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Healing Hands in the Context of Christianity:

The Perceived Transfer of Energy and Insight

Abstract:

There has been only a limited focus on healing ministries in Protestant Christian congregations in the Nordic context. This contribution argues that the field of diaconia should learn more about healing in the congregational context. This paper empirically investigates healing-hands experiences related to sources from the Christian faith and practices in Norway. We conducted 12 semistructured interviews with both the providers and recipients of perceived healing hands. The informants came from Protestant communities. The findings indicate that healing hands are perceived as a transfer of external power, transmitting both energy and a “heightened clarity of thought providing insights.” The recipients perceive the energy as “warmth” and the providers often perceive it as “electricity.” The recipients described the warmth as relieving stressors such as acute physical pain and long-term stressful experiences. The outcomes could not be predicted or controlled. The findings indicate that the healing-hands phenomenon is not part of the formal work of churches, although treatment may occur in congregational places and private homes. The informants linked the perceived power to the Christian God, but there was no consensus among the informants on how to understand healing hands within the framework of theological language. This paper discusses healing hands and Christian communities of healing ministries in terms of tensions and possibilities.

Keywords:

healing hands | energy | clarity of thought | empiricism | Christianity | diaconia | healing ministry

“Talking through the hands.”
Sofia, informant with perceived healing hands

1. Introduction

Diaconia has played a significant role in professional healthcare systems in the Nordic context. Diaconal hospitals and diaconal nursing education have been a central part of the development of a modern healthcare system in Norway since the latter half of the 1800s (Grindheim, 2007).¹ In 1906, parish nursing education emerged. The parish nurses had the pastor as their leader and members of the congregations as their patients. The bishop consecrated the parish nurses until the end of the 1960s.²

Today, public statements issued by diaconal institutions focus primarily on issues of health politics, such as health inequalities (Moos 2021). According to Moos, there is a need to learn more about the “healing ministry” in congregations and diaconal organizations to aid in its development; to date, however, this need remains unmet.³

This paper empirically investigates experiences of “healing hands” related to the Christian faith and practices in Protestant contexts in Norway.⁴ “Healing hands” can be described as providing warmth and relief from suffering by the laying on of hands directly or slightly above a person experiencing stressors (Henriksen, 2018; Henriksen & Pabst, 2013). According to Henriksen (2018), healing-hands experiences might appear as bodily sensory experiences often sensed by both the provider and the recipient. The hands of the provider are crucial, and the phenomenon is viewed as a personal gift possessed by specific people, not linked to any profession, position, or particular religious affiliation.

In Norway, the networks of people providing healing hands are not organized. Knowledge about them is seldom found in formalized or written records. Normally,

1 In the latter half of the 1800s, Cathinka Guldberg became Norway’s first nurse and deaconess and the mother of the diaconate in Norway as headmistress of Diakonissehusets Hospital, established as an educational institution for nursing and diaconia in 1886 (Lovisenberg Diakonale Sykehus, 2023).

2 Today, there are still diaconal educational institutions and hospitals, but no requirement as to personal belief is made of the professionals who work there (Snøtun, 2007).

3 Moos refers to a German position paper offering ecumenical, diaconal, and missiological perspectives on a holistic understanding of Christian witness for healing in Western societies. “Health, Healing and Spirituality. The Future of the Church’s Ministry of Healing” (Bartmann, Jakob, Laepple & Werner, 2008).

4 In Norway, about 63.7% of the population are members of the Church of Norway, an Evangelical-Lutheran denomination belonging to Protestant Christianity, and approximately 2.5% are members of other Protestant churches and congregations (Statistics Norway, 2023).

the practice of healing hands happens silently. Neither the provider nor the recipient speak publicly about it. Yet healing hands are both appreciated and critically discussed, and the act is sometimes used as a supplement to the public healthcare system (Henriksen & Pabst, 2013), which by law must provide free healthcare to everyone.

This article presents the results of analyses of 12 semistructured interviews with the providers and recipients of perceived healing-hands experiences. The inclusion criteria were having had healing-hands experiences and linking those experiences to sources of Christian faith and practice. The informants came from diverse backgrounds and professions. The practice of healing hands is advertised in Protestant congregations in Norway to a limited extent and can occur within congregations and in everyday life outside the congregational context.

Conventional medicine cannot easily explain the practice of healing hands (Henriksen & Pabst, 2013). Many people who have experienced healing hands have feared not being accepted by the Church of Norway (Døving & Kraft, 2013). Others have been disappointed by religious healing practices because they have experienced misuse of power in Christian contexts, because they were not healed (Austad, 2016) or because they were uncomfortable with the normative drive to be healed and the ideal of a faultless body (Solevåg, 2020).

Moreover, some remain skeptical about healing that conventional medicine cannot explain. Healing hands is a well-known healing practice in Norway (Henriksen, 2018) but has not been widely accepted as a healing practice in a Christian context (Henriksen & Pabst, 2013). In the wake of reports of difficult experiences with misuse of power in some healing practices, many church leaders have refrained from engaging in healing practices even though one can understand Christianity as a “religion of healing” (Porterfield, 2005, 4). However, some church leaders have asked whether the skeptical attitude toward healing practices has gone too far, with one bishop of the Church of Norway even apologizing on behalf of his church for its inadequacies related to healing ministries (Vårt Land, 2016). Interest in healing hands among Norwegians has been increasing in recent years. For example, the Norwegian Joralf Gjerstad stated that, since 1966, nearly 50,000 people have approached him for help because of his perceived healing hands (Lien & Osberg, 2021). Research has indicated that poor health and excessive burdens often motivate people to adopt religious and spiritual healing practices (Ammerman, 2013; McGuire, 2008), but empirical research studies on healing practices remain scarce. Thus, healing experiences and healing-hands experiences in Christian contexts may be regarded as fields requiring further exploration.

2. Previous Research

Past research indicates that the science of diaconia is an interdisciplinary field combining knowledge from theology and health, social and pedagogic practices (Nygaard, 2015), power (Kleiven, 2008, 2018), the psychology of religion (Stifoss-Hanssen, 2014), and welfare perspectives (Leis-Peters, 2014a). However, research on healing practices in the field of diaconia seems to be lacking.

The concept of healing hands has various connotations depending on the research field.⁵ In health research, the concept often refers to “healing touch,” “therapeutic touch,” or “massage.” It might relate to stress and pain reduction through being physically touched in, for example, oncological care (Weaver, 2017) and for nursing leaders receiving therapeutic touch to help them avoid burnout (Tang, Tegeler, Larrimore, Cowgill & Kemper, 2010). Some studies on healing and therapeutic touch include terminology such as “energy therapy” (Wong, Ghiasuddin, Kimata, Patelesio & Siu, 2013) and “energy medicine” (Danhauer, Tooze, Holder, Miller & Jesse, 2008). Research on energy medicine has also investigated the hands-on healthcare approach, focusing on the body’s electromagnetic and more subtle energy systems (Eden & Feinstein, 2020). The core concept in energy medicine is the existence of an invisible healing energy (Leskowitz, 2020).

Alternative medicine has emphasized energy therapy that involves using the hands to help strengthen the body’s ability to heal. One such therapy is reiki,⁶ which has garnered growing interest among nurses for use in patient and self-care (Fleisher et al., 2014; Lipinski & Van De Velde, 2020; Vitale, 2007). A comprehensive literature review found reiki therapy to contribute to pain and stress relief (McManus, 2017; Vitale, 2007). The “healing touch,” “therapeutic touch,” and “reiki,” all terms that appear in the literature, are referred to as *complementary medicine*, defined as additional systematic practice with a theoretical framework in professional Western

5 To find relevant studies, we searched for “healing hands” (*varme hender* in Norwegian) and concepts such as “spiritual healing,” “energy healing,” “subtle energies,” “faith healing,” “hands-on healing,” or “laying-on of hands,” combined with “empirical*” and “peer-reviewed” in the title, abstracts, or keywords of papers published between 2000 and 2021. We searched the following databases: Academic Search Elite, Atla Religion Database with AtlaSerials, CINAHL, CINAHL with Full Text, eBook Academic Collection (EBSCOhost), eBook Collection (EBSCOhost), eBook Religion Collection (EBSCOhost), New Testament Abstracts, Old Testament Abstracts, Health and Psychosocial Instruments and MEDLINE. “Christian*” was also used in searches, in combination with the mentioned concepts, to find research conducted in Christian contexts.

6 Mikao Usui developed reiki in the early 1900s, deriving the term from the Japanese words *rei*, meaning “universal,” and *ki*, which refers to the vital life force energy that flows through all living things. Now, reiki is used all over the world, including in hospitals and hospices, to complement other forms of health treatments (Cleveland Clinic, 2023).

health practice (Beissner, 2020; Fleisher et al., 2014; Lipinski & Van De Velde, 2020; Vitale, 2007).

Some American studies on healing have combined hybrid perspectives from complementary and alternative medicine and evangelical Christianity (Brown, 2012a, 2012b, 2013). Other studies in the Nordic context mentioned healing hands as energetic or unexpected religious experiences related to Christian faith and practice (Nygaard et al., 2017, 2020); Henriksen & Pabst, 2013).⁷ However, the focus of these studies was not on healing hands but on wider religious healing experiences. Thus, the present paper contributes to the literature in this field by focusing on the healing-hands experiences of both people who profess to have healing hands and those who profess to have been helped by people with healing hands, with a focus on experiences connected to the Christian faith and practice.

3. Research Goals

This paper empirically analyzes healing-hands experiences in the Protestant context of Christian faith and practices and is based on interviewees' perceptions and thoughts on the phenomenon. We conducted interviews with people in Norway who reported having perceived healing hands and/or people who reported having been helped by healing hands. We formulated the following research question:

What characterizes healing-hands experiences related to sources from Christian faith and practices?

The term "healing" in this article builds on McElligott's (2010) definition of a "personal experience of transcending suffering and transformation toward wholeness" (McElligott, 2010, 251). Suffering may reduce a person's quality of life by causing physical, mental, spiritual, and relational wounds. For this study, however, we replace "transformation toward wholeness" with "transformation toward wholeness," as we propose that people may still carry wounds and experience some parts of themselves to be "wholer" without being totally "whole" (Nygaard et al., 2017, 2020). Thus, we believe healing experiences might include improvement without full recovery.

The following presents the research methodology, the participants, our analysis, and our findings. We discuss the findings in light of relevant research, and the

⁷ Henriksen has also written about his own healing-hands experiences (Henriksen, 2018) and theological contributions to healing in the context of Christianity (Henriksen, 2016). These contributions are not based on empirical research.

discussion includes how healing ministries in congregational communities and diaconal organizations might benefit from the study's findings.

4. Methodology

4.1 Recruitment and Sample

This paper is part of a wider research project analyzing healing experiences related to sources from Christian faith and practices (Austad et al., 2020; Austnaberg et al., 2023; Kleiven et al., 2019; Nygaard et al., 2017, 2020), where healing hands emerged as a topic in interviews. Thus, we wanted to investigate the healing-hands phenomenon further. We recruited six more participants in addition to the six informants from the initial project who had mentioned healing hands. For recruitment purposes, we asked the original six informants whether they knew of others with healing hands or others who had been touched by healing hands.

The Inclusion criteria were twofold: 1) the informants themselves had to have been perceived as having experienced healing hands and/or had to have been perceived to be healed by healing hands; 2) the informants had to relate their healing-hands experiences to Christian faith and practice. Nine informants belonged to Christian congregations, and three had no such affiliations. Those without affiliation had either experienced being touched by the healing hands of people working in the Church of Norway or had combined their Christian faith and practice with aspects of New Age spirituality.

4.2 Data Collection

We conducted qualitative semistructured interviews (Kvale, 2009) between September 2016 and June 2021. We asked the participants to describe 1) their healing-hands experiences as providing treatment and/or receiving treatment by healing hands; 2) their bodily sensations; 3) their notions/experiences of how healing hands can help; 4) how they made sense of their experiences with healing hands. Three of the interviews were conducted digitally, and the rest took place at the researchers' workplace or at a location chosen by the participant. We sought to achieve an empathic interviewing style (Kvale, 2009) to accord respect to the informants' experiences. The researchers recorded, transcribed, and anonymized the interviews.

4.3 Analysis

Using thematic analysis (Braun & Clarke, 2006; Braun, Clarke & Braun, 2022), we inductively identified categories from the material established. The inductive analy-

sis indicated that the narratives included the following categories: 1) the perceived bodily sensations during the treatment of healing hands, 2) stressors and perceived healing, 3) the detection of healing hands, 4) ethics and the practice of healing hands, and 5) the informants' interpretations of the healing-hands phenomenon. The presentation of the results begins with the concrete experiences of touching and being touched by healing hands because this was the focus of the informants' stories.

Five of the 12 interviews had previously been analyzed, contributing to the descriptions of healing experiences in the initial project (Nygaard et al., 2017, 2020; Austad et al., 2020). We analyzed the five interviews again in connection with the seven additional interviews and in alignment with the current paper's research question.

Following the literature in this field (Henriksen, 2018; Henriksen & Pabst, 2013) and our informants' vocabulary, we refer to the process of having hands laid on by people with healing hands as "treatment." That designation might call up associations to medical treatment, but here we use concepts related to the interactions between people with healing hands and those approached by the healing hands. For practical reasons, we call those with healing hands "providers" and those who receive treatment "recipients."

4.4 Ethical Procedures

The Norwegian Centre approved the study for Research Data (project number 48840). Before the interviews, all participants signed a consent form that described the purpose of the project. The interviewees were also informed about their right to withdraw from the project, and that their identities were anonymized.

4.5 The Participants

Eight informants reported providing healing-hands services, and nine reported being healed by people with healing hands. Five of the eight informants who reported providing healing hands also reported having had their own healing experiences with the healing hands of others. Four of the informants had experiences of being healed by healing hands without having healing hands themselves. At the time of the interview, the informants were between 35 and 65 years old. Some of the informants were pastors, others were in additional leader positions in congregations and in public service, others were teachers, social workers and some were not employed.

Table 1 List of relevant participants' details

No.	Pseudonym	Religious affiliation	Effectiveness of the healing hands confirmed by others?	Reported having own healing experience from healing hands	Reported stressors	Perceived healing
P1	Ragnar	Methodist Church	Yes	Yes	Pain in the back	The pain disappeared spontaneously
P2	Tonje	Methodist Church	Yes	Yes	Pain in the stomach	The pain eased, multiple treatments
P3	Agnes	Affiliation not shared	Yes	Yes	Fatigue syndrome	More energy, less pain in the joints; hope; multiple treatments
P4	Erika	Lutheran Church of Norway	Yes	Yes	Complex posttraumatic stress disorder	Relief, comfort, less pain in the stomach; pressure in the chest eased; spontaneous and multiple treatments
P5	Sofia	Lutheran Church of Norway	Yes	Yes	No specific illness or difficult situation	General warmth, care; spontaneous
P6	Amalia	Lutheran Church of Norway	Yes	No	No healing experience or reported stressor	
P7	Birgitte	Pentecostal congregation	Yes	No	No healing experience or reported stressor	
P8	Christian	No affiliation shared	Yes	No	No healing experience or reported stressor	
P9	Reidun	Lutheran Church of Norway	No	Yes	Anxiousness, self-criticism	Comfort, hope, acceptance; spontaneous
P10	Ingrid	Lutheran Church of Norway	No	Yes	Unspecific pressure in the chest	The pressure eased; spontaneous
P11	Madiha	Lutheran Evangelical Church	No	Yes	Anxiousness, pain in the leg	Comfort, hope, less pain in the leg; spontaneous
P12	Gordon	Lutheran Church of Norway	No	Yes	Pain in the foot	The pain eased; multiple treatments

5. Analysis – Touching and Being Touched by Healing Hands

5.1 Perceived Sensations

Common for both recipients and providers of healing hands were experiences of bodily sensations. Warmth and sensations of electricity were the most commonly reported sensations.

5.1.1 The Recipients' Sensations: Warmth

All the recipients of healing hands said they were surprised by the warmth they sensed during the treatment. For example, Reidun, referring to an experience during a prayer session in her congregation of the Church of Norway, said, "I do not remember the words ... But it was the good feeling of the warm arm." She said the woman who prayed for her "just radiated a power that I needed then ... It was just a feeling that it flowed through me all ... It was goodness. Also, heat. I felt a warmth from that arm. I felt it all over my body."

Ingrid stated that the person with healing hands put their hands around her head, and she described the hands as "very warm." Erica, who had pain in her stomach and pressure in her chest she linked to traumatic experiences, shared that she felt a huge wave of warmth when the healing hands touched her. She stated, "The physical warmth that gave me an experience of God's presence and security that gave me a deep, intense happiness...I just want to stay in this warmth ..."

The recipients described the warmth as eliciting other responses. For example, Ingrid said that when the warmth from the hands reached her head, she suddenly began to cry uncontrollably. She felt the pressure was relieved, saying, "I was quite shocked myself, just sitting there and crying for no apparent reason." For many recipients, the touch and the warmth released a sensation of being cared for. Similarly, Erica, Sofia, and Reidun described the warmth, followed by a sensation of care, God's presence, a feeling of security, and an acceptance of being "good enough." They also expressed the wish to be able to stay in that warmth. Thus, the warmth was linked not only to a sensation of higher temperature but also to qualities of care.

Some recipients were surprised to find the effect of the warmth continuing after the treatment, describing the warmth as lingering in the body for hours. Some became very tired and needed to rest, letting the "body carry on the work" (Agnes, Erika). They described the warmth experienced after the treatment as providing both physical and mental relief.

5.1.2 The Providers' Sensations: Electricity and Other Bodily Sensations

Most providers we interviewed did not sense the warmth in their hands. Only three of them sensed the warmth themselves when they touched people (Agnes, Ragnar, Erika). Rather, “electricity” was the most common sensation those with healing hands described. The sensation was communicated as “tingling” or the “feeling of electricity” (Birgitte, Agnes, Amalia, Erika, Sofia). Sofia explained the sensation as “if you touch something and get an electric shock.” She said that, normally, an electric shock was of very short duration, but “this could last for the whole hour of treatment, 45 minutes.” She stated that the sensation of energy was like “stand[ing] in a shower ... where the water goes straight through me and out into my arms and fingertips. I could feel it for quite some time afterward.” Birgitte described it as a sensation of pressure in the hand when “it” flowed through her.

The providers used the terms “energy,” “power,” and “electricity,” in addition to “warmth,” to describe what they experienced as being transferred through their hands. They used phrases such as “being a channel,” “transferring the warmth,” that the hands were like “starter cables,” and finding the “contact point.” Those with healing hands did not feel they had lost energy when they used their hands to heal. They described the energy or power more as passing through them, not coming from them but from outside. They all distinguished themselves from the power; for example, Amalia stated that the energy “must come from somewhere else, because I’m not tired. I do not get drained by giving warmth to anyone.” The terms they used came from the language of electricity, such as power cords, power transmission, and electrical shock.

Another sensation was the feeling of the recipients’ pain (Sofia, Agnes). Sofia stated that she could feel what was wrong with people and where their pain was located. Agnes related that, particularly when the recipient had asthma or bronchitis, she would start to cough herself and feel pain in her chest. However, as soon as she took her hands off the recipient, the sensation of illness disappeared from her own body.

The providers said their own bodily sensations often guided them, but they could not normally sense the warmth the recipients sensed. They also expressed reliance on what they perceived as intuition.

5.1.3 The Providers’ “Sudden Thoughts”

Many of the providers mentioned sudden thoughts as a guiding force. Some of the providers (Christian, Amalia, Erika, Tonje, Sofia) shared experiences of “thoughts that just come”. For example, Tonje described having ideas like “heightened clarity of thoughts,” “thoughts I get about how to do the healing ... and where to touch.” None recalled needing to meditate or do something to bring about the thoughts.

Sofia explained that the thoughts just came; when a patient called, she listened, and the thoughts were “just given to me.”

Some were initially reluctant to act on the thoughts. But, for example, Sofia, Erika, and Tonje stated that the thoughts gave meaning to the situation, and they increasingly came to trust that the thoughts would “just come.” Sometimes, the thoughts were very direct, were about things that had happened, and were hard to share. Tonje said she sometimes received a “message to share” that she intuitively knew to be true and important to share. Thus, the thoughts “that just came” were also described as intuition, as guiding the treatment, and as increasingly trustworthy by those with healing hands.

5.1.4 Distance Healing and Perceived Bodily Sensations

The warmth did not need to be transferred through physical touch; it could also be transmitted through the telephone to the part of the body to be treated. One of the informants (Agnes) said that she sought healing by telephone because of problems traveling. She was surprised by the warmth she felt, and that “something happened in her body.” Now, Agnes herself primarily practices her healing hands through the telephone. Agnes and her recipients hold their hands on the same place on their bodies, and the warmth appears, according to Agnes.

Erika also described having experienced both receiving healing and providing treatment by telephone. As she began the treatment, she would think about where the recipient should place their hands, and she had been told that the recipient felt warmth.

5.2 Stressors, Spontaneous Healing, and Processes of Healing

Some interviewees had experienced spontaneous healing, but most of the healing was described as a process that involved subsequent treatments. According to both the providers and recipients, the reasons for seeking healing-hands treatment were complex, with some stressors being both acute and chronic. The most common stressor was pain, often in the back, shoulders, legs, or stomach. Nausea, cramps, pressure in the chest, and broken fingers were also mentioned as complaints. The recipients also described more complex life situations, such as chronic fatigue syndrome and mental pain as a result of sexual abuse.

The recipients related both incidents of spontaneous remission and healing processes requiring many treatment sessions. Six of our informants recounted spontaneous healing. For example, Ragnar described having had persistent and severe back pain, and someone in his working community had “the gift of healing hands, and she healed me. I think it lasted for 10 years.” Ragnar described this as the clearest healing experience he had ever had. He could physically feel that something

was being “pulled out” of his back. Ingrid also stated that something was “pulled out of her” during the session of healing hands and described a “pressure that just disappeared” from her chest after being very sad and angry for a while. Some of the recipients said that they still did not feel any pain related to their previous afflictions.

Others did not experience spontaneous healing during the healing-hands session but rather a sudden improvement after the treatment. Erica talked about the warmth continuing after the healing session. When she arrived home, she felt that something the size of a small brick had disappeared from her back: “It was pushed out, and it disappeared. And then the pressure in the chest disappeared.” Suddenly, she could take a deep breath and felt that the “link” that had locked her whole body was unlocked. This was the beginning of a longer healing process. She said, “I’ve never had a future, but I’ve got one now. I have never been able to think ahead with hope ... I still struggle with pain and have to use medication, but that is ... not a contradiction ...” She felt that God was in her life and that she could help others: “It helps me to become more in love with myself and other people and to belong.”

The spontaneous revitalization did not heal all of Erica’s stressors but was the beginning of a longer healing process. In other words, it was a combination of spontaneous healing and the need for more treatment. Many of the informants said that multiple treatments were necessary. For instance, Gordon said that the provider held onto his foot, “and it was magical. Something happened in my body that made it better.” The pain eased, but he needed to be touched many times before the pain disappeared. We do not know if there were forms of treatment other than healing hands that impacted the recipients’ healing experiences. We can refer only to the informants’ notions of the process.

All of the recipients described an easing related to their stressors. Complex and multilayered stressors, such as fatigue syndrome, required multiple treatments, even though they experienced radical change after the first treatment. The providers tried to find patterns but said there was no automatic outcome, nor could they control it. However, some said that, if the recipient had had acute pain, spontaneous healing appeared more easily; but if the pain had existed for a long time, more treatments were required. Those who felt that something had been “pushed out” did not have any explanation for the experience. In addition to experiencing healing, some discovered themselves to have healing hands after receiving treatment by healing hands.

5.3 Discovering Healing Hands

Half of the providers described fellow students, friends, and congregation members as the first to detect their warm hands. They felt no warmth in their own hands.

The other half discovered their healing hands because of sensations of warmth or tingling in their hands.

Some of those who detected warmth in their own hands had received healing themselves. All providers described radical sensations of warmth. For example, Tonje was having stomach pain and was regularly visiting an older Christian man with healing hands. During one visit, she suddenly felt a warmth in her entire body, and the old man said that she had healing hands herself. That same evening, an acquaintance with a bad cold came to Tonje's house. Tonje was curious about her hands and laid them on the guest. According to Tonje, the acquaintance's cold disappeared.

Common among those who discovered their own healing hands through treatment by the healing hands of others was a description of intense experiences of a radical warmth in their own bodies. However, whether or not they sensed warmth in their hands, they all received confirmation from others that they had provided extraordinary warmth.

5.4 Ethics and the Practice of Healing Hands

The providers in this study primarily offered help in the communities to which they belonged, whether family, friends, or congregational communities. Places for treatment could be at the providers' or recipients' homes or in the gatherings of their congregations.

The informants with healing hands said they tried to "read the situation" and offered help only if they felt it appropriate. However, sometimes, they had bodily sensations they regarded as signs telling them to use their healing hands. Some could feel a tingling in their hands or pain in their own bodies. At other times, the idea of intervening would come to them.

None of the providers advertised their having healing hands. Most commonly, people approached the informants with healing hands as a result of word of mouth. The informants who had received treatment said that they were approached respectfully. The experience of respect, care, warmth, and calm was strong and, according to Erika, done "in a way that no one else had done that had tried to help me understand my traumas."

None of the informants referred to formal healing-hands rituals. However, some informants with healing hands had established routines or guidelines for their practice. One guideline mentioned by all was that they did not charge for the treatment. Moreover, all emphasized that they could not promise that the healing hands would work, and that more treatments could be needed in the future. The informants also related that they encouraged people to visit health professionals if they regarded a condition as critical.

The informants described the duration of treatment as varying between half an hour and a longer, more flexible period, such as until the recipient no longer experienced warmth. The providers said they were careful about how and where they laid their hands on people, expressing a reluctance to overstep any boundaries. In particular, the male provider, Ragnar, said, “If people were in pain elsewhere [other than the head], I usually put my hands on their shoulders. I was very careful about putting my hand anywhere other than on people’s shoulders.”

The female providers normally placed their hands where people described having pain. They asked in advance whether they were allowed to place their hands where the pain was located and avoided intimate zones (Birgitte, Amalie). The back was described as a good place to touch because it is a large area and not an intimate zone. Respect for intimate zones emerged as important to all, and there was constant communication with the person being treated to find a place to place the hands. In addition, as mentioned, the healers’ bodily sensations and intuition were considered important guidelines for where to place their hands. The interviewees noted the sensation of their hands “sticking” to the body, feeling peace, or bodily pain guided them to where they put their hands.

Thus, the female providers described communication with the recipients, their own intuition, and their own bodily sensations as sources for deciding where to touch recipients, while the male provider restricted himself to the head and shoulders of the recipients for fear of touching intimate zones.

5.5 The Informants’ Interpretations of the Phenomenon of Healing Hands

The providers viewed their healing hands as a gift, with most seeing it as a gift from God. Amalia, for example, stated that the energy “must come from somewhere else because I’m not tired. I do not get carried away by giving warmth to anyone.” They described the energy or power as passing through the informants, not coming from within but from outside of them. Although most regarded healing hands as a gift from God, they did not see it as a gift given only to Christians. Ragnar said he regarded healing hands as a gift given to many people, and that God’s healing power is present in the world. Gordon, who had received treatment, was the only one who did not frame the energy directly in a Christian context. He said he thought the energy came from “goodness,” and that it was a trait some had. Tonje, although relating her practice to Christianity, asked “whether we all have this energy in us.”

When we asked the providers what they regarded as the most important aspect of healing hands, they said it was not to heal sickness but to experience God’s caring for human beings and the sense of providing the strength to endure challenges. The use of healing hands often emerged as embedded in established practices within the Christian framework. Many informants talked about healing hands relative to

Christian practices, such as prayer, pastoral care, and “gifts of grace,” but there was no unanimity on how to define the practice relative to these other practices. The pastors among the interviewees thought that pastors can use healing hands in their services, with one of the pastors coming from a place where the tradition of healing hands is well known; the pastor did not have a problem with using healing hands in the practice but indeed regarded healing hands as being on the same level as anointing and praying for the sick. Another pastor came from a tradition in which the church had previously criticized healing hands. In this pastor’s practice, the pastor used healing hands as part of pastoral care and would ask whether a person wanted to be laid hands at the end of a conversation.

Some informants distinguished between prayer and healing hands. One said that praying for people is one thing, but when she prayed and laid her hands on people, she hoped God would use her healing hands to respond to the recipient’s needs. Another said he prayed before the healing-hands session but did not think healing hands was the same as prayer. A third said that praying was not important to her at all. In contrast, one interviewee called healing hands “pray[ing] with the hands” and referred to an embodied communication that sensed and used the hands in a kind of interaction between God and the recipient of healing hands. Some informants combined prayer and healing hands with a blessing for the recipients at the end of the session. Some prayed out loud, while others prayed silently. Moreover, some informants with healing hands did not want to claim that they had the gift of grace to heal, while others saw healing hands as such a gift.

5.6 Summary of the Findings

Interviewees regarded healing hands as the transfer of external power, providing both energy and insights. The energy and insights were interpreted as the transfer of God’s power in an interaction between God, the provider, and the recipient. The recipients described a warmth that brought relief and a sensation of care and peace. Some experienced a sudden change in their stressors, while others required multiple treatments. The stressors could be a specific pain in the body or long-term stressful experiences. The outcome could not be predicted or controlled. The providers regarded healing hands as a gift. The treatment location could be in private homes or churches, and the practice was performed both within and outside the church community. Even though the informants linked the perceived power to the Christian God, there was no consensus on describing healing hands with theological language.

6. Discussion

This paper sought to answer the following question: What characterizes healing-hands experiences related to sources from Christian faith and practices? In the following section, we discuss healing hands in terms of the energy experienced and the heightened clarity of thought and provide reflections on the tensions in and possibilities of healing ministries within a congregation.

6.1 The Transfer of Perceived Power – Energy and Insights

The perceived power was described in terms of energy and as providing heightened clarity of thought. This offered the providers of healing hands with perceived insights into the recipients stressors.

6.1.1 Energy

The providers and the recipients of healing hands used energy terms to describe the phenomenon. Energy terms have connotations to research that refers to “energy medicine” (Danhauer et al., 2008), which concerns the body’s electromagnetic and subtle energy systems and the idea of an “invisible healing energy” (Eden & Feinstein, 2020). As we understand it, the healing energy present in energy medicine relates to “biological activities at their energetic foundations” and not specifically to an external, religious power (Eden & Feinstein, 2020, 35). However, according to Eden and Feinstein, many questions remain about the notion of an invisible healing energy in energy medicine. Energy healing seems to emphasize the body’s biological processes, while at the same time acknowledging an unknown source.

The emphasis emerging in this paper is on the healing source interpreted as God’s healing power. As mentioned, the inclusion criteria in the present article was that the informants interpreted their healing experiences to be somehow related to principles rooted in Christian faith and practice. Thus, we expected the perception of godly intervention. However, we repeatedly heard about a link between external healing energy and a recipient’s body through the provider’s energy transfer. The interviewees saw the transfer line of the energy as a triangle, representing an interaction between themselves, the recipients, and God.

The providers described the external energy as distinct from themselves, though it could also become a part of them as it passed through them. They referred to “transferring” the energy. Providers often described themselves as a kind of transmission line – as mediators of healing energy and not the source of healing. They could not control the transmission and had no control over whether the warmth appeared.

They described the perceived energy as activating “something” in the body. LeShan’s research also reported healing as producing positive biological changes in the person being healed (LeShan, 2003). According to LeShan, healers may perceive activity in their palms as a “flow of energy” from them, which is described as passing through the troubled area in a way that the recipients perceived as “healing energy” that cured the sick area. In line with the recipients in our study, the persons being healed often experienced this as different forms of heat (LeShan, 2003). In correspondence with our findings, LeShan stated that when the healers’ hands were placed on a healthy area, no similar responses were reported. Like our interviewees, LeShan found it perfectly reasonable that it might be some kind of “energy” that was being “turned on” in the hands.

As mentioned, our informants often used the language of “electricity” when trying to conceptualize the healing experiences. The link between “electricity” and healing is not new. According to Porterfield (2005), the Christian understanding of healing began to change in Europe and North America in the 18th century in response to the discovery of electricity. The practice of healing changed as healers tried to open the way for “divine power to enter believers as an electrifying force” (Porterfield, 2005, 163). According to Porterfield, the focus on healing as a revitalizing process accelerated by a spark or flow of divine energy inspired the rhetoric and practice of Christian healing.

6.1.2 Heightened Clarity of Thought Providing Insights

All of our informants with healing hands talked about a sudden and heightened clarity of thought and how this guided their practice. Insights could come when the providers were in dialog with the recipients but were not experienced as dependent on the information they received in the dialog.

In energy medicine, “energy medicine practitioners often stumble upon detailed information about a person’s history that seems to be stored in the body’s energy system, independent of neural memory” (Eden & Feinstein, 2020). In contrast to our informants, who often perceived their insight as something from God or the Holy Spirit, energy medicine emphasizes that the information is stored in the body’s energy system.

Evidence of healing-hands providers perceiving information through heightened clarity of thought also emerged in similar research (Henriksen & Pabst, 2013, 186). This kind of perceived information poses a challenge for further research because many different concepts are used to describe it, such as “intuition,” “getting an idea,” or having the “gift of knowing” the future, and it is difficult to know whether all these concepts refer to the same phenomenon.

6.2 Healing Hands and Tensions in the Christian Framework

This study found some tension around the practice of healing hands among the providers, while the recipients did not describe any tensions. The tensions that emerged in our interviews relate to how to interpret and where to practice healing hands in light of Christian traditions.

That God is the provider of healing power was communicated by all providers, but they did not openly advertise or provide healing hands in their church communities. Why are they so clear about God being the healing source but so reluctant about openly advertising healing-hands ministries in their congregations? Our interviewees gave various reasons for this behavior, such as the fear of being overwhelmed by people seeking help through healing hands and the insight that they could not promise healing. Tensions also emerged regarding implicit references to theological interpretations of the phenomenon, such as the difficulty of placing it within the established framework of the work of the church communities and the lack of an established theological language about the phenomenon.

According to Henriksen (2018), the Lutheran theological framework included religious healing to a limited extent. So-called religious healing experiences have been met with skepticism in the Lutheran tradition (Henriksen & Pabst, 2013), and healing is preferably viewed symbolically and not as concrete changes in the body (Henriksen, 2018; Moos, 2021). Furthermore, there has been theological silence about disease and illness in the Western church (Moos, 2021).

An alternative to viewing healing symbolically and health as a conceived issue of medicine, not religion (Henriksen, 2018; Moos, 2021) emerges also in the Catholic church's sacrament of anointing the sick. Anointing the sick is regarded as a sacrament aimed at healing both body and soul (Kvolik & Benaković, 2022). As a sacrament, the practice is an integral and important part of the Roman-Catholic church, and the healing potential of the anointing is accepted. The formalization reduces tension, as it has an approved theological basis. However, "healing hands" in our material emerged as a personal gift independent of position or ritual, and it is more complicated to formalize its practice. The practice of anointing the sick also exists in other Christian fellowships in Norway, such as the Church of Norway, but it is not considered a sacrament.

Faith healing may also be associated with healing hands. "Faith healing' entails reliance on the exercise of faith for treatment of illnesses through prayer" (Boyo et al., 2021, 134). The laying on of hands is relevant in both practices, but according to our informants and in line with Henriksen (2018), healing through healing hands can be experienced independently of faith and prayer.

6.3 Healing Hands, Healing Ministries and Diaconia

Healing ministries in a diaconal perspective could, as our informants did, consider that healing hands comprise both spiritual and health aspects and challenge the theological view that separates medicine and religion. It has been argued that “no area of human being and religious life more important than that of illness and healing” (Henriksen, 2016, 203). Diaconia, the church’s healing ministry (Church of Norway, 2020), could rest on the notion of the Gospel addressing all “aspects of human life, including the body” (Henriksen, 2016, 251).

Such a healing ministry could make it easier for people with healing hands and those seeking healing to find a church community that welcomes them. According to Henriksen and Pabst’s study (2016), people need communities that provide healing from illness and suffering (Henriksen, 2016). Healing hands is often practiced without (Christian) communities of shared knowledge or supervision (Henriksen, 2018, 2016), which may allow healing ministries to exploit vulnerable people. However, adopting ethical considerations and supervision in Christian communities could prevent this. Previous research on Christian healing practices indicated that it is vital to establish feedback systems for the recipients of healing practices (Kleiven et al., 2019). Kleiven et al. argue that people seeking healing might be vulnerable, and that misuse of power might occur when, for example, healers claim to hear from God. Economic exploitation is also a possibility: Our informants emphasized the need for the provision of healing hands to be free. Another ethical issue is how to interpret a lack of health improvement. We agree with Henriksen, who argued that it “is recommendable to leave the phenomena like healing unexplained and to see them as uncontrolled and surprising events that call attention to the graceful freedom of God as God acts in reality” (Henriksen, 2016, 252).

We believe that possible congregational communities for healing might benefit from being aware of experiences of perceived energy, heightened clarity of thought providing insights, theological tensions, and ethical challenges as significant aspects in their ministries.

7. Concluding Summary

Based on our research, healing-hands encounters emerged as revitalizing experiences accelerated by what is perceived as divine energy. Our findings indicate that healing-hands encounters are perceived as the transfer of an external power that provides both energy and clarity of thought. Recipients described a warmth bringing relief to stressors such as acute physical pain and long-term stressful experiences. Some experienced immediate relief after being touched by healing

hands, while others experienced a need for multiple treatments. According to the interviewees, the outcomes can be neither predicted nor controlled.

Even though the informants linked the perceived power to the Christian God, there was no consensus on how to describe healing hands within the framework of theological language. Based on these findings, churches and diaconal organizations need to reflect on energy healing, theological approaches to health improvements, ethical considerations for transparency in healing processes, feedback systems for those receiving healing hands, and the creation of learning communities for healing experiences.

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