-explorations. As an opposition to the dominant structures set in place for them as women, these participants’ ongoing development, transformation, growth, learning,
and healing—which sustains the empowered self—can be characterized, in Janet’s words, as a constant “turning left.” In continuing to round the corner of their understandings of self, society, and spirit, these participants demonstrate, from their healer’s perspectives, the nature of striving for a return to the much longed-for balance and wholeness.

Robin, at the conclusion of our second interview, had this commentary to share: “So that was a really long story about how I came to this work. I mean, I think probably when you talk to everybody, they have a long story. It’s a lifetime to get here.” Even though integrity, empowerment, groundedness, and a host of other characteristics seem to suggest stagnancy or maintenance, these healers’ stories suggest an underlying truth about healing itself, as the meaning of their lives. For these women, healing is self-learning, and self-learning as self-actualization and realization is the path to empowerment.

**Implications for Further Research**

This phenomenological case study contributes to the literature on healers and, more specifically, the experiences of women healers in the contemporary US. As a foundational project, the possibilities for continuing research in this vein are plentiful. Further research should include longitudinal studies of healers, although such studies would have to begin documenting the healer’s experience from the moment she began pursuing the path of healing. Interestingly, this poses problems of memory, selective recall, and reformulation of memories of experiences as they were lived, although researching this as a cognitive process or phenomenon would be worthwhile, considering how healers’ new worldviews may affect the ways in which they recall and remember their past experiences. As essentially a project on lived experience and self-learning, more projects exploring paths or processes among healers towards healing would be of
interest, as would studies into healers’ perceptions of so many of the concepts they reference: healing, wholeness, balance, and facilitation of healing, to name a few.

As previously mentioned, a longer, more detailed study concerning the relationship of healers of this type (alternative, Anglo-American, perhaps classifiable as New Age) and Native American or other Indigenous peoples and communities would be of great use and interest, particularly if done from a feminist perspective. Greater attention should be paid to the ways that women’s healing illuminates or exposes women’s experiences in the US, since it is a patriarchy whose mainstream/dominant culture is Anglo-American. Exploring the lived realities of healers of color, faith healers, and male healers in the US would also be worthwhile, particularly if the project had a comparative element and could further elucidate or comment on the lives of minority groups and healers in the US. Of course, a provocative and worthwhile study would be to study the perceptions of Anglo-American healers and/or New Age practitioners or adherents from the perspective of minority groups, especially Native Americans and other Indigenous peoples and cultures from whose traditions New Age practices are frequently drawn.

In terms of personal development, further research on the value of informal, experiential, and/or self-direct learning among adult members of US society should be pursued. Adult development is underrepresented in the human development literature, which tends to focus more heavily on babies, children, and adolescents. Researching the development of community elders such as Janet, age 71, would also be of interest to those studying human development.

**Researcher Reflections**

Conducting this case study was a transformative experience for me as a researcher, and the nature of the phenomenological approach undoubtedly contributed to this. As an approach to qualitative research, phenomenology and hermeneutical phenomenology more specifically
permits and encourages the researcher to get to the heart of what participants are sharing about in order to understand the lived experience of the phenomenon under investigation. Previously described, what participants are “really” talking about suggests the existence of an underlying meaning, generated through interpretation, of stories told and shared. In interpreting participants’ conscious experiences, which they shared during interviews, the essence could be gleaned. The interview data, which is comprised of conscious experiences, represented a “life text” that was itself an insight into the participants’ lifeworlds (van Manen, 1990, p.69). Being privy to these intimate stories and having the responsibility to do justice to the voices of my participants while simultaneously performing a phenomenological study proved challenging, provocative, and transformative in the sense that it was a learning and growth experience for me.

Though the aim of this study is not generalizability, seeking to find commonalities across participants helps illuminate the essence of a particular experience; this essence does not necessarily transcend to speak to a greater truth about human beings or the human experience, but rather speaks to the truth of what these stories and testimonies can illuminate about the lived realities of these specific women. We may have experienced our own sense of empowerment that has been fulfilling to us, and reflecting on this essence can provoke self-reflection in light of these women’s experiences, perhaps to illuminate something about our own lives. The value of this is to uncover, by exploring an individual and unique life, a greater understanding of what meaning is made out of a life and how. Ultimately, this can provoke and stimulate us on a deep level, opening a space for us to reflect on our own lives and experiences.

As van Manen (1990) has indicated, an essence of a lived experience gives us a “fuller grasp of what it means to be in the world;” “phenomenological research has, as its ultimate aim, the fulfillment of our human nature: to become more fully who we are” by fostering deeper
understanding of what it is to be (p. 12). It appeals to our self-evident, common experience by creating a compelling description of human experience in our relation to or meeting of phenomena and objects as we experience such encounters in our world (van Manen, 1990). The essence of empowerment may be universally comprehensible, although these participants’ experiences of this essence are not necessarily generalizable. In suggesting what it is to be a healer in this context and by articulating that sense of being as empowerment, we can gain a greater understanding of the lived realities of others, which in turn provides material and understanding we can use to more deeply understand ourselves.

In this study, data analysis and uncovering the essence of the phenomenon continued well into the writing of Chapter IV, Findings. It was not until the end of this chapter that the essence became clear to me; everything I was writing and exploring was circling around the idea of women’s empowerment—which several of the healers discussed explicitly during our interviews—but the conclusion that empowerment was the essence of the phenomenon of these women becoming healers eluded me until the moment I was writing it. Since this essence chose to reveal itself so far into the process, I knew I had to listen to it; at the moment the essence became clear, I knew that my part in organizing and framing this project was much less significant to its affective and evocative power than the voices of my participants.

As the researcher and writer of this study, my goal was to give voice to these women’s stories and structure them in such a way as to provoke a deep response in readers’ minds. The excerpts from the interviews were chosen to provoke the response of both the readers’ minds and hearts; what these women shared was at times heartbreaking, often uplifting, and always highly fascinating. I was privileged to be privy to these intimate stories; the atmosphere of our conversations suggested that sharing and unburdening was in a way therapeutic for these healers.
As we are always on our own individual paths towards healing, fulfillment, and self-actualization, taking advantage of an opportunity to portray the realities of those whose lives are centered around healing was important for me, as a writer hoping to make a difference in the lives of others through my writing and practice.

Several of the healers expressed their appreciation for and support of this project, and it seemed, through our interviews, that the healers had not necessarily had a chance to share their stories before in this way. More than one commented on how interesting it was for her to be doing the majority of the talking; generally, these healers spend their time listen to healees and clients. By structuring their stories into the four thematic areas covered in Chapter IV and then interpreting these into a digestible and relatable essence, empowerment, I hoped both to do justice to my participants’ experiences and to allow readers to engage with them, even if they never meet in person.

The beauty of a phenomenological approach is the space within it for these subjective goals to influence, creatively and intentionally, the structuring and framing of results and conclusions. The stories so generously given by participants combined with the process of *doing* the study constitute the research; to perform hermeneutical phenomenological research is to discover and share the essence of a subjective reality—a life experience, in all its fault, truth, conflict, ugliness, and beauty. As Merleau-Ponty (1973, as cited in van Manen, 1990) so eloquently explained, the expression of the essence should be a primal telling, an original singing of the world; conducting a phenomenological study is at once a privilege and something so humbling, a responsibility to do justice to those lending their stories and their trust to the researcher.
REFERENCES


APPENDIX A. INTERVIEW QUESTIONS

FIRST ROUND

1. What are your age, profession, spiritual/religious identification, current job title, and race/ethnicity? (Demographic data)

2. What form of healing do you practice?

3. Tell me a bit about the work involved in your practice.

4. What led you to your current path?

5. What was your upbringing like?

   a. Have/had you experimented with other identities?*

6. Most of the healers I’ve met have been women—why do you think this is?

7. What culture are you most a part of?

   a. Please explain your culture.*

   b. What is your local support system?*

2. Any final thoughts or comments?

*Potential follow-up question.

SAMPLE SECOND ROUND: PARTICIPANT-SPECIFIC FOLLOW-UP (Robin)

1. Could you please elaborate on how your family lineage was lost due to alcoholism?

2. What is the difference between hands-off and hands-on healing?

3. Where and how did you learn Mayan abdominal massage?

4. What is the meaning of “empowerment”?*

   a. How can someone learn/teach this?

5. Whose ancestors do you communicate with during your healing practice, yours or the client’s?
6. What does individuality mean to you?
   a. What is the importance of individuality to healing or being healed? Why?

7. What distinguishes a playful connection from a non-playful connection?

8. What is the meaning of “sacred”? “Divine”?

9. Did you always want to be a teacher of some kind?

10. How to support aging population and women, especially pregnant women?
    a. What is the ideal system?
    b. What would you change about the current system? Why?

11. What is the meaning of “open-heart” and “open-mind”?

12. What is the meaning of “mainstream path”? “Mainstream medicine”?

13. Is mainstream medicine violent?

14. What was the nature of the spiritual/emotional “clearing” you experienced under the tutelage of Laughing Womyn? Details, stories? What did it entail?
    a. Is becoming “cleared” important to being a good healer?
    b. What makes a good healer?

15. Could you elaborate on your feelings about cultural appropriation?

16. Any final thoughts or comments?
APPENDIX B. CONSENT FORM

Informed Consent (for participants)

My name is Samantha Martin and I am a graduate student from the Educational Foundations & Inquiry Department at Bowling Green State University (BGSU) in Ohio. I am writing to invite you to participate in my research study about non-traditional female healers. I'm completing this study for my Master's thesis in cross-cultural and international education. My advisor is Dr. Chris Frey (jfrey@bgsu.edu; 419-372-9549). I am seeking participants for a study on self-identifying female woman healers of European-American heritage.

The purpose of the research is to analyze identity transformations ("becomings") from a feminist perspective by analyzing the meanings ascribed to non-traditional healing practices in the US and understand why these experiences are significant. General benefits of the study include giving voice to minority populations, illuminating an aspect of feminist theory by analyzing women's lives, and exploring educational processes that sustain a healing community. Personal benefits will be the opportunity to share your story and contribute to the knowledge base about female healers.

During the months of August and September 2013 (and October, if necessary), I plan to conduct informal, open-ended interviews with all participants. I hope to interview you for 1.5 hours, at least twice (on different days), at your convenience. I may request follow-up interviews to be completed either in person or through email. The interviews will be conducted in a quiet place so that they can be digitally recorded. After the interviews, I may request participants' assistance in validating my results. If you are available, I will ask you to share your findings for accuracy; this follow-up will be informally conducted through email or by phone.

Participation in this project is completely voluntary. You will be free to withdraw at any time. You may decide to skip questions or discontinue participation at any time without penalty. Deciding to participate or not will not affect your relationship with Bowling Green State University or any institution or person involved in the research.

Personal identifiers will not be required. I will assign pseudonyms to all participants, even though there is no risk involved. I will not repeat your name during the tape recorded session; if you mention your name, it will be transcribed as a pseudonym. Data will be stored on my personal computer as document files containing the transcribed interview text. Interview mp3s will also be stored on my personal computer, which is password protected. I will be the only person to have access to the data. Mp3 files will be deleted after my graduation in June 2014, and identifying information will be stored separately from data recordings and transcriptions. Though the data cannot be anonymous because interviews will be completed one-on-one, pseudonyms will ensure confidentiality and identity protection from any wider audience or readers.

I do not anticipate that participation will pose any more risk than minimal risk to you. Minimal risk means that risk of harm anticipated in the study is not greater than that which is ordinarily encountered in daily life. Furthermore, I cannot foresee any emergencies or adverse psychological, social, legal, or emotional reactions to participation (since questions may be skipped). I do not
anticipate that you will experience any appreciable negative change in your emotional states by participation in this study.

I can be reached at 419-819-0711 or sammart@bgsu.edu at any time. You should contact me with any questions about the research or your participation in the research. You may also contact the Chair of the BGSU Human Subjects Review Board at 419-372-7716 or hshr@bgsu.edu if you have any questions about your rights as a participant in this research.

Thank you for your time!

I have been informed of the purposes, procedures, risks and benefits of this study. I have had the opportunity to have all my questions answered and I have been informed that my participation is completely voluntary. I agree to participate in this research.

Participant Signature
APPENDIX C. HUMAN SUBJECTS REVIEW BOARD APPROVAL

DATE: June 26, 2013
TO: Samantha Martin
FROM: Bowling Green State University Human Subjects Review Board
PROJECT TITLE: [413575-2] A Feminist Analysis of the Lived Experiences of Non-Traditional Healing Women in Southern Indiana
SUBMISSION TYPE: Revision
ACTION: APPROVED
APPROVAL DATE: June 24, 2013
EXPIRATION DATE: May 28, 2014
REVIEW TYPE: Expedited Review
REVIEW CATEGORY: Expedited review category # 7

Thank you for your submission of Revision materials for this project. The Bowling Green State University Human Subjects Review Board has APPROVED your submission. This approval is based on an appropriate risk/benefit ratio and a project design wherein the risks have been minimized. All research must be conducted in accordance with this approved submission.

The final approved version of the consent document(s) is available as a published Board Document in the Review Details page. You must use the approved version of the consent document when obtaining consent from participants. Informed consent must continue throughout the project via a dialogue between the researcher and research participant. Federal regulations require that each participant receives a copy of the consent document.

Please note that you are responsible to conduct the study as approved by the HSRB. If you seek to make any changes in your project activities or procedures, those modifications must be approved by this committee prior to initiation. Please use the modification request form for this procedure.

You have been approved to enroll 10 participants. If you wish to enroll additional participants you must seek approval from the HSRB.

All UNANTICIPATED PROBLEMS involving risks to subjects or others and SERIOUS and UNEXPECTED adverse events must be reported promptly to this office. All NON-COMPLIANCE issues or COMPLAINTS regarding this project must also be reported promptly to this office.

This approval expires on May 28, 2014. You will receive a continuing review notice before your project expires. If you wish to continue your work after the expiration date, your documentation for continuing review must be received with sufficient time for review and continued approval before the expiration date.

Good luck with your work. If you have any questions, please contact the Office of Research Compliance at 419-372-7716 or hsrb@bgsu.edu. Please include your project title and reference number in all correspondence regarding this project.
This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within Bowling Green State University Human Subjects Review Board's records.