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RESEARCH ARTICLE

Pranic Healing: Documenting Use, Expectations, and Perceived Benefits of a Little-Known Therapy in the United States

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Abstract—The aim of this exploratory study was to examine client demographics and expectations, reasons for use, sensations during treatment, and perceived outcomes of Pranic Healing, an energy healing system lacking in scientific documentation but whose use in the general population is becoming more widespread internationally. This study consisted of a cross-sectional survey of adults (18+ years of age) receiving care from 12 Pranic Healing practices in four different states in the U.S. (N = 179) completing online questionnaires. Closed-ended response sets were analyzed descriptively, while qualitative data were analyzed using content analysis. Reasons to use the therapy included physical, mental/emotional, and metaphysical issues, dissatisfaction with conventional care, and overall well-being. Expectations of care included enhanced abilities, cure or relief, or unsure. Respondents were more likely to cite a specific problem from which they needed alleviation than to cite overall health or wellness as their goal. Sensations experienced were reported to be of a relaxing nature and not, as was hypothesized, of an energizing nature. Results show that those who use Pranic Healing fit the sociodemographic profile of CAM (complementary and alternative medicine) users in the United States, that their reasons for use are not homogeneous, and that preliminary descriptive data from a selective subsample of respondents indicated that some respondents are experiencing positive outcomes attributed to this modality.

Introduction

As defined by the National Center for Complementary and Alternative Medicine (NCCAM 2011a), energy-based medicine is a particular type of CAM (complementary and alternative medicine) that uses energy, both veritable and putative, to heal. Those therapies that use putative, or biofield, energy reflect the concept that every human being is infused with subtle energy—*qi*, *prana*—or a universal life force. Regardless of what it is called, the concept is still the same: Human beings have energetic as well as physical dimensions, and the health of one can be reflected in the other. Energy-based therapies attempt to manipulate this energetic dimension in order to affect the health of the individual (Forgues 2009).

Despite the fact that meta-analyses of energy-based therapy studies have found mixed results in terms of efficacy (Jonas & Crawford 2003, Wardell & Weymouth 2004, Vitale 2007, Jain & Mills 2010), energy-based therapies show increasingly widespread use among clients both in the U.S. and abroad (Barnes, Powell-Griner, McFann, & Nahin 2002, Pud, Kaner, Morag, Ben-Ami, & Yaffe 2005, Molassiotis et al. 2005, Jain & Mills 2010). Reflecting this greater demand for energy-based therapies, there has been an increased number of Western medical institutions that have begun to integrate forms of energy medicine into their conventional care (Miles & True 2003, Van der Riet 2011). As a result, medical training institutions have had to include such training in their offerings. For example, it has been reported that an increased number of nursing programs internationally now offer some form of energy-based therapies as part of their curriculum (Engebretson & Wind 2002).

As use of various types of energy medicine has spread, there has also been a global shift toward the creation of policies to govern the use of energy medicine and other CAM in individual nations. In 2001, the World Health Organization (WHO) conducted a global survey of national policies on CAM and found that more than half of the nations surveyed were in the process of establishing such policies (WHO 2001). In 2008, the WHO Congress on Traditional Medicine adopted the "Bejing Declaration," calling for member states to integrate traditional and alternative medicine into national health systems (WHO 2011). One of the greatest obstacles found by WHO to establishing policies on CAM and meeting the goal of integrating CAM into national health systems is a lack of knowledge about many therapies that are currently being used worldwide (WHO 2001), particularly those that have healing mechanisms that are not easily understood or measured, or have been found to have mixed results in the scientific literature, such as energy-based medicine.

Even here in the United States there is an acknowledgment that we need a greater understanding of "'real world' patterns and outcomes of CAM use and its integration into health care and health promotion," as voiced in NCCAM's strategic objectives (NCCAM 2011b). In addition, NCCAM has stated as part of its strategic objectives that there is a need for "descriptive information examining the frequency of and reasons for CAM use in disease and symptom treatment and in promoting improved health and well-being" (NCCAM 2011b).

The current descriptive study attempts to explore client expectations, frequency and reasons for use, and perceived health-related benefits of Pranic Healing, a lesser-known energy healing modality that lacks scientific documentation but whose use is becoming more widespread internationally. It is hoped that the results of this study can have wider relevance for energy-based therapies.

Pranic Healing

In the scientific literature, Pranic Healing has been alternately used as an example of a lesser-known culturally embedded ethnomedicine that can be used for counseling in traumatic situations such as natural disasters (Shah 2007); an example of an indigenous approach that focuses on the connectedness of the body, spirit, and mind, and on bringing about and maintaining a balance in the flow of energy that has implications for other types of counseling (Yeh, Hunter, Madan-Bahel, Chiang, & Arora 2001); an example of an alternative medicine with a spiritual component that makes it popular for palliative care in certain societies (Chaturvedi 2007); and an example of a type of religious movement with healing components (Beckford & Suzara 1994).

Most modern practitioners of Pranic Healing use a version that was formalized in the Philippines and includes elements from Chinese Traditional Medicine. According to Master Choa Kok Sui (Sui 2004), who formalized this modern version of Pranic Healing, Pranic Healers work with the layers of the subtle energy field that surrounds the physical body. Based on the premise that the biofield is a mold or template the physical body follows, the Pranic Healing practitioner begins to scan the biofield with his/her hands for areas of congestion or depletion of subtle energy that correspond to the presenting problem (whether physical or psychological). After having located and identified areas of concern, the practitioner sweeps the biofield with his/her hands in order to clean out the congestion, redistribute prana, and seal any holes in the field. In addition, the affected areas of specific health concerns are treated locally via specific manual cleansing movements. Once

the biofield is completely cleansed as determined by rescanning, the final stage begins which involves energizing the affected areas with fresh *prana* that is drawn from the atmosphere and projected on to impacted areas.

The Institute for Inner Studies was established by Master Choa Kok Sui in the Philippines in 1987 to introduce Modern Pranic Healing globally; it is currently practiced in 49 different countries across six continents. In some countries, Pranic Healing is not only practiced but sanctioned by the government. According to Balasubramanian (2010), Pranic Healing is one of the alternative modalities that is currently practiced in India, and legally sanctioned in the sense of being recognized, regulated, and approved by the government.

India is not the only country to sanction the use of Pranic Healing. In a discussion of the normative, axiological, and ethical debates that surround the issues of the traditional and alternative medicine act and informal health economy in the Philippines, Lee Mendoza includes Pranic Healing in a list of healing modalities that are specifically endorsed by the Philippine Institute of Traditional and Alternative Health Care (Mendoza 2009). In Sri Lanka (Broom, Wijewardena, Sibbritt, Adams, & Nayar 2010), its legal use was framed as a public health issue when researchers found it among the types of TCAM (traditional, complementary, and alternative medicine) used by cancer clients before consulting with their doctors. Despite these reports of its growing use internationally, published scientific information on Pranic Healing is extremely limited.

In reviewing the scientific literature, very few studies were found that documented the specifics of use, efficacy, or effectiveness of Pranic Healing. A comprehensive search for published scientific articles on Pranic Healing was conducted using the following specific databases: PUBMED, PSYCINFO, Social Sciences Full Text, Sociological Abstracts, Evidence-Based Medicine Reviews, JSTOR, and CINHAL. In addition, the following meta-databases were used: WEB of SCIENCE, Academic Search Complete, and ScienceDirect. All databases were searched for the keywords “Pranic” and “Pranic Healing.” Results were not limited by publication date, methodology type, or language. The only requirement was that the study be published in a peer-reviewed journal.

The following databases yielded no results: Academic Search Complete, Sociological Abstracts, and Social Sciences Full Text. Among the other databases, not counting duplicates or abstracts from conference reports, a total of eleven articles was found. Of these eleven articles, only three reported on scientific studies that directly studied Pranic Healing. Reference

sections of eligible studies and other review papers were searched for additional studies, resulting in one more study for a total of four studies.

Among these four studies, the first was a case study of the effects of Pranic Healing on a breast cancer client (Tsuchiya & Motoyama 2007). The researchers attempted to measure changes in electrodermal conduction at specific acupuncture points on the client during four separate sessions of Pranic Healing. The researchers found positive evidence for changes in conduction for this particular client, including changes in directions and levels of energy according to the intention of the Pranic Healer.

The second study (Vrunda, Sundaram, Jaisri, & Das 2002) was a longitudinal study conducted in Bangalore on the effects of Pranic Healing on behavioral problems in juvenile females. The researchers found a positive effect after three months of Pranic Healing sessions in the reduction of overall behavioral problems in 22 juvenile females who had been committed by the courts to juvenile homes because of violence, but concluded that further research is needed to clarify the relationship.

The third study (Jain, Nagarathna, Nagendra, & Telles 1999) was a single-blind control study on the effects of Pranic Healing on musculoskeletal pain using 50 clients with chronic non-malignant continuous muscle pain of more than six months randomized into two groups. Researchers compared the immediate effect of Pranic Healing on chronic musculoskeletal pain with a placebo session of random hand movements over a two-day period. Researchers concluded that Pranic Healing when performed for 25 minutes in the standardized method by a trained healer is effective in reducing continuous chronic pain of musculoskeletal origin, as compared to placebo random hand movements for the same length of time.

Only a single study of utilizers or "adherents of Pranic Healing" was found in the literature (Beckford & Suzara 1994). The study, which examined Pranic Healing as a form of religious movement in the Philippines, was a qualitative study based on participant observation and interviews of 62 individuals who practiced Pranic Healing. Researchers found that contrary to many theoretical expectations, Pranic Healing had attracted relatively wealthy and well-educated followers who aspired to integrate their spiritual and therapeutic interests into their working lives as professionals or business people.

To our knowledge, there is currently no published scientific documentation of client expectations of, perceived experience of, reasons for, and perceived outcomes of Pranic Healing as a form of energy-based medicine.

Materials and Methods

Study Design

This was an exploratory and descriptive study, using both qualitative and quantitative data from a survey of 179 Pranic Healing clients. Given that so little has been published on this modality, a pre-pilot focus group of practitioners of Pranic Healing was conducted for exploratory purposes in order to inform the development of later stages of the study. The purpose of the focus group was to collect information that would allow the researchers to contextualize the survey questions in the everyday reported experiences of the respondents. Among data collected were basic descriptions of typical healing sessions, common reports or reactions from clients during and following healing sessions, typical number of new clients seen per month, and use of other healing modalities during Pranic sessions. This information was used to create a survey questionnaire that would later be given to Pranic Healing clients and to inform the sampling protocols.

Sampling Procedure

There is no formal requirement for Pranic Healers to document their treatments and no informal source that defines the population of users of Pranic Healing in the United States. For this reason, study participants were recruited through Pranic Healing practitioners. Twelve certified Pranic Healers from four states (Oregon, Washington, California, and Florida) were chosen to participate in the study based on length of experience as healers, education, gender, background, and ability to generate a large enough number of new clients. Variation in the backgrounds of the practitioners was used to assure some variability in the type of client that each healer attracted.

Practitioners identified new clients eligible to participate in the study during a nine-month recruitment period. Eligibility consisted of: 1) age 18 years and older, 2) willingness to participate in the study, and 3) expected participation in more than one Pranic Healing session. Clients were informed of the study verbally by the practitioner before the healing session. If they were interested, they were given access to a dedicated computer in the practitioner's office that allowed them to go online at intake before their first healing session, read up on the study details, and read and sign the informed consent. After consenting to the study, clients were then directed to the online survey page, where they filled out an initial survey that took about 25 minutes to complete. Neither the clients nor the therapists received any financial remuneration for participating. The participant response rate was 89%, resulting in 179 completed baseline surveys.

Questionnaire

The questionnaire was developed using questions adapted from validated instruments (Ryff & Singer 2006, Kahneman, Diener, & Schwarz 1999, Diener, Wirtz, Biswas-Diener, Tov, Kim-Prieto, Choi, & Oishi 2009, Keyes & Lopez 2002, Keyes 1998, Kopp et al. 2010) and questions created by the researchers based on focus group data. The questionnaire was pilot-tested for clarity, comprehension, and length on a sample of eight Pranic healers who were themselves users of this therapy, and then revised according to pilot findings. The first part of the questionnaire included questions on sociodemographic variables including age, ethnicity, marital status, education, occupation, and income. Also included in the sociodemographic section were questions on religious attendance and spiritual values. These questions were answered using fixed-response alternatives, usually in combination with one open alternative to be used if none of the given answer choices was suitable. Part two included questions on physical and mental/emotional health and ailments, use of types of alternative or complementary medicine, conventional medicine, medications and supplements, reasons for use, and use of various lifestyle practices for health-related reasons. Part three consisted of a combination of open-ended questions and fixed responses with an option to fill in alternatives if none of the given answer choices were suitable. This section covered use of and familiarity with Pranic Healing, reasons for use of Pranic Healing, expectations of Pranic Healing, and, among those who already used Pranic Healing, regularity of use, and sensations felt during Pranic Healing sessions. The open-ended questions were created to allow for a better understanding of Pranic Healing use within the context of the motivations and actual experiences of the average client.

Data Analysis

Questions covering the following variables were analyzed descriptively: sociodemographics, physical and mental/emotional health, ailment type and number, use of CAM and conventional medicine, use of lifestyle practices for health-related reasons, familiarity with Pranic Healing, and regularity of use. Analysis for the following variables was based on questions with fixed-response and associated open-ended questions that required the respondent to elaborate on the fixed response: use of Pranic Healing practices outside of the practitioner setting, and sensations felt during Pranic Healing sessions.

Open-ended responses to the following questions on expectations for use and reasons for use were analyzed using conventional content analysis methods as described by Hsieh and Shannon (2005). Two members of

the research team independently read through transcripts of open-ended responses and created initial codes for all responses for these two variables, highlighting exact words from the responses that appear to capture key concepts. Codes were then sorted by each research team member into categories and subcategories based on how different codes were related. Next, the two research members compared their initial categories and subcategories, revising these until full agreement was reached, and a final list of categories and subcategories was created that captured the full range of responses. For these final categories, definitions for each and associated themes were chosen, along with exemplars from the text that supported each theme.

In order to examine how closely given responses for this study match current theoretical expectations for CAM outcomes, directed content analysis as described by Mayring (2000) was used to create general categories of expected outcomes. Directed content analysis uses existing theory to devise initial coding categories and their operational definitions (Potter & Levine-Donnerstein 1999). Data that cannot be immediately coded are analyzed later to determine if they represent a new category or a subcategory of an existing code. These findings can then be used as supporting or non-supporting evidence for, or to extend, current theory.

Responses were categorized using coding categories and operational definitions based on Schuster, Dobson, Jauregui, and Blanks' (2004) theoretical model of wellness outcomes for CAM, which is based on the understanding that certain concepts are common to most CAM modalities, including "high-level wellness," "the interpenetration of mind, body, and spirit," holism/individualism, self-healing, vitalism, the body as a bioenergetic system, and a focus on the natural/ecologic context (Goldstein 2000). This model proposes that health includes multiple domains, among them physical, psychological (mental, intellectual, emotional), social, and spiritual. Wellness is thus conceptualized as "a higher-order construct integrating these domains, drawing on individual self-perception" (Schuster, Dobson, Jauregui, & Blanks 2004).

Results

Patient Demographics

Respondents ranged in age from 20 to 96, with a mean age of 49.5; 70.4% were female and 84.3% were white/Caucasian. Among respondents, 51.7 % were married. Fifty-nine percent were college graduates or had postgraduate education, and 48% described their main work activity as professional, technical (computer programming, engineering, etc.), or white collar, while

only 10.6% described their work activity as blue collar. More than half (57.4%) reported a household income of more than $50,000 per year, and 32.3% reported a household income of more than $75,000 per year. These characteristics make this sample of Pranic Healing users above average in terms of socioeconomic status (the median household income in the United States in 2009 was $50,221, and those attaining a college education to the level of a bachelor's degree were 27.5% of the population) (U.S. Census Bureau 2011).

Given that Pranic healing had been described conversely as both a form of alternative medicine with a spiritual component (Chaturvedi 2007), and an example of a type of religious movement with healing components (Beckford & Suzara 1994), we asked respondents if they attended "church, synagogue, or temple regularly," and "How important is spirituality, religious beliefs, or metaphysical beliefs in your life?" The second question was answered on a four-point scale with answers ranging from "not at all important," "not very important" to "somewhat important," and "very important." Seventy-four percent of respondents responded that they did not attend church, synagogue, or temple regularly, but more than half (57.3%) responded that spirituality, religious beliefs, or metaphysical beliefs were "very" important in their lives. Another 29.2% responded that these beliefs were "somewhat" important to them.

Health Status

Both physical and mental/emotional health were rated on a five-point scale ranging from "excellent" to "poor" using the following question: "Would you say that your (Insert) health at the present time is . . . " The question was asked twice, once for physical health and once for mental/emotional. Overall, respondents felt that their physical health was good, with 32% rating their physical health as "very good" or "excellent," 36% as "good," and only 18% as "fair," and 14% as "poor." Although respondents were just as likely to rate their mental/emotional health as good (31% "very good" or "excellent," 25.7% as "good"), a larger percentage of respondents were likely to rate their mental/emotional health as "fair" (28.5%) and "poor" (15.1%) than they were their physical health. The most common ailments were emotional disorders (30%), back pain (22%), neck pain (18%), stress (43.6%), and weight control issues (16.6%). Roughly 13.3% had a chronic condition.

CAM Use

Among respondents, the most popular CAM practices used to treat ailments were: chiropractic (39.8%), energy healing (excluding Pranic)

(34.3%), acupuncture/OM (23%), massage (28.2%), homeopathy (18.8%), relaxation/meditation (16%), spiritual healing/prayer (15.5%), naturopathy (13.8%), and folk remedies/traditional healing (11.6%). The most popular CAM practices other than Pranic Healing used to promote health were: relaxation/meditation (25.4%), energy healing (excluding Pranic) (25.4%), spiritual healing/prayer (23.8%), fitness training (22.7%), massage (17%), chiropractic (14.4%), and acupuncture/OM (oriental medicine) (12.7%). Respondents used an average of 2.65 CAM therapies, not including Pranic Healing, to treat ailments, and 2.21 CAM therapies, not including Pranic Healing, to promote health.

Conventional Care

Fifty-five percent of respondents admitted going to MDs or other conventional healthcare providers to treat physical ailments, and 19.9% used conventional care in the form of visits to their doctor to promote health. Twenty-one percent went to conventional mental health providers to treat mental or emotional ailments, and 13.8% went to conventional mental health providers, such as psychologists or psychiatrists, to promote health. Forty-four percent were currently taking prescription medications to treat ailments, and 23.2% were taking over-the-counter medications for the same reason. Thirty-one percent were taking muti-vitamins/minerals to promote health.

Pranic Healing Use

Approximately half of the respondents (48.6%) had used Pranic Healing before this first visit to this new office. Among those who had used it before, the average length of time using Pranic Healing was 14.3 months (ranging from 1 month to 10 years). When asked how often they use Pranic Healing, more than one-third (36.7%) responded that they use it “only when I have pain or discomfort.”

Reasons for Using Pranic Healing

One out of every four respondents reported more than one reason for using Pranic Healing. All of the reasons given by the respondents were reduced to six general categories*: physical issues*, *mental/emotional issues*, *social issues*, *metaphysical/spiritual issues*, *seeking alternatives to current care*, and *overall well-being*.

The first category, *physical issues* included both physical problems and enhancement/maintenance of physical state. Physical problems included both physical ailments that prevented functioning as well as specific diseases.

These included the subcategories of "physical pain" (25.7%), "specific disease" (26.9%), "decreased physical functioning" (9%), and "physical trauma" (2.9%) such as surgery or an injury. The following quotations from the respondent's reports exemplify this category.

> . . . Lyme disease, encephalopathy, and neuropathy . . .
> . . . severe sinus allergies related to environmental chemicals . . .
> . . . my left arm is steadily becoming weaker and the pain is increasing . . .
> . . . to reduce pain, heal my osteoporosis, gain energy, and help with weight loss . . .
> . . . Symptoms from a prior auto accident have returned; right arm pain and limited range of motion . . .

The following are examples of the subcategory "physical enhancement or maintenance" (2.9%)

> . . . facelift, wrinkle reduction . . .
> . . . increase HDL cholesterol . . .

Like the category *physical issues*, the category *mental/emotional issues* included both problems and enhancements of the current healthy state. The subcategory mental/emotional problems included "stress" (18.1%); "negative affect" (18.7%) such as grief, anger, sadness, and emotional pain; "mental disorder/dysfunction" (12.87%) such as PTSD, addiction, phobias, and bipolar disorder; and "emotional trauma" such as sexual abuse and childhood traumas (2.9%). The following responses exemplify these categories.

> . . . to deal with fear and pain . . .
> . . . I am seeking to lower my stress level at work. I consider the other "ailments" I selected to be minor . . .
> . . . to cope with PTSD and stress . . .
> . . . Ongoing (lifelong) emotional/behavioral complications due to perceived inability to handle my circumstances. Difficulty making decisions without self-depreciation and/or guilt . . .
> . . . anger, depression, need to stay focused on work, cannot become an emotional wreck, big job . . .
> . . . addiction, partner committed suicide . . .

The following are examples of the subcategory "mental maintenance/enhancement" (4.1%)

> . . . sharpen my mind and confidence before a big exam . . .
> . . . great focus . . .

The third category, *social issues* (7.6%), centered upon concerns about family or finances as is exemplified in the following responses:

. . . need financial healing . . .
. . . difficulty in relationship . . .
. . . help with the pain of the disease and stress of living with alcoholic spouse . . .

Metaphysical/spiritual issues (4.1%) as a category encompassed spiritual growth, purpose in life, and sense of oneness or groundedness. These are exemplified in the following responses:

. . . to really bring light into all areas of my life . . .
. . . enhancing spiritual practice . . .
. . . Pranic Healing is a way to harmonize with my innate oneness of being . . .
. . . Don't know where to go next in life, despite knowing I have a destiny . . .

The fourth category, *seeking alternatives to current care* (4.6%), encompasses those who are dissatisfied with conventional care options, have not received relief from their condition from other forms of care, or are curious about the modality. These are exemplified by the following responses:

I am doing this to prevent further surgery and prevent the loss of my tongue.
Medications have not always worked effectively. Pranic Healing was offered so I am giving it a try.
Been in therapy for 2 yrs and condition is not subsiding. Anxiety is getting worse and interfering with work.
. . . No other form of treatment has helped me . . .
. . . Explore and learn more about this natural healing method . . .

The final category was *overall well-being* (7.0%). These respondents referred to their overall health or overall well-being in their responses. The following are examples:

. . . Better health and well-being . . .
. . . to be whole well in mind body spirit . . .

Client Expectations

Responses to the open-ended question "What are your expectations regarding Pranic Healing?" were coded into three categories. These categories were: *unsure*, *expectations of enhanced abilities*, *expectations of cure or relief*.

Those responses that fell into the category of *unsure* consisted of those who had never tried the modality before but were willing to try it and those

who had been referred by others (21.8%). This category is exemplified in the following responses:

. . . Completely open-ended. I have no expectations . . .
. . . I heard this might help from someone at work . . .
. . . I don't know . . .

The second category, *expectations of enhanced abilities* (57.6%), consists of those respondents who expected Pranic Healing to either enhance their ability to cope or to accept their current adverse condition (15.3%); improve their current level of healthy functioning so that they experience enhanced physical, spiritual, or mental well-being (17.6%); or improve their body's innate ability to heal by aiding the body in healing itself or aiding in the recovery process (24.7%). The following exemplifies these subcategories.

. . . help with mental outlook to better personal situations . . .
. . . to promote a healthier life living with MS. I am interested in working with the body to treat issues I am having . . .
. . . improving sense of well-being . . .
. . . Continued good health and well-being . . .
. . . my doctor said it might help me to heal faster . . .
. . . to experience a deep sense of peace and relaxation which allows my body to heal itself on whatever level is needed . . .
. . . energy work is a good way to align the system which can help the body heal itself . . .

Surprisingly, the third category, *expectations of cure or relief*, was the smallest (19.4%). This category included a range of responses, from those who expected Pranic Healing to cure them completely, as is exemplified in the following responses:

. . . to be completely free from chronic pain and fatigue and be able to carry a baby to full term without miscarriage . . .
. . . I have faith that I will be healed . . .

to those who simply want to feel better than they do at the current moment:

. . . I hope it helps so I won't have to keep taking so much medication . . .
. . . To feel better . . .

to those respondents for whom Pranic Healing was perceived as a last hope:

. . . healing in areas where other modalities have not been successful . . .
. . . nothing is working please let it work . . .

Results of Directed Content Analysis

Responses for client expectations of Pranic Healing and reasons for use were analyzed jointly in order to create a proxy measure of patient expectations that was grounded in the clients' own experiences. Directed content analysis was used to compare these expected outcomes for respondents to current theoretical expectations of outcomes. Responses were categorized using coding categories and operational definitions based on Schuster, Dobson, Jauregui, and Blanks' (2004) theoretical model of wellness outcomes for CAM which proposes that health includes multiple domains, among them physical, psychological (mental, intellectual, emotional), social, and spiritual, and that wellness is "a higher-order construct integrating these domains, drawing on individual self-perception." Responses were coded into the following general categories: *physical well-being*, *psychological well-being*, *social well-being*, and *spiritual well-being*.

The general category of *physical well-being* (43.5%) included three subcategories: general physical state, physical functioning, and physical ailments. All of the responses that had been categorized as *physical issues* and its subcategories under "reasons for use" fell into this predetermined category.

Responses in the general category of *psychological well-being* (40.6%) fell into one of two subcategories: the theoretical model of eudaimonic well-being, which focuses on meaning and self-realization and defines well-being in terms of the degree to which a person is fully functioning (Ryff & Singer 2006); or the theoretical model of hedonic well-being, which emphasizes constructs such as happiness, positive affect, low negative affect, and satisfaction with life (Kahneman, Diener, & Schwarz 1999).

Responses in this general category of *psychological well-being* were more likely (23.9%) to be categorized as reflecting one of the six dimensions of eudaimonic well-being:

self-acceptance:	"... no more anxiety anger guilt ..."
purpose in life:	"... Give me sense of direction ..."
positive relationships:	"... high stress divorce ..."
environmental mastery:	"... mental stress, addiction ..."
autonomy:	"... get to feel better without seeing my doctor ..."
personal growth:	"... work the issues from youth ..."

rather than hedonic well-being (16.7%).

happiness:	"... be happy again ..."
positive affect:	"... emotional cleansing ..."
negative affect:	"... depression anger resentment fear sadness anxiety ..."

No responses reflected the subcategory of "satisfaction with life." Responses that could not be coded into any of the above-mentioned subcategories were found to be related to the theoretical concepts of resilience (Keyes & Lopez 2002), which is defined as the capacity to prevail in the presence of adversity. This is exemplified by the following response: ". . . to return to my normal self and move on in my life without emotional trauma or loss of job . . . "

The *social well-being* category was based on the theoretical model of Keyes (1998), and included the domains of social acceptance, social actualization, social contribution, social coherence, and social integration. Responses in the general category *of social well-being* (8.7%) fit into only two of these five domains:

social actualization: ". . . financial healing . . . "
social integration: ". . . family problems . . . "

Responses which had previously been categorized as *metaphysical/ spiritual* (8.4%) could be recoded into the general *spiritual well-being* category in the directed content analysis.

Results for Respondents Who Had Used Pranic Healing

Sensations During Use. Respondents who had used Pranic Healing in the past (48%) were asked the following question: "Have you ever experienced any of the following sensations after a Pranic Healing session? (Please check all that apply)" and given a choice of 13 physical and psychological sensations commonly reported to practitioners by clients after healing sessions. The list was compiled using data collected during the practitioner focus group. Respondents were also given the option of writing in an answer if none of the choices was suitable. Most commonly reported sensations after a Pranic Healing session were feeling calm (56.7%), peaceful (49.6%), relaxed (49.0%), lighter (42.7%), more centered (37.6%), well-being (36.3%), optimistic (28%), and clearheaded (27.4%).

Perceived Benefits. Although we did not directly ask respondents about perceived benefits in the open-ended format, several respondents who had used Pranic Healing in the past reported their perceived benefits when answering the open-ended question about reasons for use. Although this limited set of responses ($n = 6$) is highly self-selective and thus likely to be highly biased, it gives us a descriptive sense of some of the perceived benefits of this modality among its users. The following quotations exemplify these perceived benefits.

. . . I know that I look forward to having my pranic healing sessions. I always feel better after having a session overall . . .

. . . Feel better with PH on Effermal [ephemeral] level; overall feel better . . .
. . . Pranic Healing relieves the stress which accumulates in the joints and throughout the muscles and nervous system of my body. It allows me to find some comfort while lessening the pain which is chronic from head to toe 7/24. It helps me in being able to function better during any given project or daily chores. It allows me to get out of bed and move around somewhat. . . .
. . . I have experienced severe chronic pain on the entire right side of my body for years now, as well as uterine fibroid tumors which caused two miscarriages. No other form of treatment has helped me. With the Pranic Healing clinic, I noticed improvement in my level of pain. . . .

Discussion

The current descriptive study attempted to explore patient characteristics, expectations, frequency and reasons for use, physical and emotional sensations associated with healing sessions, and perceived health-related benefits of Pranic Healing as a CAM modality for which there is little scientific documentation but whose use is increasing internationally. Although the current study used criterion-based sampling rather than random sampling, sample demographic characteristics were comparable to the findings of various studies of CAM users in the U.S. (Wootton & Sparber 2001, Barnes, Powell-Griner, McFann, & Nahin 2004), and most recently Hawk, Ndetan, and Evans (2011), who in a secondary analysis of data from the 2007 National Health Interview Survey (NHIS) found that of the 4,416 respondents who had used some form of CAM in the past 12 months, respondents could generally be categorized as non-Hispanic White, middle-aged, college-educated women. The sample characteristics of this study also closely mirrored those of Beckford and Suzara (1994), who studied Pranic Healing as a religious movement in the Philippines and, contrary to their expectations, found their respondents to be of high socioeconomic status, slightly more likely to be female and be college-educated.

In terms of use, Broom, Wijewardena, Sibbritt, Adams, and Nayar (2010) noted in a footnote in their study of CAM practices and policy that individuals were more likely to use Pranic Healing to treat cancer than to enhance overall health. This use of Pranic Healing to assuage a specific physical or psychological problem rather than to enhance overall health was found to be true in the current study as well. Respondents were almost ten times as likely (80% versus 8.7%) to cite a specific problem that they needed to alleviate than to cite overall health or overall wellness as their goal in seeking out Pranic Healing.

Despite this, respondents did not necessarily expect Pranic Healing to cure their problem. From the results of the conventional content analysis of

expectations for treatment and reasons for use, it can be inferred that Pranic Healing is considered to be more of an aid to health and healing that has multiple possible general effects, and not a direct cure with a single specific effect. This was further exemplified by the comments on perceived benefits from a small subsample of respondents.

Results of the preliminary focus group showed that like some other biofield modalities, most notably Reiki, Pranic Healing has been used by practitioners in conjunction with conventional care methods as a form of integrative care. A brief review of Pranic Healing treatment locations and practitioner listings from several international and national Pranic Healing association organizational websites showed use in conventional hospitals in Australia, the United States, Ecuador, India, and Venezuela; and use as part of integrative medicine among medical doctors in 22 countries: Australia, Austria, Bosnia, Brazil, Canada, Colombia, Croatia, Costa Rica, Cuba, Ecuador, Ghana, India, Indonesia, Italy, Mexico, New Zealand, Norway, Philippines, Switzerland, United Kingdom, United States, and Venezuela (The Inner Sciences 2011, International Doctors for Pranic Healing 2011, Pranic Healers Association of Western Australia 2011, Canadian Pranic Healers Association 2011). This may also help to perpetuate a perception of Pranic Healing as an aid to health and healing rather than as a sole cure.

Sensations experienced after a Pranic Healing session were reported to be of a relaxing nature and not, as one would expect, of an energizing nature. This is in keeping with findings from studies of other energetic modalities such as Reiki (Wardell & Engebretson 2001), which found short-term changes in the physiological stress response immediately after healing sessions. These physiological and psychological sensations may be part of the reason why clients of Pranic Healing associate the practice with spiritual elements such as an "innate oneness of being" and "peace" and why resilience, with its implications for overcoming and dealing with stressful situations, emerged as a theme in the findings.

Expected outcomes for Pranic Healing were of divergent natures, and often contained multiple reasons with generalized expectations for any one respondent. This loosely fits the theoretical model for wellness outcomes espoused by Schuster, Dobson, Jauregui, and Blanks (2004), namely the concept of overall wellness as a higher-order construct that integrates multiple domains, among them physical, psychological (mental, intellectual, emotional), social, and spiritual. Specific theoretical subdomains within these four were not fully represented in the responses. It is unknown if these findings were due to selection bias or if they are true representations of the nature of Pranic Healing as a healing modality.

Considerations of Bias

Because criterion-based sampling was used as opposed to random sampling, it is possible that the sample was affected by selection bias. Approximately half of the sample was made up of clients who had used Pranic Healing in the past and were therefore more likely to have had positive experiences with Pranic Healing if they were continuing to use it. In this particular study, where the goal is to simply describe the characteristics of those who use this little-known modality, this is an advantage in that current expectations will likely be based on past experiences with the modality and would therefore be more realistic and more reflective of actual perceived benefits.

Conclusions

The current study aimed to examine patient expectations, reasons for use, patient demographics, sensations during treatment, and perceived outcomes of Pranic Healing, an energy healing therapy lacking in scientific documentation but whose use in the general population is becoming more widespread internationally. Results show that those who use Pranic Healing fit the sociodemographic profile of CAM users as described by the large representative quantitative studies of CAM use in the United States, that their reasons for use are not homogeneous, and that preliminary descriptive data from a selective subsample of respondents indicated that some respondents are experiencing positive outcomes attributed to this modality.

Expected outcomes and reasons for use by respondents could be categorized using a coding schema reflective of theoretical models wherein CAM is used to improve overall wellness or health or just one of the various dimensions that make up the perception of overall wellness. A longitudinal quantitative study would be necessary to examine these outcomes over time in order to better elucidate the dimensions of health and wellness that are perceived to change with use of this modality and the factors that may be associated with these changes.

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Disclosure Statement

The authors declare there are no competing financial interests.

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