Research on Alternative Therapies in Iceland

by Erlendur Haraldsson

Six studies have been conducted in Iceland that concern alternative therapies. Three of these studies were surveys, made on representative national samples to assess the frequency of visits to alternative therapists. One study was an exploratory experiment to test if an effect of mental intention (such as prayer) on the growth of yeast in a nutritive solution could be experimentally demonstrated. One doctoral dissertation has been written on the views of Icelandic physicians on psychic healing and other unconventional therapies, and their personal experiences of them.

The first survey was conducted in 1974-75 to assess the frequency of visits to alternative therapists (Haraldsson, 1978, 1985). The results revealed that 41 percent of the adult population had sought help from a spiritual or mental healer. Such visits were more than twice as frequent among women (56%) than men (24%), and less frequent among the more educated (primary education 56%, secondary 37% and 14% college educated). Furthermore, one-third of those seeking such healing had found it very helpful and only 9 percent had considered it of no help.

These findings led to interviews with 100 persons of this sample living in the Reykjavik area who had sought help from spiritual healers, either obtained treatment for themselves (67%), or for relatives or friends (33%). In 80 percent of the cases, the spiritual healing was complementary to a treatment given by a physician. This healing was frequently performed from a distance without the healer meeting the patient. Spiritual healing in Iceland is dominated by two main forms, spiritistic and prayer healing or a mixture of both.

The spiritistic healer is believed to work through a mediumistic contact with a deceased physician (a spirit-guide) to whom he relays the message of a requested healing. The spirit-guide takes care of the healing and is often assumed to visit the patient at his/her dwelling place, frequently during the night. The patient may or may not become aware of the alleged visit of the invisible spirit-healer. In this form of healing, the healer is considered to act as an intermediary between the patient and his “spirit-guide”. (Gissurarson & Haraldsson, 1989).

The second most common form of healing is that of prayer. It is found in private circles, in charismatic Christian sects, and to a much lesser degree within the Lutheran state church. The person who performs the healing also often does not meet the patient. Through prayers the healer acts as an intermediary between God or Jesus and the patient.
In spiritistic as well as prayer healing, an other-worldly source is considered responsible for the healing if it occurs. Healing by laying on of hands or stroking is occasionally found but plays a very minor role.

In 40 percent of the cases in this sample full improvement was reported, considerable improvement in 14 cases, some improvement in 18 cases and none in 28 cases. When an improvement had occurred it was in 85% of the cases reported to have lasted up to the present day.

Religiosity (a scale combining items regarding: 1) reading the Bible, 2) having had a religious experience, and 3) considering oneself religious) was the only variable that showed a significant positive correlation with reported improvement through spiritual healing (Haraldsson, 1994).

The Director General of Public Health in Iceland (1986, 1991) has conducted two surveys using large national representative samples which assessed the utilisation of the health care system in Iceland. One of the questions concerned visits to alternative therapists during a three months period. In 1985, 6 percent of the sample had sought help from alternative therapists. In 1990, the same figure was up to 9 percent. Details can be seen in Table 1.

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### Table 1.

**Surveys of health care utilisation in Iceland:**

**Percentage of persons visiting alternative therapists during the last three months. N = 777.**

<table>
<thead>
<tr>
<th>Type of therapy</th>
<th>1985</th>
<th>1990</th>
</tr>
</thead>
<tbody>
<tr>
<td>Massage</td>
<td>4.3</td>
<td>6.3</td>
</tr>
<tr>
<td>Reflexology</td>
<td>2.0</td>
<td>2.8</td>
</tr>
<tr>
<td>Chiropractic</td>
<td>0.1</td>
<td>0.2</td>
</tr>
<tr>
<td>Spiritual healing</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>Acupuncture</td>
<td>0.2</td>
<td>0.6</td>
</tr>
<tr>
<td>Herbal and naturopathy</td>
<td>0.4</td>
<td>2.6</td>
</tr>
<tr>
<td>Yoga or transcendental meditation</td>
<td>1.0</td>
<td>0.9</td>
</tr>
<tr>
<td>Persons visiting an alternative therapist</td>
<td>6.0</td>
<td>9.0</td>
</tr>
</tbody>
</table>

A breakdown of the visits to alternative therapists shows that in 1985 masseurs were most frequently visited (4.3%), then reflexologists (2.0 %), psychic or spiritual healers (1%), and teachers of yoga and transcendental meditation (1%). In the 1990 survey, the number of visits had increased to 6.3 percent for masseurs, 2.8 percent for reflexolo-
gists, 2.6 percent for herbal therapists and naturopaths, whereas visits to spiritual healers remained at one percent.

Only one study has been conducted in Iceland which indirectly attempted to test if an alternative therapy – in this case spiritual therapy – can have a beneficial effect on a living system.

This study was conducted in 1972 by the author and a biochemist at the faculty of medicine at the University of Iceland (Haraldsson & Thorsteinsson, 1973).

Seven subjects took part in this experiment, two spiritual healers, one physician interested in and believing in spiritual healing, and four students with no experience or particular interest in healing.

It can be quite complicated and cumbersome to test the effect of a treatment on patients. It was therefore decided to test the effect of this therapy on a simple living system. Healers were asked to direct their healing effects to the growth of yeast in experimental test tubes. A small amount of yeast (0.25 gr.) was put into a nutritive solution, (water, glucose, NaCl, KCl, NH4Cl, MgSO4, NaPO3), and shaken until homogeneous. This solution was poured into 20 test tubes, each containing 10 ml. The glasses were randomly divided into two groups of 10 test tubes each, one experimental, one control. The experimental test tubes were closed and all simultaneously placed in front of a subject who was instructed to try for 10 minutes by a mental method of his choice to increase the growth of the yeast in the solution. The subject was not allowed to touch the test tubes, not to come closer with his hands than one foot from the experimental glasses. Then all the test tubes were stored in the same place for 24 hours, after which the growth of the yeast was measured in each one of the tubes by a light-absorbance calorimeter.

A research assistant, who did not know which of the tubes were experimental and which control, made the measurements, which were also independently measured by one of the experimenters. Thus there were two measurements of the growth of yeast for each test tube and their mean was used to calculate the effect.

Seven subjects participated in a total of 12 sessions, five subjects had two sessions, two had only one. Each session was conducted as described above, so that there was a total of 240 test tubes used in the experiment, 120 for treatment and 120 for control. For purposes of analysis, each experimental tube was paired with a control tube used in the same session, and the growth of the yeast in the two tubes was compared.

The results indicate that the mental concentration or intention (spiritual healing) effected the growth of the yeast. In the 120 pairs of test tubes there was more growth in 58 of the experimental tubes than in the corresponding control tubes; in 33 there was less growth; and in 29 pairs the growth was equal in experimental and control tubes (see Table 2).

Each session was evaluated by the Wilcoxon Signed-Rank test. A transformation into z-scores gave, for the combined 12 sessions, a significant z value of 2.39 (P < .02, two-tailed).
**Table 2.**

*Effect of healing on yeast. Ten trials, per subject, per session (10 treated test tubes, 10 control test tubes). Seven subjects participated in the experiment, 3 healers and 4 "non-healers" (students), and completed a total of 12 sessions. (Five subjects completed two sessions each)*.

<table>
<thead>
<tr>
<th>Number of trials with:</th>
<th>More growth in treated solution</th>
<th>More growth in non-treated solution</th>
<th>Equal growth in treated and non-treated solution</th>
<th>z-values*</th>
</tr>
</thead>
<tbody>
<tr>
<td>All sessions</td>
<td>58</td>
<td>33</td>
<td>29</td>
<td>2.39</td>
</tr>
<tr>
<td>Healers</td>
<td>32</td>
<td>9</td>
<td>9</td>
<td>3.80</td>
</tr>
<tr>
<td>Non-healers</td>
<td>26</td>
<td>24</td>
<td>20</td>
<td>-.08</td>
</tr>
</tbody>
</table>

* z-values were calculated from the Wilcoxon Signed-Ranks Test.
Three of the subjects who participated in the experiment were engaged in healing, two were spiritual healers, one was a physician. The bulk of the positive scoring was done by these individuals (z = 3.80; P = .00014, two-tailed), whereas the “non-healers” (the students) gave chance results (z = -.08). Cautiously, it may be inferred from this exploratory experiment that some spiritual healers may have a beneficial effect on the health of their patients.

Finally, there is a study on the views of physicians in Iceland towards psychic phenomena of various kinds, and towards alternative therapies (Sigurdsson, 1987). It is interesting to note that 38.5% of the physicians had noticed a beneficial effects of spiritual healing on some of their patients. In 8 percent of the cases, the beneficial effect on the patient was considered imaginary by the physician, in 21.3 percent a placebo effect, and real therapeutic effect in 8.6 percent of the cases. In 22.4 percent of the cases, the physicians reported that they had observed harmful effects of spiritual healing, in 16.7 percent of these cases indirectly due to delay in seeking conventional treatment.

It is interesting to note that 10 percent of the physicians had sought help from spiritual healers (6% for themselves and 4% for others) and 70 percent of them had found the treatment useful.

References