

knowledge that is to be generated. Knowledge that is not technical or rational cannot always be studied or generated through positivist scientific methods and other methods may need to be used. These kinds of knowledge can be generated by researchers³ and practitioners.²

Qualitative data may be collected using a variety of research strategies, such as action research.⁴ Here, the researcher or practitioner may act as a participant observer to gather data about the participants' behaviour, actions and conversations (ethnography), and use in-depth interviews to gain an understanding of the participants' perceptions and feelings, meanings and interpretations (phenomenology). These qualitative data may be complemented by quantitative data.

While positivist science is essential to the generation of technical-rational medical knowledge, workers intending to embark on a piece of research should first assess the value and appropriateness of the available research strategies, according to the sort of knowledge they wish to generate. They may find that approaches other than the double-blind, randomized controlled trial (or other approaches based on the positivist philosophical position) may suit their purposes better. Likewise, educators should match their teaching and learning strategies and philosophies to the kinds of knowledge they are making accessible to students.⁵

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Spirituality, healing and medicine

Sir,
Dr Aldridge's review article (October *Journal*, p.425) raises several important points but does little to allay the confu-

sion surrounding the subject.

Complementary medicine, if it is to be taken seriously, must be subjected to proper clinical trials. Some spiritual healing treats the restoration of wholeness as the primary task, rather than the treatment of illness or symptoms. Restoration of this balance may or may not then eliminate illness or disease. I understand 'spiritual' to refer to that area of being that is dealt with and sustained by religion. The personal functions of religion are primarily to reinforce the identity of the individual and to give him or her a sense of belonging.

Spiritual healing, therefore, should strengthen identity and increase a feeling of belonging. These aims, which are not contradictory, are those of truly holistic medicine and, I contend, those of many general practitioners.

Dr Aldridge describes two forms of spiritual healing, through touching and through more distant influence. Both involve exerting influence on a passive patient. However, I prefer a different division: one form is the exercise of healing gifts, whereby some people are able to influence others in the direction of healing in a way reminiscent of hypnosis or telepathy. This can be in a religious context but is often not, and the context is peripheral to the exercise. The other form of spiritual healing is more closely related to prayer and is carried out in a religious context. It may contain elements of contact and influence but this is peripheral. The effect is more directly to confirm the identity of the person and increase the sense of belonging, and it is here that religion, particularly in my view christianity, has so much to offer.

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Sir,

The review article by David Aldridge is a timely reminder of the change in health care, which attempts to bring a whole-person approach to understanding both the causation and the therapy needed in medicine, within a world view which acknowledges that man is a spiritual being.

In the past, western medicine has rightly moved away from what appeared to be myth and magic, and has concentrated on natural cause and effect. This has produced great benefits and many helpful advances in medical care. However, natural science has denied or ignored the metaphysical or spiritual domain. Now is an appropriate time to attempt to bring

together the two domains, as the majority of people believe that man is more than just a physical creature, and whether or not we believe this ourselves, this belief in people must play a major role in both the causation and treatment of illness behaviour.

While many would agree that it is important to explore the spiritual aspect of health and illness, caution should be exercised. First, there needs to be a distinction made between christian healers and other spiritualist healers; most christians would not associate themselves with the Confederation of Healing Organizations, most of whose members do not practise christian healing.

Secondly, we should not underestimate the problems associated with adding the metaphysical dimension to our routine medical work, as there is very little known about how the two domains interact.

Thirdly, it will be exceedingly difficult to undertake research programmes in this area. Although there have been studies which have attempted to measure the effects of prayer on disease processes,¹ I believe that the results should be treated with some caution. The research methodologies available to us have been designed and perfected for a naturalistic model of health and illness, and they are probably not suitable for investigation in a mixed domain model where the supernatural and the natural are interacting.

Finally, I would like to stress the importance of clearly understanding what spiritual forces are being called upon in any spiritual healing process. Is it an inner force of a positive attitude (perhaps like a placebo response), is it calling on the christian God through the power of Jesus Christ, or is it some other spiritual power which the christian would be dangerous and unacceptable?

Let us continue to explore the area of spirituality in health with caution and humility. We may believe that there are more things in heaven and earth than our present philosophy considers, but we should recognize and affirm the progress made by western medicine while being prepared to admit its deficiencies and seek for a more holistic approach to benefit our patients.

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