Reviewer’s report

Title: The experiences of Healing Therapy in Individuals with Irritable Bowel Syndrome and Inflammatory Bowel Disease.

Version: 3 Date: 2 December 2014

Reviewer: Ingegerd I Bergbom

Reviewer’s report:

Dear authors,

Thank you for an interesting report on your studies of healing therapy. I have some suggestions that, hopefully, may improve your paper and also some questions where the text can be made more clear. My mother tongue is not English, so please apologize my Swenglish.

1. The aim in abstract and in the paper is somewhat different. My recommendation is to keep the abstract version and then erase "as an adjunct to..." This information could be moved to Design and intervention.

2. In the abstract under Method I recommend you to add a sentence about the method i.e. content analysis.

3. Keywords: add content analysis instead of "qualitative".

4. Background: It is valuable to inform the reader about statistics about IBS etc in UK, but it would be more valuable also to mention some figures about the prevalence of IBS, IBD etc internationally or in some other countries.

5. Aim p4, l 55-56 I suggest that you move the sentence about the interview to the section Interview at p5. Can you add some research questions instead following the aim so that it will be very clear what you wanted to know.

6. Table 1. Explanations of "trial arm" and Treatment group" Y and N is needed. What is meant by trial arm and were patients divided in groups? Please, explain, this is confusing.

7. The abbreviation NHS is not explained see p4, line 65.

8. Recommend that you change Design & Intervention to Design and Intervention so that you have the same style of headings. Please, also erase : at the heading Inclusion and Exclusion Criteria.

9. Each patient received 5 sessions based upon findings from a pilot study? Here is mentioned that the healing therapy was an energy therapy. Could the findings from such therapy be transformed to healing therapy (touch)? This is unclear. Please also explain or give motives for the fact that some patients received the therapy immediately after randomisation and some after a waiting list protocol. Did this influence the findings?

10. At p 5 where the intervention is presented: What kind of environment did the sessions take place.? Were all patients treated in the same environment and did
the therapist use music or aromatherapy at the same time or as a preparation before the healing session started?

11. Concerning the interview: Where did the interviews take place? What question was asked as an introduction to the interview and what ethical considerations was made? At page 5 line 102-103 three interview themes were used in the interview?

When analysing the text, why not present subthemes and codes under these themes and do you find all these 3 themes in line with the aim?

12. Analysis. Why choosing content analysis, was it only for identifying salient issues of a particular group of respondents? Some of the text about the interview and how they were conducted belongs to the section about "Interviews". The idea of content analysis - see Krippendorf. Did you use manifest or latent or both analysis? An what were your reasons for that choice?

13. Please, explain why only 10 of 13 interviews were analysed and then new questions were asked. The process of analys from patients´ statement to code and further on to sub-themes and themes is unclear. I suggest that you present the three themes and all the subthemes in a table without codes and patients´ statements. Present that table in Results. For illustrating the process of analysis I suggest a table where you only give some examples (2-3) how you analysed from statement to code and to subthemes and themes.

14. In the section Results you present a theme "The understanding and expection of healing". Can this theme be included in the aim "patients experiences of undertaking a course of healing therapy”? Was the aim also to explore the effects of healing therapy? This is unclear- so maybe if you describe some research questions in connection to the aim, this may be much more clear for the reader.

15. Discussion: In relation to the described aim it is a bit confusing that you discuss for example "Impact of healing", Understandig and attitudes etc. The only but very short section that is in congruence with the aim is the paragraph "Experiences of Healing" at p 13-14.

16. Limitations: Some other limitation that maybe should be discussed is how and by whom the participants were invited and if the number of sessions may have had and impact. The context where the sessions were held is also of importance to discuss and bring up.

17. Table 3-5 are too heavy, see suggestions above. Table 2 can also be changed.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.
Declaration of competing interests:

I declare that I have no competing interests.