

Gender, Energy Healing and the Church of Jesus Christ Latter-Day Saints: An Exploratory Pilot Study

By Sophia Lyn Nathenson

Introduction

From the early 19th century, Mormon women performed various healing techniques both in and outside of the home (Newell 1987, Stapely & Wright 1993). Over time, as the modern orthodox biomedical model was emerging in America, and healing by faith, laying of hands, and anointing with oil became part of an institutionalized healing ritual reserved for the Priesthood that excluded women. This pilot study investigates whether Mormon women continue to engage in healing rituals outside of both the Church of Jesus Christ Latter-Day Saints (LDS) institution and mainstream biomedicine. Emphasis is placed on their perceptions of healing, faith and acceptance. Findings from this research are placed in the broader context of Mormon health philosophy historically and current trends in the health behavior of Americans.

Research Questions and Significance

The research questions posed are:

1. *Do Mormon women seek out healing modalities and forums for exercising healing gifts despite exclusion from the healing practices connected with the modern LDS (Latter-Day-Saint) church?*
2. *What are their views on health and healing, and are they reflective of the historical health attitudes of Mormons?*
3. *How do they feel their practices affect their faith, and vice-versa?*
4. *How do they feel their church community as well as the greater LDS institution view their practices?*

These exploratory questions are significant on many fronts. Current scholars have acknowledged the benefits to the LDS church and communities of recognizing women's healing gifts (Lindsey 1992). Understanding the scope of the healing modalities currently employed by some Mormon women could provide avenues for other Mormon women who feel called to heal but lack a structure to do so, facilitating social and health care networks. In regard to the current state of health care in the U.S., this research broadens the awareness of alternative modalities of healing (outside the biomedical model) currently used by Americans.

Recent medical and social research has documented a marked increase in both public and professional interest in the relationship between religion and medicine. In fact, Eisenberg's study of alternative medicine use in America reported prayer as the most common healing modality used outside of conventional biomedicine (Eisenberg 1999). Improved understanding of how religious and alternative healing is practiced by the wider society may serve to alleviate tensions surrounding these practices within the LDS community, an issue addressed by several participants in this study.

Historical Background

During the time of Joseph Smith, founder of the LDS church, both Greek medicine and Native American medicine were practiced in America. Treatments included administering various types of substances that warmed, cooled, and purged the body. Native American medicine consisted mainly of various herbs allegedly discovered by British settlers that were used by natives to remedy ailments. Although these remedies were outside the scope of what was becoming the orthodox medical profession, America was at the time filled with self-taught 'doctors' who employed much of the wisdom of the natives in regard to health. Of these self-taught doctors, Samuel Thompson gave perhaps the most significant contribution to the organization of health care for laymen (Divett 1981). Thompson believed himself to be predestined to be a healer, and proceeded to patent his "system" of medicine which was based on "botanic" medicine, using herbs, food, as well as a healthy lifestyle, to cope with illness.

Members of the LDS church (colloquially referred to as "Mormons"), whose health decisions and philosophies were in part a reflection of Smith, preferred natural remedies as outlined by Thompson. Although the Mormons under Smith eventually adopted the mainstream ways of overseas-trained doctors, healing by faith and herbs and mild food, as stated in the *New Testament*, was still a primary modality in treating illness. Joseph Smith himself was involved in the trade of Ginseng, a potent herb from China believed to cure nearly all ailments. Smith steadfastly challenged norms surrounding supernatural religion and folk healing (Fleming 2008).

As heroic medicine faded from the American mainstream, Mormons followed suit, and Joseph Smith even made public announcements against it (*Wayne Sentinel* 1824). While Joseph Smith revealed the role of evil spirits in causing illness, many Mormons of the 1830s sided with the socially normative opinion of bodily stimulation causing disease. At this time, it can be assumed that the first line of defense against disease for the LDS community was having faith in God to heal you and having the intention of wellness. The LDS community were informed on what herbs and food to consume, as well as what to avoid (toxins such as tobacco, tea, and alcohol) in order to keep healthy, as advised by Joseph Smith from his revelations from God. Personal responsibility and individual effort are among the themes present in early LDS healthcare. However, the successes and failures were not credited to individuals. Individuals may tap into the healing power of Jesus Christ through faith, but if illness persists it is chalked up to lack of faith, and death too was seen simply as God's will. While employing some of the

practices from modern medicine such as certain surgical operations, Mormons were open to both men and women having spiritual gifts of healing from God by the light of Jesus Christ, understanding their personal potential and responsibility to remain in good health. It was not until 1977 that the church's attitude toward health had markedly changed, as evidenced by an editorial in which Mormons were advised not to "test" their abilities to heal themselves and others, and that their faith should not replace professional health care (Bush 1993:103).

Historical Precedent of Women Healers

In the early days of the LDS church, women too participated in healing blessings both in and outside the home. Women healers were also endorsed by Joseph Smith, who felt that "there could be no devil in it, if God gave His sanction by healing; [and] that there could be no more sin in any female laying hands on the sick than in wetting the face with water." He followed in recommending, "if the sisters should have faith to heal, let all hold their tongues, and let everything roll on" (Moroni 10:17). At first women did not participate in the ritualized practice of anointing with oil reserved for the priesthood; later on, women joined in these rituals. Some wives were even "set apart" to perform as healers doing washings and anointing. In 1880, the First Presidency stated "it is the privilege of all faithful women and lay members of the church, who believe in Christ, to administer to all the sick or afflicted in their respective families, either by the laying on of hands, or by the anointing with oil in the name of the Lord" (Newell 1981). Women who practiced as healers did not do so with the power of the priesthood, and were said to confirm their anointings rather than "seal" them, as was the case with priesthood members.

The Relief Society, the women's branch of the LDS church, served as a major forum for women exercising spiritual gifts to heal (Lindsey 1992). Women in the Relief Society often performed blessings on each other, and were ordained to do so. One such ordained woman reported, "I was...ordained and set apart under the hand of Joseph Smith the Prophet to administer to the sick and comfort the sorrowful. Several other sisters were also ordained and set apart to administer in these holy ordinances" (Newell 1981). Like Joseph Smith, his successor Brigham Young also supported women as healers and later Apostle Franklin D. Richards too acknowledged women's "right" to administer to the ill, and advised they do so (Lindsey 1992). It is clear that in the beginning, the healing power of Jesus Christ was thought to be legitimately accessed both in the church by priest and elders, but also by individuals, including women, who wished to heal the sick with faith and intention. Over time, the church soon took the stance that women should be wary of participating in healing rituals that should be reserved for the priesthood, but this change was gradual. At the turn of the century, a Mormon editorial proclaimed, "an ordinary anointing of the head, according to the established ordinances of the Church...should be done by one holding the Priesthood, not by a sister when an Elder is present...[which would] be clearly out of order" (Bush 1993: 86).

In the decades to follow, while women had the opportunity to accompany their husbands to lay hands on the ill and under certain conditions to wash and anoint other women, Elders or priesthood members preformed healings. (Newell 1981). There is no official provision made by

the LDS church that grants women the right to participate in any administrations for the sick, and despite this public limitation of healing rights, women likely continued to privately treat their families. The reorganization included rationalization of church theory that included the institutionalization of healing rituals. This is significant when studying how Mormon women healers today perceive their acceptance by the church, as well as how they feel their faith is affected by their practices (and vice-versa). The historical evolution of church policy and attitude toward healing also provides a useful reference when studying women healers today. There is a clear historical precedence for women in the LDS church having the gift and desire to heal others. Where the priesthood is now the main avenue for exercising spiritual gifts, it is hypothesized that women today might seek out other forums for this, realizing their spiritual call while not engaging in a practice reserved for Priesthood holders.

Themes of personal responsibility, natural remedies, and the desire to appear within the bounds of the mainstream, are present in reviewing the historical evolution of Mormon health attitudes and their stance toward orthodox biomedicine. In light of this, it should be noted that alternative medicine as well as religious healing lies within a broader context in the United States today. Within present day America, the link between religion and healing in medicine is increasingly studied; bringing together two fields that were historically one and the same (Sloan, Bagiella & Powell 1999). The growing popularity of both alternative medicine and spirituality in America will be discussed further in relation to the women's perceived acceptance of their practices by the church community. Based on this historical and present social context, it is postulated that Mormon women may be open to alternative healing modalities and forms of healing that are outside the realm of biomedicine. However, it is hypothesized that the practice of such modalities might be kept private in line with LDS conformism, and may not necessarily reflect rejection of biomedicine or Priesthood authority.

Method

This pilot study draws on research and literature related to LDS health philosophy historically as well as in-depth interviews with five Mormon women who currently use alternative healing modalities. A convenience sample was drawn from various contacts made by the author of healers that were also practicing Mormons. Participants could employ any healing modality outside the scope of biomedicine related to intuition and energy work. Therapies that are considered “energy healing” are both practically and philosophically similar to faith healing, the laying on of hands, and anointing. To participate in the study, the women also had to be active members of the LDS church.

A semi-structured interview schedule was used (see questions in Appendix A). Participants responded to forty open-ended questions. Demographic information was obtained, including their race, marital status, sex, age, and whether they were born LDS or had converted. Information was gathered about the types of healing modalities they used, what motivated to heal, and whom they practice on. Participants were asked how they see their role in healing, how they see it affecting (or being affected by) their faith, and how they define healing and curing.

They discussed the perceived efficacy and acceptance of their practices as well as their opinions on conventional biomedicine. Interviews lasted two hours on average and were all conducted by the author between the dates of October 30th and November 20th of 2008. Interviewees were briefed on the purpose and nature of the project (see Appendix B). All names and identifying information were kept confidential. Data was handwritten, then transcribed and analyzed by way of identifying common attitudes and key words, synthesizing participants' thoughts on each main subtopic: practices, motivation, faith, perceived acceptance, and attitude toward biomedicine. This process of data-reduction and comparison of interviews yielded common themes and conclusions are drawn from the analysis of these themes.

It should be noted that it is problematic at best to use such a small group to provide insight on the Mormon women energy healer community. This study should be considered a pilot study to provide initial insights on these understudied issues. The attitude presented of the LDS church, its priesthood, and ward members toward health and healing is solely the perception of the women who participated in the project.

Findings

Results of this pilot study are organized according to themes that emerged from the interview schedule as well as spontaneous comments from participants. Much consensus was found among interviewees' perceptions of the healing process, roots of illness, and efficacy of care. In addition the women expressed similar ideas on the acceptance of their practices and how they meshed with their faith. Finally, although none used the historical precedent of Mormon women healers to justify their behavior, insights emerged in regard to the priesthood, gender, and healing.

Participant Characteristics

The entire group of women energy healers in this study describe themselves as "very active" in the church, using the term "devout" to describe their practice of the Mormon faith. The types of alternative healing modalities the women used all fall under the categories of energy work and intuitive healing. Energy work is defined by the National Center for Complementary and Alternative Medicine as:

Therapies involving putative energy fields are based on the concept that human beings are infused with a subtle form of energy. Vital energy is believed to flow throughout the material human body, but it has not been unequivocally measured by means of conventional instrumentation. Therapists claim that they can work with this subtle energy, see it with their own eyes, and use it to effect changes in the physical body and influence health.

The women interviewed employ Reiki, touch for health, chakra balancing, prayer, EFT, polarity therapy, and essential oils. EFT stands for emotional freedom technique, which is based on the

idea that tapping on an individual’s energy field, which is sensitive to emotional disturbances, will restore balance to the afflicted person. Polarity therapy similarly manipulates the energies in the body to get rid of blocks that can cause psychological stress and disease. The women were mostly white, born LDS, and aged 31 to 53 (see Table 1).

Table 1. Characteristics of Participants

Age	Race	Occupation	Marital Status	Born LDS	Healing Technique
37	El Salvadorian	Biologist	Single	Yes	Chakra balancing
52	Caucasian	Homemaker	Married	Yes	Touch for health, Chakra balancing, prayer, essential oils, EFT
39	Caucasian	Counselor	Single	Yes	Massage, polarity therapy
53	Caucasian	Entrepreneur	Married	No	Reiki, EFT, essential oils
31	Caucasian	Social Worker	Single	Yes	Chakra balancing, aura smoothing

The Healing Process and Roots of Illness

Using their intuition to heal, the women collectively see themselves less as “healers” and more as “guides,” someone who uses her intuition and spiritual guidance to help the patient become more aware, someone who can inform the patient of certain parts of his or her spiritual, emotional, or physical self that need attention. Also mentioned as part of their role was being a conduit for Jesus Christ’s healing power, and giving “good energy” to the afflicted.

In reality, I’m just kind of a guide. We can all heal ourselves; we just sometimes don’t have the tools. So I just show them the tools. (*Entrepreneur, Age 53*)

In this way, healing comes about through a process that is largely dependent on the patient rather than the healer:

When I balance the charkas its in a physical way, like I’m *doing* something. It’s a very temporary thing, but then I get them to start a conversation that’s more honest and real. If they aren’t ready to be honest and process their emotions, their symptoms will come back. (*Biologist, 37*)

Just as the healing process is more about the patient’s willingness to be healed, the techniques utilized serve to cultivate their own ability to release limiting thoughts and emotional blocks. The healer’s role can be described as a guide and facilitator. Overall it is clear that the healing modalities mentioned by the women interviewed have non-specific, often emotional and spiritual goals, where the objective is not necessarily simply ending physical pain and suffering. This makes sense considering every woman interviewed pointed to emotions as the root of illness (see Figure 1).

Figure 1. Health Philosophy

Cause of Illness	Mechanisms of Healing
-negative beliefs or thoughts	-releasing emotional blocks, negative thought patterns
-emotional trauma	-balancing the energies of the body
-poor relationships	-cultivating acceptance, forgiveness
-perfectionism	-being honest with one's self
-spiritual crisis	-embracing one's spirituality and potential

Etiology of disease is seen as based not only in the physical realm, but the emotional and spiritual. The following quotes exemplify this philosophy:

There is always an emotional base. Whether it manifests into physical pain or not, there's always emotions behind it.

(Entrepreneur, Age 53)

If my relationships are suffering, my stomach hurts. That can eventually develop into something like cancer.

(Social Worker, Age 31)

People that do it [energy work] on people see the same types of emotional issues connected with the same parts of the body. *(Biologist, Age 37)*

I've noticed patterns...upper body pain can signify a burden, chest pain shows feeling unsupported and lower back pain means money and relationship issues. I noticed that my mom has chronic shoulder pain and has a very perfectionist personality. I've noticed similar patterns with other people.

(Counselor and Massage Therapist, Age 39)

These perspectives did not derive entirely from the women's experiences with other people. In fact, all of the women were entirely or in large part motivated to become healers by way of personal experience with physical and/or emotional health issues.

I went into a really heavy depression. During a priesthood blessing I was told I would go through a trial, which I did. Then I started having people do energy work on me. It's my belief that we all have a great capacity to heal ourselves and

help guide others to heal themselves. I don't feel like I'm a "healer" per say. I see it as something everyone can have.

(Biologist, Age 37)

The emotional trauma the women mention also speaks of a larger issue present in literature on Mormon women, both historically and presently. More than half a century ago Noall (1944) wrote of the blame of children's sickness that was placed on the Mormon mother. A recent qualitative interview of Mormon women mentions an interviewee speaking of "Mormon Women Syndrome," citing the religion as a source of social pressure (Beaman 2001). As such, the healing goals of the women are often psychological and involve becoming aware of and working through emotional disturbances and imbalances, whether due to a specific trauma or the strains of daily life. All women agreed that conceptions of *healing* are distinct from *curing*. Three women mentioned becoming "whole" as a goal of healing, and two brought up the idea that biomedicine only addresses the physical. Where curing can mean the absence of a formerly present disease, healing is on more of a fluid continuum where wellness is the goal. As opposed to curing, healing:

...is more holistic. Not only are you getting rid of their pain, but the emotional source of it. They will either be healed to health or into transition.

(Entrepreneur, Age 53)

...is a process, and everything is connected. You never stop healing.

(Social Worker, Age 31)

...is becoming whole. Embracing your spirituality, your potential, peace, happiness.

(Biologist, Age 37)

The role of spirituality in healing is a topic that in recent decades has proliferated clinical and social scientific research literature (Levin 2003). The concept that spirituality impacts one's health has permeated mainstream America to some extent (Benor 2001), but questions and debates persist as to the efficacy of spiritual interventions in the healing process (Dossey 1993). Despite long standing conflict among psychological, medical and religious ideologies with respect to illness, a wealth of literature has emerged which demonstrates salutary effects of religion and spirituality on health and healing (Koenig 2001). It is conceivable that reliance on spiritual means of healing may be more pronounced with ailments that reveal the limits of biomedicine (for example, chronic pain or emotional issues). The women are part of a larger phenomenon in which parents' religious ideas suggest there are limitations in biomedicine in addressing the whole person (Barnes et al. 2000).

View of Biomedicine

How do these conceptions of illness and healing fit with traditional LDS and biomedical philosophy on health? All of the women interviewed agreed that their first step when confronted with illness would be to use their own or other alternative healing modalities and diets before ever consulting a medical doctor. Most have not been to a medical doctor in some time, which they attribute to their healthy lifestyle and use of alternative medicine. Of the women who said they did consult a medical doctor, all reported they did so only for an annual check up or for surgery. Two women said they would not share their use of alternative medicine with their medical doctor, while the other three said they would not only share, but that they believed their doctor would be supportive. Four of five women were confident that their healing modalities would only compliment any treatment they would receive from a general practitioner.

I don't go to the doctor very often. The last time I went was over seven years ago. The alternative things I've used have helped me keep my body healthy.

(Biologist, Age 37)

I haven't been for years and years. The only reason I would go would be for surgery. There's no other reason to go for me, and I think that in itself is very empowering.

(Counselor & Massage Therapist, 39)

I go for an annual check up, but I would try other things first. Whatever the doctors would do, it will make that work better. *(Entrepreneur, Age 53)*

The women's faith in food and natural remedies are reminiscent of the Mormon health philosophy historically and are rooted in the scriptures which say to use herbs and food to protect against disease. Their attitudes toward biomedicine are mostly critical, and many voiced hesitancy and frustration with biomedical care, particularly pharmaceuticals.

People are spending billions of dollars on alternative medicine, and now doctors are having to go to these conferences about it. Even in pharmacy we had to take an herbal supplements class. Medical doctors are closed-minded and they think they are experts. Scientists and biologists are more open-minded because they have to be. We have to be open to new ideas because things surprise you all the time.

(Biologist, Age 37)

It is evident that although Mormons as a subculture have accepted modern medicine, there is still much importance given to diet and natural, health-promoting behaviors, as well as faith in God and willingness to take personal responsibility for health. The concern over medicine ignoring the emotional, spiritual, and religious contexts of healing is one shared by the larger public and professional sectors of American society (Marks 2004). The avoidance of some of the women to seek medical care is empowering to the women themselves but may also be a way of avoiding tensions that often arise between medical doctors and certain religious groups and faith healers (Barnes, et al. 2000).

Faith and Acceptance

The therapies these women are discussing lie outside conventional medicine in America and all attempt to manipulate the energies of the body through the power of intention and the healing universal energy that is often attributed to the light of Christ. Despite their separateness from conventional medicine, alternative modalities are commonly used in America. Recent studies show that about four in ten people in America use alternative medicine, and the number rises to over six in ten if prayer is included (Eisenberg 1998). Most of the study participants refrain from talking about the therapies or using them on people who would react negatively. Most reported that it just felt natural, and although they are hesitant to take credit as being a born healer, some feel they are carrying out their spiritual gift to heal. This coincides with the LDS cultural movement away from specifically setting apart women as healers even as women continued to demonstrate their healing gifts, thought to be given by Jesus Christ. Overall, the women cited the “culture” of the church as part of the secrecy, as opposed to the theological principles of their religion. The perceived acceptance of the women’s healing practices vary according to whom they share it with, and although all of the women are open about it to their close Mormon friends, they are hesitant to bring it up with those who might not understand (see Table 2).

[The church] wouldn’t be accepting. My family is really supportive, but I wouldn’t go to my church community. I have an aunt that knows and she has started sending me articles that say I am going to hell.
(Counselor & Massage Therapist, Age 39)

Table 2. Disclosure of Practices

Church community				X	
LDS relatives	X	X		X	
LDS friends	X	X	X	X	X
Non-LDS peers	X	X	X	X	X
Church leaders					
Medical doctor	X	X			

The majority does not think it would be accepted or understood by the greater LDS institution, but none of the women seem interested in gaining that approval or justifying their practices; the consensus is that it meshes quite well with their faith and that there should be no reason to explain or justify it. Although there was considerable hesitation to be open with energy healing to the larger LDS community and church leaders, the women unanimously felt their practices served to strengthen rather than conflict with their faith. Their experiences with energy work allow them to better understand religious texts and the nature of Jesus Christ. The women feel their healing practices make them more connected to God and the spirit world, and most backed up their opinions with messages from the scriptures.

It helps [my faith], and makes me really aware of the spiritual world, because that's what energy is to me, it's spirit. There's a common Mormon saying, 'we are spiritual beings having a human experience'.

(Social Worker, Age 31)

There is a scripture that says everything has a story. To me intuition is being able to listen to that story. Since everything was made from God, it is all infinite wisdom. I feel I'm tapping into that.

(Biologist, Age 37)

These women healers believe that even if their practices were misunderstood or rejected by their church community or institution, their practices nevertheless both support and strengthen their Mormon faith. The women agreed that the LDS church has no official stance against their practices and that closed mindedness about alternative healing modalities stems from fear and misunderstanding.

They ask you if you affiliate with it. I think they would think I'm making a mockery of the priesthood. I would never force it on anyone. We're just going outside the cultural norm—usually you go to a male with the priesthood to get a healing. It's cultural, and it's very patriarchal.

(Counselor & Massage Therapist, Age 39)

Although the women did not specifically point to the historical precedence of Mormon women healers as means of justifying their practices, all but one knew of the presence of women healers as the church got its beginnings in the 1800s, and one woman has even written a book on the subject. When asked to speculate about why the "right" to heal by way of the church had been eventually revoked from Mormon women, all of the women held the LDS "culture" responsible for the change.

It seems like after they [the Mormons] got to Utah they had to conform to societal standards. They just took on the culture of the '50s era and kept it. In the last fifty or sixty years it has gotten so rigid about everything. It's just the culture. Early on

it was more accepted. I think the church would benefit now from acknowledging women healers but I don't see it happening for a while. They're so intent on keeping people in a box...I can't believe that something that feels this good is *wrong*.

(Counselor & Massage Therapist, Age 39)

Although the women assume they would face opposition from the church if they were more public about their healing practices, it is apparent that they feel comfortable with how their healing fits with their Mormon faith. The attitudes of the women in this study seem to reflect Ozorak's idea of "cognitive restructuring," in which Mormon women reinterpret their environment (in which some members disapprove of energy work) in a way in which they can "maintain self-esteem without abandoning their religious beliefs" (Beaman, 2001). While the women feel some members of the church or priesthood may not approve of their practices, including many of their family members, the women make a point to explain the encouragement they get from their interpretation of scriptures and how it relates to energy healing.

Gender, the Priesthood and Energy Healing

All of the women interviewed agreed with the statement that women have a different healing style than men (see Figure 2).

Figure 2. Gender and Healing

	Men	Women
<i>Healing style</i>	Ritualistic	Intuitive
<i>Principles used</i>	Concrete	Fluid/emotional
<i>Energy exchange</i>	Directive/focused	Natural/automatic
<i>Healing technique</i>	Institutionalized	Dynamic

The women explained these gender differences and how their practices differ from healings done by the priesthood, making the point that they did not compete with, threaten, or desire the priesthood. The general consensus is that women are naturally healing and do so intuitively, whereas men structure healing around a more well defined or institutionalized ritual. The women agreed that their healing practices were inherently different than the healing rituals practiced by the priesthood. For these women, it is not important to justify or prove anything to anyone, or to compare their practices with those of the priesthood. For them, healing is a spiritual and intuitive practice, and it makes them feel good.

Feelings of empowerment and spiritual sensitivity mark the experiences of these women when relating their practices with those of the priesthood. In recent decades, the church has become more rigid in its definition of the priesthood, and the hierarchy has done much to prevent support for more roles for women. Beaman (2001) notes that women protect their beliefs by separating the church leadership and priesthood from the teachings of Mormonism. She also notes that the LDS culture can serve women with a sense of security. These themes come out in the way the women make such a distinction between their practices and what the priesthood's healing rituals entail, as well as how some noted that differing men's roles *allowed* them to practice their own ways of healing.

Shirts (1991) discusses gender and the priesthood, noting that women's roles are now described as "auxiliary" when in reality women are doing many things the priesthood does, including exercising gifts of the spirit such as healing. The shift from delivering the "keys to this society and the church" directly to women to having women receive them via their marriage to their husbands started the process that ended women's visible exercise of those gifts. While Shirts and others have suggested that women need "outer form" to realize those gifts (Shirts 1991), it seems as though some Mormon women seek out that form in the way of alternative healing modalities without expressing any interest in holding the priesthood.

Study participants disclosed that they were not asking for approval, attempting justification, nor seeking to be set apart or given the priesthood. For these women, doing energy work is separate and unthreatening to the priesthood and LDS culture. They are not interested in persuading people of this: their interest lies in their faith, knowledge, empowerment, and ability to heal themselves and others, bringing greater depth and meaning to their lives and their faith.

Discussion

This study was limited by time and the number of participants, but nevertheless contributes to the relatively small body of research on Mormon women healers. Generalizations cannot be made about all Mormon women healers, and this study makes claims only for the women interviewed. Still, common themes present in the interviews conducted provide interesting insights into the practices and attitudes of Mormon women using alternative healing modalities. It is clear that, although barred from the institutionalized healing rituals of the LDS church, Mormon women still actively work as healers by means of energy healing and using their intuition. The women who participated in this study acknowledged the fact that their practices may be feared, misunderstood, or rejected by their community church and the greater LDS institution, but they firmly believe in the compatibility of their healing modalities and their religion.

It can be gathered from this research that alternative healing modalities are not seen by its LDS practitioners as contrary to the LDS religion, and that some women feel their faith is strengthened by their use of alternative healing. The health philosophies present in the Mormon community historically resonate today as well, as all of the women interviewed sought out

natural remedies and foods before ever turning to orthodox biomedicine. The general consensus regarding the evolving LDS policy on women healers in the church was that the church would benefit from acknowledging women healers, but that is not the prerogative of these Mormon women healers. Themes of personal responsibility, empowerment, balance, and faith can describe these Mormon women healers of today, who acknowledge the role of biomedicine but feel confident that alternative healing is a healthier route toward preventing illness.

This is an exciting area of research, and future studies should further explore how Mormon women incorporate alternative healing modalities into their own lives and communities. A larger, more diverse sample of participants chosen by a more random sampling strategy would help better to determine the homogeneity of the attitudes and practices of the group of interest. It is not possible to extrapolate the views of this select group of women to all Mormon women who use energy healing. At the same time, these women are clearly not alone in their views of their religion, their healing practices, and health care in American society.

Religion and alternative healing are an important component of the health care of these women, as it is for many Americans. According to a recent poll, nearly three quarters of Americans believe that praying for someone will help cure them, and even more believe God can intervene and cure someone or themselves (Barnes et al. 2000). Despite the differences in the health philosophies of these particular Mormon women from mainstream biomedicine, there is emerging evidence of a reconnection between spirituality and medicine. Over 30 medical schools have added classes on spirituality and medicine (Ruggie 2004). Studies show spiritual beliefs and practices, which fall under the umbrella of complementary and alternative medicine, improves recovery from operations and enhances immune functioning (Koenig et al. 1997).

In terms of Mormon culture and church hierarchy, there is evidence of reorganization as an attempt to further rationalize and correlate LDS practice and religious theory (Shirts 1991) which gives insight into the church's institutionalization of healing rituals and perceived skepticism of alternative healing modalities. Additional research is needed on all fronts of the complicated religion-culture-health dynamic. Although the women reported feeling uneasy about sharing their practices and health views with some, there is evidence to suggest that they are on the cutting edge of where health and healing in America is going.

It is evident that the women included in this study perceive a blessing in their ability to engage in healing rituals, and that the institutionalization of healing by the church is not necessarily a hindrance to exercising healing gifts. They appear comfortable with their work as healers, whether or not it is accepted by the church. They are aware and respectful of church policies and are grounded in the synthesis of their religion and healing practices. Above all, the Mormon women healers of today are grateful they are able to be useful to others through alternative healing modalities that have enriched their lives and their faith.

***Sophia Lyn Nathenson** is a medical sociologist and assistant professor of sociology at the Oregon Institute of Technology in Klamath Falls, Oregon. Dr. Nathenson's research has explored how religion, spirituality and use of complementary and alternative medicines are related to health behaviors and*

perceptions. Currently she is developing a program in medical sociology geared toward students entering the health professions. She received a Ph.D. and M.S. in sociology from the University of Utah and a B.S. in psychology from the University of Tulsa. In addition to teaching and research, Sophia works to connect academics, research and practice in health care in a way that reflects America's unique social, cultural and epidemiological profile.