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12. The Ordinary Magic Girls
Midwestern Women, Faith, and Healing
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Introduction

[1] “Theologians and historians of religion tend to be concerned with doctrines and doctrinal differences, but ordinary believers often see things differently. The great majority seem to accept the idea that religion can be fairly loosely coupled to the rest of life, related to most decisions in a rather general way in the context of community norms” writes anthropologist Mary Catherine Bateson. Bateson’s reflections find common ground with Ruth Benedict’s ideas in her classic book, Patterns of Culture. Benedict discusses human beliefs, values, and traditions as organic; they are diverse and plastic, both simple and complex, and reflect a
continuous interweave of adaptations and modifications. And, she states, “wisdom consists in a greatly increased tolerance toward their divergencies” (37).

[2] This loose coupling of religion and “the rest of life” as it relates to health and healing was evidenced in a report from a Pew Research Center survey. Survey results indicate that while many North Americans identify specific religious affiliations, they “mix multiple faiths” and have complex spiritual beliefs and experiences, including those related to health. People responded to survey questions by indicating that they use a variety of health and healing modalities in their daily lives and some are related to spiritual beliefs. Anthropologists and nurses recognize this as “syncretism,” or blending of varying beliefs and practices – including religious or therapeutic beliefs and practices – in an ongoing and adaptive cultural mix (Kottak; Upvall). Understanding this interface of faith, health, and healing is of interest to people of various professional disciplines (Horrigan). Particularly, researchers in the disciplines of anthropology, nursing, and medicine seek to discover the links between and among these complex concepts and constructs.

[3] Reports on religious and spiritual beliefs pertaining to health and healing have increased in the health care literature over the past ten years. Much of the published research has been based on biomedical and nursing models, mind-body medicine, surveys of selected treatment methods or disease processes, and experiences of biomedical practitioners (Benson and Proctor; Masters and Spielmans; Miller and Thoreson; Sobo). However, respondents to the Pew Research survey reported use of non-biomedical, preventive and therapeutic healing practices such as prayer, breathing exercises and/or meditation, relaxation techniques, tai chi and yoga, massage therapy, and various kinds of “energy work.” These therapies or approaches are often described as holistic health (HH) practices (integrating mind-body-spirit) to optimize the health of people in their lived environments (American Holistic Health Association). Many of them originated in ancient and non-western healing traditions and have been syncretically adapted. Within biomedicine, which tends to have a disease and body-systems approach, they are often referred to as complementary and alternative medicine (CAM) and considered scientifically questionable.

[4] The U.S. National Center for Complementary and Alternative Medicine (NCCAM) is an agency of the National Institutes of Health (NIH) that supports scientific research on the safety and effectiveness of CAM therapies. Results of NCCAM-sponsored studies indicate varied efficacy of holistic health (HH) practices (National Center for Complementary and Alternative Medicine); a recent report comparing the relief of neck and back pain from acupuncture, massage, spinal manipulation, and biomedical care shows a modest, but significantly better, effect from CAM therapies than standard medical care (Furlan, Yazdi, Tsertsvadze). Meta-analyses in the Cochrane Reviews support the efficacy of some holistic health strategies for reports of improved quality of life and reduction of musculoskeletal pain; other meta-analyses and reports of massage and relaxation therapies indicate a measurable reduction in biological indicators (biomarkers) of stress (Chou and Huffman; Little, Parsons, and Logan; Osaka et al.).

[5] Benson and Stark are two of the early biomedical practitioners to discuss relationships among health indicators, stress, beliefs, and spirituality. By studying people who meditated daily as a spiritual practice, Benson identified what he called “the Relaxation Response”;
people who relaxed deeply during regular meditation experienced a reduction in heart rate, breathing rate, and metabolic rate. Based on this research, he described strategies to modify the harmful effects of stress – especially the cardiovascular symptoms of hypertension, an underlying cause of both acute and chronic cardiac disease.

[6] Benson and Stark, later finding that many patients used prayer to elicit the relaxation response, became convinced of the efficacy of belief and religion in health and called this “the faith factor.” Benson cautions against biomedicine’s reductionistic body systems approach, and states that scientific evidence supports human mind-body wholeness and ability to heal as potent arbiters of health and well-being. Benson and Proctor offer research evidence for the use of purposeful relaxation strategies to support the human ability to heal. Thus, Benson contends, the “quick fixes” of pharmaceuticals, surgeries, and technological interventions are less necessary. While recognizing that it may not be curative, Benson and Stark now call the faith factor and the belief in self-healing “very profound medicine” (304). Benson and Proctor devote a chapter to “A Guide to Specific Mind Body Treatments” in their newest book.

[7] Jean Watson, a nurse theorist and practitioner, states “healing is a spiritual practice . . . it’s about honoring our very presence, our very being, our connectedness with another person in a given moment . . . this is sacred work” (2004). She addresses the importance of personal health for those who practice in the healing professions, and suggests that the connection between healers and people seeking help can be both spiritual and sacred, and involves family, community, and the environment (1999, 2004, 2007). Her Theory of Human Care derives from the idea of human care as a moral relationship, and extensive comparative phenomenological research in both the United States and Australia (1999, 2007).

[8] Watson distinguishes between the curing science of biomedicine and the caring science of nursing and contends that attending to the basic needs of human beings (physiological, physical, emotional, spiritual, and cognitive) and creating an intentional environment for healing, is sacred work (2007). Curtin, and Swanson and Wojnar, describe intentional caring-healing environments or healing spaces as those attending to the wholeness of humans in the construction of daily lives. Swanson and Wojnar state, “Nurse caring recognizes that optimal healing includes attention to health as not just the amelioration of illness, or facilitation of adaptation, or restoration of function, but also the importance of attending to the wholeness of humans in their everyday creation and sustaining of a meaningful life” (S-47). The American Association of Colleges of Nursing (AACN) states that “the generalist nurse practices from a holistic caring framework. Holistic nursing care is comprehensive and focuses on the mind, body, and spirit as well as emotions” (9).

[9] From an anthropological perspective, some therapeutic healing practices reported as useful to participants in the Pew report (such as prayer, massage and other touch therapies, and meditation) are historically traditional approaches to promoting and sustaining health or coping with illness and disease (Singer and Baer). To be understood fully, health and healing practices must be socially and culturally situated. Janzen (1987) addresses the social context of health, disease, and healing, recognizing the many choices for therapy in pluralistic health care systems: the “lay” versus “professional” dichotomy, and the utility of discussion and negotiation among all people involved in a therapeutic process. He contends that therapeutic
knowledge, information, and resources are neither “lay” nor “professional” and that
decision-making within the context of therapeutic intervention is dynamic. Janzen states that
“mind/body dichotomy” and “subject/object relationship” conceptually challenge medical
anthropologists as they attempt to “connect disparate realms of health phenomena – the
physical, self, and context” (2001: 345).

[10] While the healing practices of biomedical or nursing professionals are reported in
healthcare literature, the experiences of people who integrate their non-biomedical or holistic
health (HH) practices with their faith traditions and spiritual beliefs have been overlooked
(Miller and Thoresen). These practitioners provide healing therapies identified as important
to the Pew survey respondents and they are valuable informants for research on the interface
of faith, spirituality, health, and healing. A group of Midwestern women, known among
themselves as “the Magic Girls,” practice a variety of holistic health therapies and each was
willing to discuss her experiences of spirituality, faith, health, and healing in practice. They
say they are “ordinary” as their practices and beliefs have evolved over the course of daily
life. As Janzen suggests, their perspectives, beliefs, and knowledge are critical to
understanding relationships and systems of health and healing (2001).

[11] The purpose of this paper is to relate the Magic Girl's experiences of practicing holistic
health (HH) therapies and their interpretations and experiences of faith, spirituality, health,
and healing in practice. Additionally, I sought their explanations of why people seek holistic
health care.

Research Design and Methodology

[12] This study was approved by Creighton University’s Institutional Review Board (IRB). A
purposeful, criterion-based sampling strategy was employed to engage women in this
research: six Magic Girl group members were contacted both electronically (via e-mail) and
by telephone, and asked if they would be willing to participate. The six women participated
in eight face-to-face semi-structured interviews that were digitally audiotaped. Interviews for
two participants were completed in two separate meetings. The project was described to, and
verbal consent procured from, each participant. Interviews were conducted at locations of
the participant’s choosing and lasted one to two hours. The audiotapes were transcribed
verbatim and entered into Open Code 3.4, which was then used for data analysis. Transcribed
interviews were reviewed through constant comparison to identify key ideas, major themes,
and persistent patterns of responses. Data relating to each code were reviewed for
similarities and variations in meaning. Finally, interrelationships among themes were
explored to arrive at this report of the experiences and interpretations of the Magic Girls.
Each audiotape was destroyed after transcription was completed. Participants are identified
only by randomly assigned initials, thereby assuring participant confidentiality.

[13] Interview questions were developed with the intent of discovering the experience of
practicing holistic health therapies and the personal interpretations and experiences of faith,
spirituality, health, and healing, as related to their practices. A pilot interview with a member
of “the Magic Girls” established usefulness of the questions and the study protocol. That
interview lasted one hour and twenty minutes and study questions were revised based on her
feedback. The following open-ended questions framed the interviews:
What do health and healing mean to you?
What do faith and spirituality mean to you?
What is your experience of being a holistic health practitioner?
How do faith and spirituality relate to your holistic health practice?
Why, in your experience, do people seek holistic health care?

Participants
[14] These six women are linked by their HH practices and they gather several times a year to discuss professional and life experiences, and to learn from and support each other. Of the six women, five are 40 to 50 years of age and one is in her late 30s. Their daily lives involve, or have involved, work as an emergency medical technician, a dental assistant, an ordained minister, an owner/manager of fitness centers, a medic in the service, a teacher, and a mother of seven. One has developed programs and badges for the Girl Scouts on topics of healthy living and dealing with stress.

[15] Five of the women are licensed massage therapists and integrate a variety of other modalities in their practices, including: Reiki and varying energy work strategies, therapeutic touch, breathing and relaxation techniques, yoga, prayer, meditation, and reflexology. One woman is a “soul coach.” She describes her work as helping herself and others to align the inner spiritual life with the everyday outer life.

[16] Each of the women reports a mix of current or past religious affiliations and one is an ordained minister. One currently identifies herself as “a believer” who does not attend worship services; another reports raising her children in a fundamentalist church, but says her beliefs are no longer “constrained” by what she now considers a “rigid way of thinking about God.”

Analysis of Findings
[17] A naturalistic and contextual interpretive approach was used for analysis of the interviews (as described by Cresswell), recognizing that all interpretation is temporal, social, and cultural. Four categories related to interview questions and nine recurring themes emerged from the interviews and are reported here.

The Experience of Practice
[18] Participants spoke of their HH practices in three ways: the basics to becoming and being in practice, intentional “ways of being” in practice, and the experience of practicing holistic health therapies. Explaining the “basics” of practice, various women said their practices are based on a mission, a calling, or life experiences training:

- I grew up with my great-grandmother and she taught us how to use what was growing in the earth, how to protect the earth; my mission, I believe, is to share how to be healthy naturally in a healthy world.

- My father was very metaphysical . . . he taught me to see the good in every person and I learned that the “higher power” is the same as energy used for good. This is something I am supposed to do.
I’ve always had a dream about creating a retreat, a place where people could heal. After my son died, I was at a crossroads. Then, I learned to dream and dream big and this place manifested itself.

Thus, the women felt they had been prepared to work with others in a holistic and therapeutic manner and this is the basis of their practices.

[19] All participants reported intentional “ways of being” in practice. One woman said, “becoming still in our fast-paced society, noticing what we experience and think, trusting our bodies and spirits, and finding balance is what I both learn and teach in my practice.” All women spoke of being learners and teachers, of reciprocity and relationship, and of respecting connectedness in life. The intentional “ways of being” and strategies in practice that they gave voice to were: listening, non-judgment, compassion, recognizing mind-body-spirit integration, intuition, and intention for the highest good of all. Four women spoke of praying before and during HH sessions and all talked about asking for guidance to offer the best care. Asking for guidance might be to God, the divine, or to a “higher power.”

[20] One woman said: “This is the most sacred work I’ve ever experienced.” When asked to define “sacred,” women variously said that it reflects a connection with the divine, God, “a higher power,” or “universal goodness,” and was experienced as a “sharing of healing energy” with others. While they usually treat one person at a time, when they gather as the “Magic Girls” to learn from and work with each other, the sense of shared healing energy expands to include everyone present who wants to participate. This is experienced as “magical.” The Magic Girls said that while they use “intention for the good of all” in everyday life, it is particularly in HH practice that they experience “a shared pathway to healing” and a sense of the sacred. They are partners in healing – as conduits, bridges, and guides to feeling “whole,” and as coaches and teachers of connection and belonging. “Witnessing people feel better sustains me; it is a gift to me and it heals me” one woman said, reflecting the general experience of being healed, while offering therapy.

Meanings of Health and Healing

[21] Participants said that health is an experience of self and seeking health reflects valuing oneself. To be healthy is to feel whole in body, mind, and spirit and involves ongoing adaptation and shifting (spiritually, mentally, and emotionally) to find balance in daily life. Health is not a static condition and neither is a lack of health. And, being healthy does not mean you have no disease or take no medications. Rather, your health expresses your belief about yourself and your world and requires reflection and balance. Participants expressed this in differing ways:

When you are judging yourself hard, your body reacts and it affects your health. I listen to people, first. I remind them they are not alone; sometimes we forget about the love that we have and we feel stressed and alone. I think that is the worst thing for health... not feeling connected or like you belong.

Earlier in my life, I would have told you health is about eating right, physical exercise, and getting enough sleep. After my son died, I knew I might get sick because of my grief. I felt like I could die. There was nothing else left inside me and I thought I must find a way out of here to be healthy. Now I know
Health relates to what we think . . . how we react. As I sought to stay healthy, I found myself and my calling in it. That’s what I coach about.

I say to people, this [the body] is your temple, you must take care of it. You must nourish yourself, be active, and get enough sleep. We all can shift spiritually and we can all be healthy. Being well from the inside out is what I talk about.

Health is when energy is in balance, within yourself and with your world.

[22] Healing, the women said, is about intentionally seeking health and evolves from the inside out – “it’s an inside job.” In a healing process, they explain, people shift from imbalance to balance, coming into alignment and connection with oneself and with others. The goal of healing is to become whole and differs from, but is complementary to, curing; “curing is medicine’s work.” As one said, “there are many pathways to healing . . . it’s a circle of wholeness.” Others contributed their beliefs:

- It starts with listening . . . me listening to the person, them listening to their inner knowledge . . . they direct the path to healing, I walk that path with them.
- It’s my belief that the body, the whole person, has the ability to heal . . . it’s about clearing out inner and outer debris, deep down release of anger, worry, old trauma, and stress. We have to identify problems, clear the issue, release energy blocks, and bring in higher energy. To heal you need to have intent, to focus, and to release.
- Physical healing is the final manifestation of wellness – it is the mirror and expression of spiritual, mental, and emotional health.
- We don’t ever go backwards in healing . . . even when we’re in an ill state, our healing paths continue in the mind, body, and soul way.
- I ask people how they want support for healing . . . how I can best work with them. However they understand that support, it is spiritual and we share spiritually. Healing is a divine grace, it’s about finding peace, balance, and acceptance.

Healing is a full discovery of spirit.

Meanings of Faith and Spirituality and Integration in Practice

[23] Spirituality, to the Magic Girls, differs from religion. Religion, the women said, is about a formal affiliation with a church, a synagogue, or an organized group with a doctrine and place of worship. While participants spoke of past and current religious beliefs, they said “religion is like the ABC’s of faith,” “God comes in many forms, not just in a church,” “God is working inside me all the time . . . it’s not related to a place or one group of people,” and “now spirituality to me is bigger, broader, more vast than the rules of my church.” Religion involves formal affiliation, while spirituality is about informal connection.
The Magic Girls report a shared belief that spirituality is our connection with, and an expression of the divine, a higher source. They see people as spiritual beings, think that all people express spirituality, and recognize all people as spiritually connected. “Spirituality is our connection with God, with the divine, and with others – which is all the same thing,” said one of the Magic Girls. “Spirituality is the energy for connecting and asking for guidance,” said another. One member states that while spirituality is necessary in her personal life, it is not relevant to her HH practice. The other members said spirituality was basic to their HH practices and that their practice is, in fact, spiritual work.

Faith, they said, differs from spirituality in that faith is “a trust, a knowing, that our potential is tied to God, a greater good, a higher spirit,” according to one woman. Another said faith is knowing that we belong in a “collective, shared relationship with the divine.” Faith is, also, knowing that all good comes from God, or a higher spirit; trusting that no one is ever truly alone; and expressed in acting and interacting with love and care. Several Magic Girls talked about faith as the ability to “suspend disbelief until we understand.” This referred to experiences in practice that were hard to understand given current knowledge, such as people reporting healing from chronic pain, health problems, or concerns. The Magic Girls express spirituality and faith through their “intentional ways of being” in practice, connecting with and supporting people as they seek healing (wholeness), trusting in and teaching hope for healing, and seeing the divine in each person.

Seeking Holistic Health Care

The Magic Girls report three different patterns of interest from people accessing HH therapies: seeking wholeness, desiring integrated care, and experiencing empowerment. They state that people recognize part of the puzzle for feeling well is missing and that fixing “parts” does not necessarily lead to healing or feeling whole. People say, when coming for HH care, that they are tired of taking medications, of treating physical symptoms, of paying for biomedical technologies and continuing to experience physical or psychic pain, discomfort, or distress. Frustration with “waiting weeks for an appointment,” “not being listened to,” or “trying everything and nothing worked,” is a trigger for seeking other care. People experience themselves as more than physical bodies or organ systems and want help, therapies, and care to feel wholly well. Several Magic Girls agreed that people they see in practice imagine the potential for improved health of the body, mind, and spirit.

People seek care that integrates promoting health and preventing disease with treating current ailments, according to several Magic Girls. They may want massage for the pain of arthritis, but they also want help in changing daily habits to improve health. The Magic Girls explained that teaching stress reduction and relaxation strategies, listening to and respecting health concerns, valuing spiritual health, coaching through nutritional and activity changes, encouraging proper sleep habits, problem-solving to achieve balance in daily demands, along with massage and energy work are the ways they partner in the healing process. Then, as one person experiences the benefits of care or therapies and shares this with others, a ripple effect may occur. The ripple effect helps the Magic Girls build their HH practices, which often do not provide a living wage.

Participants said that people seem to feel more confident now in accessing HH care, realizing that they feel empowered to improve their health. They attribute this to the ripple
effect and increased reports and articles in the news, magazines, and on Internet sites concerning the efficacy of various HH therapies. People may choose to try stress reduction and relaxation therapies and massage instead of taking pain medications. They may decide to blend approaches by working with both a HH practitioner and a physical therapist.

[29] Several of the Magic Girls commented on increasing numbers of referrals by biomedical practitioners for care of patients, such as: massage therapy during pregnancy or with hospice clients, stress reduction and relaxation classes for people with chronic pain or post-traumatic stress disorder (PTSD), and Reiki treatments and massage prior to intensive physical therapy. The Magic Girls voiced frustration with the lack of insurance coverage for HH therapies, one stating that the “hardest part is that people have to self-pay for therapy on top of paying for medical insurance.”

Discussion

[30] The current study offers insight into the experiences and interpretations of faith, spirituality, health, and healing of a selected group of holistic health practitioners in the Midwest. In our pluralistic health care system, also known as medical pluralism, people increasingly report accessing the kinds of health care offered by practitioners such as the Magic Girls. While their individual practices vary, the Magic Girls share common perspectives that contribute to understanding the interface of religion, faith, and spirituality in health and healing.

[31] Thematic analysis of the interviews reveals that participants share core ideas of wholeness, relationship, and spiritual connection both for health and in the process of healing. The Magic Girls describe their practices as based in partnerships, eliciting and valuing the care-seeker’s concerns and needs, and respecting individual differences and “paths for healing.” HH care, thus, is socially situated. The Magic Girl’s intentional practice of “ways of being” includes what people may seek in a care-provider: non-judgmental listening, compassion, connection, and valuing the whole person in the context of daily life. In turn, they offer therapies, such as massage and therapeutic touch, which people report increases their sense of well-being, and “feeling whole” (Horrigan). The satisfaction that the magic girls report from their practice, their “sacred work”, may well influence the experience of care-seekers.

[32] HH care strategies are gaining credence as evidence emerges confirming the efficacy of some therapies. Even in the absence of objective evidence of benefit, people increasingly report seeking holistic approaches to health because the subjective experience is satisfying (Horrigan). People may value the experience of healing and health over technology-based diagnoses and expensive treatments. Perhaps increasingly technological, impersonal, and time-constrained biomedical care has left people seeking relationship, personal attention, and partnership in their quest for health and healing (Curtin; Miller and Thoresen; Watson, 2004).

[33] The Magic Girls perceive their practices as complementary to biomedical practice and are interested in partnerships within the biomedical practice system. Hahn, an epidemiologist and anthropologist, recommends improving biomedical care by encouraging physicians to incorporate listening, respecting, and responding to patients, attending to the context of
patient’s lives, and valuing variability in their patients. The Magic Girls report incorporating these practices intentionally.

[34] Benson and Stark, and Benson and Proctor provide research evidence supporting “mind-body treatments.” However, Benson and Proctor’s focus selectively targets relaxation and visualization techniques specific to different disease diagnoses. People must see a physician for a diagnosis and the diagnosis dictates use of The Benson-Henry Protocol. This protocol involves sequential exercises to trigger relaxation and access the “healing power of expectation, belief, and memory” (110); the outcome is to condition greater health. This differs from the Magic Girl’s approach, which starts with the concerns of the care-seeker, not a diagnosis, and builds on relationship, not protocol.

[35] The premise of professional nursing practice seems in concert with HH practice (Curtin; Watson 1999, 2004; Swanson and Wojnar). Indeed, nurses, through education and by professional standards, practice from a holistic perspective (AACN). Additionally, many nurses incorporate holistic healing therapies such as massage, Reiki, and therapeutic touch in their practices, and affiliate with professional organizations such as the American Holistic Health Nurse Association. While none of the Magic Girls is a nurse, they report experiencing their HH practice as both spiritual and sacred work, similar to descriptions by Watson, a nurse theorist and practitioner.

[36] The concept of creating a physical healing space emerged from one of the Magic Girl interviews, similar to care described by Curtin and Swanson and Wojnar. However, no interview question directly elicited consideration of physical healing spaces. The Magic Girls clearly stated that their practice is not about curing, but it is about partnerships for healing. Nurses, also, describe a philosophy of care, as distinguished from cure, involving family, community, and the environment (Watson 1999, 2004). Therefore, for the Magic Girls and for nurses, practice is contextually embedded.

Limitations

[37] There are limitations, or circumscriptions, to these results as “the Magic Girls” were purposefully chosen and may not be representative of other holistic health practitioners in the area. It is possible that the experiences and interpretations of these women are related to gender, ethnicity, economic security, and their group affiliation. Perhaps differing results would emerge from a more diverse cohort or a group of people who did not have an established group identity and history. The interview data are inherently tied to the participants’ experiences and perceptions. The validity of the analysis, though, is enhanced by member checking (participant review of the interpretations and conclusions), external transcript auditing, and reflexivity.

Conclusion

[38] The study results illuminate the meaning of holistic health practices for the six “Magic Girls” and expand our understanding of the relationship of health, healing, faith, and spirituality for them – recognizing that this is temporally, socially, and culturally situated. The study leads to further questions of the impact of holistic health practices on people receiving care and suggests the utility of a comparative analysis of meanings of health, healing, faith, and spirituality between practitioners providing and people receiving care. Such a study
would expand our understanding of relationship and reciprocity in holistic therapeutic
treatment as described by the ordinary Magic Girls.

Bibliography

American Association of Colleges of Nursing (AACN)
2008 The Essentials of Baccalaureate Education for Professional Nursing Practice.
Washington, D.C.: AACN.

American Holistic Nurse Association

Bateson, Mary Catherine
2006 Think Your Issue V: Faith Riven Debates. International Leadership Forum
Publication, Western Behavioral Sciences Institute. Available online at

Benedict, Ruth

Benson, Herbert

Benson, Herbert, and Marj Stark

Benson, Herbert, and William Proctor
2010 Relaxation Revolution: Enhancing Your Personal Health Through the Science and

Chou, Roger, and Laurie Hoyt Huffman
2007 “Nonpharmacologic Therapies for Acute and Chronic Low Back Pain: A
Review of the Evidence for an American Pain Society/America College of

Cresswell, John W.
1998 Qualitative Inquiry and Research Design: Choosing Among the Five Traditions.

Curtin, Leah

Furlan Andrea, Fahtemeh Yazdi, and Alexander Tsertsavadze
Assessment No. 194. Prepared by the University of Ottawa Evidence-based
Practice Center under Contract No. 290-2007-10059-I (EPCIII). AHRQ
Publication No. 10(11)E007. Rockville: Agency for Healthcare Research and
Quality.

Hahn, Robert A.
Press.
Horrigan, Bonnie J.

Janzen, John M.

Kottak, Conrad Phillip

Little, C. V., T. Parsons, and S. Logan

Masters, Kevin S. and Glen I. Spielmans

Miller, William R., and Carl E. Thoresen

National Center for Complementary and Alternative Medicine

Osaka, Iwao, Yuki Kurihara, Keiko Tanaka, Hisayoshi Nishizaki, Shigeru Aoki, and Isamu Adachi

Pew Research Center

Singer, Merrill, and Hans Baer

Sobo, Elisa J.
2009 *Culture and Meaning in Health Services Research: A Practical Field Guide*. Walnut Creek: Left Coast.

Swanson, Kristen M., and Danuta M. Wojnar
Upvall, Michele J.

Watson, Jean