Spiritual Healing in Iceland

Results of a Survey

by Erlendur Haraldsson

Spiritual healing may be defined in different ways. Benor (1991, p. 9) has defined it as “the intentional influence of one or more persons upon a living system without utilizing known physical means of intervention”. Ostensible healing of this kind is the main topic of this paper.

Some research has been conducted in this area as can be seen in reviews by Aldridge (1993), Benor (1992), Schouten (1992-93) and Solfvin (1984). This research varies in purpose and content from sociological analyses (such as Glik, 1994) to the controversial question whether spiritual healing causes true therapeutic effects beyond placebo effects. Studies designed to test, if genuine cases of spiritual healing do in fact occur, differ widely in their methodology and general approach; some examine striking individual cases, while others contain more formal attempts to measure healing effects on patients, such as the extensive study of Strauch (1958/59, 1960/61) in Germany, or West’s (1957) study of the miracles of Lourdes.

Attevelt (1988; Beutler et al., 1988) has conducted two major double-blind experiments on the influence of mental healing on patients suffering from asthma and hypertension. The healers used laying on of hands and distant healing behind a one-way screen. At least two studies have tested the therapeutic effects of prayer, and used randomized double-blind procedures (Byrd, 1988; Joyce & Welldon, 1965). Furthermore, it has been tested whether genuine effects of spiritual healing can be experimentally demonstrated on small wounds systematically inflicted on mice (Grad, 1965; Grad, Cadoret & Paul, 1961), on in-vivo changes in haemoglobin values (Krieger, 1976), or on the growth of simple organisms in a nutritive solution (Haraldsson, 1973, 1994). A thorough overview of experimental studies is given in Benor (1992) and Solfvin (1984).

In 1975, the author conducted an extensive national mail survey on psychic experiences, folk beliefs, and religious experiences in Iceland. It included one question about visits to spiritual (mental) healers (Haraldsson, 1978, 1985).

A questionnaire containing 53 items was mailed to 1,132 adult persons, thirty to seventy years of age, who had been randomly selected from the National Registry. Persons who had not returned the questionnaire within a month were mailed up to two reminding letters. Those who still failed to respond were contacted by telephone and encouraged to fill out and return the questionnaire. 902 usable filled-out questionnaires from 425 males and 477 females were obtained. The high return rate of 80 percent makes the survey representative for the Icelandic population (Haraldsson, 1985).
One of the questions was: “Have you ever sought help from a spiritual healer (huglæknir)?” 41% of the respondents answered this question in the affirmative, 56% of the women and 24% of the men. Not only the older people sought this help; of those in their thirties 31% had sought help from a psychic healer. Education seemed to play a role as 56% of persons with primary education had sought this help, 37% with secondary education, but only 14% of those with a student examination (college degree). The last group, however was very small and consisted primarily of younger men.

How useful was the help given by the healers? 34% reported that it had been very helpful, further 57% that it had been of some help, and 9% considered it useless. The positive image that the Icelandic population appears to have of psychic healers prompted us to conduct an interview survey on the respondents’ experiences of spiritual healing and healers.

The author is only aware of one study in the other Nordic countries which touches on spiritual healing. Institutet för Marknadsundersökningar (IMU, 1980) conducted a survey for a Swedish weekly about “unusual experiences” which contained two questions on spiritual healing. They showed that 7% of a representative sample (N = 502) believed “absolutely” that spiritual healing could occur, 16% answered “yes, perhaps”, 21% “no hardly” and 51% “no, not at all”. Six per cent at the same sample had experienced spiritual healing personally or someone they knew had.

In the U.S.A. research indicates that the practice of spiritual healing is relatively widespread (Riscalla, 1982; Cohen, 1990 Boucher, 1980). Gallup polls in 1975 and 1976 showed that between 5 and 6 per cent of the U.S.A. population had been involved in some sort of “healing experience” or “spiritual healing” at some time (Gallup, 1978). Later surveys in Richmond, Virginia, revealed that 14% of a representative sample had experienced healing of a serious disease or physical condition, and in Akron, Ohio 32% claimed an experience of healing as a result of prayer (see Glik, 1944).

Around the middle of this century, spiritual healing, naturecure (particularly Are Waerland style vegetarianism) and herbal therapy were about the only alternative therapies practiced in Iceland. Since then other alternative therapies have gradually become prevalent, particularly reflexology and various forms of massage. Representative surveys have shown that one per cent of the adult population in Iceland visited a spiritual therapist during a three-month period in 1985 and in 1990 (Haraldsson, 1994). Visits to spiritual healers were, though, only 11% of visits to alternative healers in 1985 and down to 7% in 1990.

The survey to be described in this paper was conducted in 1977 and did not attempt to test the factuality or non-factuality of psychic healing. The purpose was to assess what methods Icelandic healers use, how successful healings were accounted for, and how perceived effects of spiritual healing relate to psychic and religious beliefs. Furthermore, to investigate whether the patients simultaneously attended medical treatment, the nature of their ailments, and so on.
Method

Sample: Because of limited resources the sample was limited to 134 persons living in Reykjavik who in the 1975 survey had reported that they had sought help from spiritual healers. Two years had passed since the original national survey was conducted. In that time, 17 persons had moved away and could not be reached, 3 had died, 7 refused to be interviewed, and in 7 cases the question had been misunderstood. Thus, the sample came down to 100 persons, which is 75% of the original sample. There were 25 males and 75 females in this new sample. They were born from 1904 to 1944, and 33 to 73 years of age at the time of the survey.

If the participants had sought help from a healer more than once, they were asked to report on the case which they remembered best. The sample thus consists of 100 cases of attempted healing reported by 100 persons.

Procedure: In a face to face interview, the subject was first asked to tell about his/her experience of spiritual healing. Then the interviewer went through a 25 items questionnaire. It consisted of 20 forced-choice questions, such as how often help had been sought from a spiritual healer, how long ago it was, how many healers had been consulted, the medical condition of the patient, how long the sickness had lasted, if the person was working/unable to work, bed-ridden at home or in a hospital etc. Furthermore, it was asked, if the person had been receiving medical treatment, if the physician knew that a spiritual healer had been consulted. One question concerned the nature of the treatment given by the spiritual healer (laying on of hands (includes therapeutic touch), prayer, spiritistic healing with or without trance). There was a question on the effectiveness of the healing, how long the effect had lasted. Finally, there were questions concerning general attitude and expectation towards spiritual healing and healers.

There were 5 open ended questions: about the names of the spiritual healer(s), and the physicians attending the patient (if any), and comments (if any) made by the attending physician on the attempted healing (if he knew about it). Some questions concerned how difficult it is to get access to physicians, if they have enough time for their patients, if they are too expensive and sufficiently educated. Results from these questions will not be dealt with in this paper.

The interviews were conducted by a senior psychology student, Örn Olafsson (1980). The respondents were interviewed in their homes after being contacted by telephone. A few were visited in their home without prior notice.

Results

In 55% of the cases, the respondents had sought mental healing for themselves, in 33% of the cases the help had been sought for someone else, nearly always a close relative or friend. In 12 cases, the participant did not personally contact the healer, as someone else had sought help from the healer for the participant. In 61% of the cases, the respondent sought spiritual healing on his own initiative, and in 38% of the cases someone urged him/her to do so.
The number of times each respondent had sought help from healers varied widely. About three-fourths of the sample had done so on more than one occasion, and half of the sample had sought help from more than one healer. In most instances (80%), spiritual healing was an additional treatment as the patient was simultaneously being treated by a physician. Only in 6 cases was a physician informed that a healer was being consulted.

Distant healing is prominent among spiritual healers in Iceland. The healer was in many, if not most cases, expected to do his healing from a distance without meeting the patient. When a meeting with the healer took place, the attempt to heal often did not take place in the presence of the patient. The extent of distant healing becomes clearer when we consider the different forms of treatment used by healers in Iceland where a spiritistic or mediumistic healing is dominating the scene and healing by prayer is the second most common form.

**Forms of healing**

Spiritistic healing or prayer-healing had been conducted in 83% of the cases in which it was known what healing method had been used. In the spiritistic form of treatment, a deceased person, reportedly working from “the other side”, as it is called, is believed to be responsible for the healing. The healer acts only or primarily as an intermediary or medium.

1. Spiritistic healing. In 57 cases, the respondent believed that the healer worked by obtaining help from a deceased doctor or invisible helpers. The healer claimed a mediumistic contact with one or more such spirit-entities. In this form of treatment, the healers’ role consists primarily of mediating help from these other-worldly doctors to the patient. The healer would ask his other-worldly healing guide to heal the patient, “send” help to him/her, or relay the message to the spirit-physician that a particular person needed healing. Spiritistic healing was combined with prayer in 14 cases and laying on of hands in 6 cases.

**Table 1.**

*Forms of treatment given by Icelandic healers to 100 patients.*

<table>
<thead>
<tr>
<th>Form of Treatment</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spiritistic only</td>
<td>37</td>
</tr>
<tr>
<td>Spiritistic and prayer</td>
<td>14</td>
</tr>
<tr>
<td>Spiritistic and laying on of hands</td>
<td>6</td>
</tr>
<tr>
<td>Prayer only</td>
<td>15</td>
</tr>
<tr>
<td>Laying on of hands (only)</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>11</td>
</tr>
<tr>
<td>Not known</td>
<td>13</td>
</tr>
</tbody>
</table>
The presence of the invisible helper or spirit-healer was perceived in some way in 14 cases: visually (3), by touch (3), in dream (1), by a vivid sense of someone invisible being present (3), and by noticing scars from needles which were believed to originate from the invisible spirit healers (5). In these cases, it was after these alleged encounters with the spirit-healer that healing was reported to have taken place.

(2) Prayer healing was the second most common form of treatment. It was used in 29 of the cases, either solely (14), or combined with the spiritistic form of treatment (14) or another unspecified treatment. In prayer-healing, God or Jesus is believed responsible for the healing if it occurs. The frame of reference is a religious perspective.

(3) Laying-on-of-hands or stroking was the third most common method of healing. It was only reported in 10 cases, there of 6 times in combination with spiritistic healing. This method may or may not involve touching (therapeutic touch).

(4) Other forms. In 3 instances, the healer advised the patient to consult a physician and it is unclear if any alternative healing was given. In 3 cases, the patient was asked to think of the healer, or the healer stated that he would think of the patient. Chiropractic forms of treatment were reported in two cases. In one case, the patient was advised to think of a particular colour before falling asleep and in one case the patient found helpful a visit by the healer.

In 13 cases, the respondents did not know what kind of treatment had been used. This was often the case in distant healing when the patient did not meet the healer, and in a few old cases. Half of the cases had taken place ten or more years ago.

Medical condition of the patients
At the time of the attempted healing, 67 of the patients were also receiving medical treatment, and 80 of the patients had at some time obtained medical treatment for their illness. There was no evidence to indicate that a healer interfered with a treatment prescribed by a physician.

The condition of these patients varied widely. 45 of the 100 patients attended their daily work, 35 stayed at home unable to work, and 19 were hospitalized. A large part of the patients suffered from chronic illnesses, as 62 of them had suffered from their ailment for a year or longer. 21% for months, 8% for weeks and 9% a week or less.

The nature of the illnesses differed widely, from heart disease (7%) and cancer (8%) to rheumatism and poorly defined backache (18%), as can be seen in Table 2. The diagnoses were reported by the patients, not checked with their physicians, and were sometimes unclear. It was frequently reported that help had been sought from a healer after medical treatment had failed, sometimes as a last resort. Only one person stated that a spiritual healer had been consulted because of lack of faith in the effectiveness of physicians.
Table 2.  
Frequency of self-reported diagnoses of persons seeking help from spiritual healers in Iceland (N = 100).

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>8</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>7</td>
</tr>
<tr>
<td>Respiratory</td>
<td>7</td>
</tr>
<tr>
<td>Digestive/urinary</td>
<td>12</td>
</tr>
<tr>
<td>Brain</td>
<td>9</td>
</tr>
<tr>
<td>Accidents</td>
<td>5</td>
</tr>
<tr>
<td>Epidemics</td>
<td>7</td>
</tr>
<tr>
<td>Mental complaints</td>
<td>10</td>
</tr>
<tr>
<td>Rheumatism/backache</td>
<td>18</td>
</tr>
<tr>
<td>Other</td>
<td>17</td>
</tr>
</tbody>
</table>

Rarely (3%) was any fee requested for spiritual healing. Either there was no fee collected (48%), or it was in the form of a gift (usually monetary) to the healer (46%) or some organisation to which the healer was attached (3%). Spiritual healing is a part-time occupation in Iceland. The healers generally have an occupation (such as Einar from Einarstöðum, a farmer), although some female healers (such as Ragnhildur Gottskalksdottir) who were house-wives, were predominantly preoccupied with their healing activities.

Effectiveness of healing  
The respondents’ evaluation of the results or effects of spiritual healing is subjective, in so far as physicians who attended these patients were not approached for their assessment and no other external criteria were applied to patients’ reports of results. Thus there are no means of assessing the validity of healing claims.

Early in the interview, the respondents were asked to sum up their overall experience of spiritual healing. 39% reported that it had been very useful, 38% useful and 23% of no help. Only that case which each respondent remembered best was included in our further analyses. Regarding these one hundred cases 15 respondents had – before the healer was consulted – very strong hopes about the effectiveness of the forthcoming treatment. Further, 41 respondents expressed positive hopes about the outcome whereas 44 respondents reported no particular prior hope regarding the effectiveness of the healing.

In retrospect, the respondents reported no improvement in 28 cases, some improvement in 18, and considerable improvement in 14 cases. In 40 cases, full improvement was claimed through mental healing. There was no significant difference between men and women in the frequency of reported improvement, although many more women
than men sought help from healers. When some improvement was reported, it was lasting (i.e. up to the present day) in 85% of the cases. In 10% of the cases did the improvement last only briefly.

For the purpose of analysis, the patients were roughly divided into two groups on the basis of the apparent seriousness of their ailment.

In the category of serious diseases were included: cancer, cardiovascular diseases, diseases in the digestive/urinary tract and the brain. There were 36 cases.

Table 3.
Self-reported effectiveness of healing and seriousness of ailment, as reported by persons obtaining spiritual healing.

<table>
<thead>
<tr>
<th></th>
<th>No effect</th>
<th>Some effect</th>
<th>Full recovery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less serious</td>
<td>7 (15%)</td>
<td>19 (40%)</td>
<td>21 (45%)</td>
</tr>
<tr>
<td>More serious</td>
<td>16 (44%)</td>
<td>7 (19%)</td>
<td>13 (36%)</td>
</tr>
</tbody>
</table>

\[x^2 = 9.65\]
\[df = 2\]
\[p = .008\]
\[N = 83.\]

Table 4.
Self-reported effectiveness of healing and how long the person had been sick when a spiritual healer was contacted.

<table>
<thead>
<tr>
<th></th>
<th>No effect</th>
<th>Some effect</th>
<th>Full recovery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Longer than a year</td>
<td>22 (36%)</td>
<td>25 (40%)</td>
<td>15 (24%)</td>
</tr>
<tr>
<td>Within a year</td>
<td>6 (16%)</td>
<td>7 (18%)</td>
<td>25 (66%)</td>
</tr>
</tbody>
</table>

\[x^2 = 16.98\]
\[df = 2\]
\[p = .002\]
\[N = 100\]

The group of less serious ailments consisted of 47 cases categorized as epidemic, mental disorders, accidents, complications after surgery, and pulmonary diseases other than cancer. Cases falling into the category of “other” in Table 2 were excluded.

As can be seen in Tables 3 there was a significant relationship between the gravity
of the disease and improvement, thus, that a positive effect of healing was less frequently reported for more serious illnesses ($\chi^2 = 9.65$, df = 2, $p = .008$). A positive effect of healing was also less frequently reported for chronic diseases ($\chi^2 = 16.98$, df = 2, $p = .008$) as can be seen in Table 4. The kind of treatment (spiritistic or prayer) had no significant effect on the healing rate, nor did the identity of the healer, although there was a slight tendency in the direction that some healers were more successful than others. The sample was too small to test this properly.

The respondents gave various reasons for the causes of improvement in the 72 cases where healing had proved helpful. Thirty per cent believed that the healing had come from deceased persons (spirit-helpers), and an equal number believed that healing had taken place through the power of prayer. 17% considered some power or energy from the healer responsible and 10% their own faith in mental healing. 13% had no opinion on why improvement took place although they ascribed it to spiritual healing. When the treatment had not been successful the sickness was considered incurable or the respondent expressed disbelief in spiritual healers.

Expectations, beliefs and effectiveness of healing
Patients' prior hopes of recovery through spiritual healing did not correlate significantly with reported improvement as can be seen in Table 5. Belief in spirit communication seemed not to effect whether improvement was reported or not, nor did belief in psychic phenomena. The only variables that related significantly to improvement pertained to religion, but even there the correlations were low.

Table 5.
Correlation coefficients between self-reported effectiveness of healing and various beliefs and expectations of persons seeking help from spiritual healers in Iceland (N=80-100)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Respondents prior hopes of recovery</td>
<td>.15</td>
</tr>
<tr>
<td>Belief in spirit-communication</td>
<td>.04</td>
</tr>
<tr>
<td>Belief in psychic phenomena</td>
<td>.10</td>
</tr>
<tr>
<td>Religiosity-scale</td>
<td>.29**</td>
</tr>
<tr>
<td>Had a religious experience</td>
<td>.21*</td>
</tr>
<tr>
<td>Reading the Bible</td>
<td>.22*</td>
</tr>
<tr>
<td>Consider oneself religious</td>
<td>.16</td>
</tr>
</tbody>
</table>

* $p<.05$
** $p<.01$
A religiosity scale consisting of three items showed a significant positive correlation with reported effectiveness of healing ($r = .29$, $n = 80$, $p = .009$, two-tailed). Persons who reported improvement through healing tended, thus, to be more religious than those who reported little or no improvement. The items comprising the religiosity scale were: having had a religious experience or not; reading the Bible often, seldom or never; how religious the respondent considered him/herself to be (very, considerably, slightly, not at all). Having had a religious experience ($r_s = .21$) and Bible reading ($r_s = .22$) correlated significantly ($p < .05$) to reported improvement through healing.

**Discussion**

Spiritual healing is widespread and popular in Iceland, as 41% of the population born 1904 to 1944 had in 1975 at least once sought healing from a spiritual healer, and the majority rated the effects as beneficial (Haraldsson, 1978, 1985). No comparative data are available from the other Nordic countries but from relevant Swedish survey data it can be inferred that the belief in and practice of spiritual or faith-healing is more common in Iceland than in Sweden.

The Icelandic results are more comparable with recent findings from the U.S.A. where in some localities up to 44% of random samples have attended religious healing services and 32% claimed that they had experienced a healing as a result of prayer at some time (see Glik, 1994). The forms of healing in Iceland and the U.S.A. differ insofar as prayer healing is the most common form of spiritual healing in the U.S.A. but it is not so in Iceland.

The present survey reveals that in Iceland spiritual healing is predominantly spiritistic/mediumistic rather than Christian religious prayer healing. Icelandic healers consider themselves indirectly involved in the healing process. The healing is believed to come from other-worldly sources, from deceased physicians or other invisible helpers, or – to a lesser degree – from religious figures.

The respondents’ reports of the effectiveness of the healing were not checked against objective external criteria and most of the patients were also receiving medical treatment. Spiritual healing is primarily complimentary in Iceland. It is therefore beyond the scope of this survey to assess the health benefits – if any – of spiritual healing, although the results bear witness to considerable subjective conviction of improvement.

The predominance of the spiritistic form of healing reflects the strong footing that spiritualism has enjoyed in Iceland since the beginning of this century (Petursson, 1983), but it may also be related to popular beliefs that have been a part of Icelandic folklore for centuries. The spiritistic form of spiritual healing is obviously more common in Iceland than in the other Nordic countries although no comparative study has been conducted to assess this.

Belief in contact with the dead, being an essential part of spiritistic healing, is by no means uncommon in other countries than Iceland. A recent survey conducted in most countries of Western Europe revealed that 25% of Western Europeans have “felt as though you were really in touch with someone who had died”. This figure was particu-
larly high in Iceland (41%) and the U.S.A. (42% in 1987, 30% in 1981) but particularly low in the other Nordic countries (9-14%) (Haraldsson & Hountkooper, 1991; Haraldsson 1988-89; Greeley, 1987). During bereavement, some sense of contact with the departed has been reported by up to two out of every three persons in a U.S.A. study (Vargas, Loya & Hodde-Vargas, 1989).

In Iceland like in the U.S.A., spiritual healing is predominantly practiced in two forms. Glik found in the city of Baltimore that healing groups could be divided into two main categories; Christian prayer groups with members belonging to charismatic or fundamentalist churches, and metaphysical, “New Age” and “human potential” groups many of which are spiritualistic in their outlook. This division indicated healing methods resembling those practiced in Iceland.

The predominance of the spiritistic form of spiritual healing in Iceland makes it somewhat puzzling why religiosity rather than belief in spirit communication shows a significant relationship with improvement, for those who read the Bible more often than others, and those who report a religious experience, tended to experience more benefit from spiritual healing than others.

Does this suggest that prayer is the essential gradient for effective spiritual healing? Perhaps the present results may be considered a modest indirect support for Byrd (1988) who found in a double-blind study that prayer did seem to have a highly significant (p < .0001) positive effect on the recovery of patients in a coronary care unit, who did not even know that they were being prayed for. It must be added that such studies can only be considered suggestive until they have been replicated.

References
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