

# Healing Touch

## A Low-tech Intervention in High-tech Settings

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*Healing Touch is a complementary therapy that can be used as a nursing intervention for patients in critical care settings. Use of healing touch may facilitate positive patient outcomes. However, further research is needed to adequately evaluate the effectiveness of healing touch in the critical care setting. The use of Healing Touch in critically ill patients is explored in this article.*

*Keywords: Healing Touch, Complementary therapy, Alternative therapy*

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Critically ill patients are often anxious in the unfamiliar, high-tech settings in which they find themselves. Severe illness and its effects can increase stress levels of many individuals. Many critical patients have conditions that involve anxiety, high stress levels, alterations in mood, and experiences of pain.

The use of simple, human touch has been an intervention used by nurses to help patients feel calmer and more comfortable in difficult situations. In this article, the complementary modality of Healing Touch (HT) is explored as a nursing intervention for use with critically ill patients.

### ■ PATIENT USE OF COMPLEMENTARY THERAPIES

The public is using complementary therapies (CTs) with increasing frequency.<sup>1,2</sup> The National Center for Complementary & Alternative Medicine, a division of the National Institutes of Health, defines CTs as those that are used in conjunction with mainstream treatments. Alternative therapies are those that are used instead of mainstream medical therapies.<sup>3</sup> This area of study is often referred to as complementary and alternative medicine. For example, there are instances where lavender aromatherapy may be referred to as a CT or an alternative therapy. If a patient decides to use the aromatherapy in addition to antianxiety agents, it would be considered

a CT. If a patient decides to use lavender aromatherapy exclusively for treatment of anxiety, it would be considered an alternative therapy.

The National Center for Complementary & Alternative Medicine divides complementary and alternative medicine into 5 major areas (see Table 1). One of these areas is energy medicine, the category in which HT is located. To understand energy medicine, a brief overview of the human energy field is necessary.

### ■ HUMAN ENERGY FIELD

It is important to note that to many cultures of the world, the idea of human energy fields is commonplace. Weymouth stated,

Cultures around the world, both East and West, have words to describe the vitalizing energy that they believe flows within and around human beings, plants, and animals. Possibly the first written description of an animating energy within the physical body was described in the Chinese Yellow Emperor's Book of Internal Medicine, believed to have been written about 2000 B.C. (Becker, 1990). The Chinese refer to it as *chi*, the ancient Greeks as *pneuma*, Hippocrates wrote about it as *vital spirit*, the Greek physician Paracelsus called it *archaeus*, the Japanese refer to it as *ki*, the Hindus as *prana*, the Kahuna of the Hawaiian Islands as *mana*, and the Kung in the Kalahari Desert of South Africa call it *num*.<sup>4(p48)</sup>

**TABLE 1 Major Areas of CAM With Examples<sup>3</sup>**

Area of CAM	Examples
Biologically based practices	botanicals, animal-derived extracts, vitamins, minerals, dietary supplements, probiotics, dietary regimens
Energy medicine	Reiki, Johrei, Healing Touch, Therapeutic Touch, intercessory prayer
Manipulative and body-based practices	chiropractic and osteopathic manipulation, massage therapy, reflexology, rolfing, Trager bodywork, Alexander technique, Feldenkrais method
Mind-body medicine	relaxation, hypnosis, visual imagery, meditation, yoga, biofeedback, cognitive-behavioral therapies, group support, autogenic training, and spirituality
Whole medical systems	traditional Chinese medicine and Ayurvedic medicine, homeopathy and naturopathy, Native American healing

CAM indicates complementary and alternative medicine.

Weymouth explained that one of the theories on which HT is based "...is that the human body has an energy field that interpenetrates and extends several feet from it in all directions."<sup>4(p49)</sup> She said that some healers can feel the human energy field, and others may see it. "The healing practitioner uses her or his hands to influence the energy field in such a way as to bring harmony and balance to it."<sup>4(p50)</sup>

Oschman, a cellular biologist and physiologist, has done extensive research on energy fields.<sup>5</sup> He relates the concept of energy fields to findings in electronics, chemistry, biology, and physics. Oschman noted, "Some discoveries are made before their time, and simply cannot be integrated into contemporary thought. Concepts of 'life energy' and 'healing energy' have surfaced many times over the centuries. Until recently, these concepts have been classic examples of prematurity."<sup>5(p217)</sup>

To date, several instruments have been invented to directly measure the human energy field. These are Kirlian photography, Gaseous Discharge Visualization, and Polycontrast Interference Photography. However, these instruments have a variety of methodological problems, and so their accuracy and ultimate worth are questionable.<sup>6</sup> The use of the super conducting quantum interference device has shown promise in this arena but is still theoretical in nature.<sup>5</sup> Until science is able to provide accurate, direct measurement of the human energy field, research will need to be conducted by measuring possible effects on the field in an indirect manner.

**DEFINITION OF HT**

One of the complementary nursing therapies that is gaining in popularity is HT.<sup>7</sup> It is defined as "...a holistic energy therapy that emphasizes compassionate, heart-centered care in which the Healing Touch provider and client are equal partners in facilitating health and healing. Healing Touch providers use gentle, non-invasive touch to influence and support the human energy system within and surrounding the body. The goal of Healing Touch is to restore harmony, energy, and balance withing the human energy system."<sup>8</sup>

*One of the complementary nursing therapies that is gaining in popularity is Healing Touch.*

Janet Mentgen, who was a registered nurse, founded the Healing Touch program in the early 1980s and offered it as a nursing continuing education program.<sup>9</sup> Mentgen wrote,

Healing Touch and other energy-based therapies such as acupuncture, Reiki, reflexology, and therapeutic touch use the concept of field theory that states that our being does not stop at our skin. Just as our lungs are an open system with air moving in, through, and out, our body also is an open system that experiences input, throughput, and output of energy. Based on this understanding, the practitioner uses direct contact or noncontact "touch" to influence the human energy field and affect the physical, emotional, mental, and spiritual dimensions of the patient.<sup>9(p145)</sup>

The American Holistic Nurses Association offered HT as a continuing education program beginning in 1990. Certification was begun in 1993. Healing Touch International, Inc, became the certifying body, and American Holistic Nurses Association endorsed the program. The HT program consists of 5 levels of study and an additional level for instructor training. The certification board for Healing Touch International, Inc, grants certification as an HT practitioner and an HT instructor. Thus, those who practice HT are highly skilled.<sup>10</sup> More than 75,000 people in the United States have taken at least the first-level class. HT is also taught in numerous countries worldwide, including Canada, European nations, New Zealand, South America, and Africa.<sup>11</sup> See Table 2 for further resources regarding information on HT.

HT may involve touching the physical body and/or noncontact touch. Such noncontact touch refers to

**TABLE 2** Healing Touch (HT) Resources

HT Homepage	<a href="http://www.healingtouch.net/">http://www.healingtouch.net/</a>
HT Program Information	<a href="http://www.healingtouchprogram.com/">http://www.healingtouchprogram.com/</a>
HT Support Services	<a href="http://www.healingtouchprogram.com/student/index/shtml/">http://www.healingtouchprogram.com/student/index/shtml/</a>
HT Research	<a href="http://www1.healingtouchinternational.org/">http://www1.healingtouchinternational.org/</a>

touching the client’s energy field, rather than the physical body. For instance, in the technique of energetic ultrasound, the thumb and first and second fingers are held together, and energy is directed out of them toward an affected painful body part of a client. However, the fingers are not placed on the client’s body, but rather held over the painful area.<sup>10</sup>

The North American Nursing Diagnosis Association now has an approved nursing diagnosis of “Disturbed Energy Field.”<sup>12</sup> This adds credence to the nurse’s use of HT as part of nursing practice.

The work of Martha Rogers, a nursing educator, researcher, and theorist, is often advocated as a theoretical basis for nurses to use such energetic healing techniques as HT. Rogers’ Science of Unitary Human Beings includes recognition of the human energy field. Changes in this energy field may affect health and well-being. Malinski explained,

Rogers defines both unitary human beings and environment as four-dimensional, irreducible energy fields characterized by patterning, the perception of the field as a single wave. What is accessible to three-dimensional perception is an index of the underlying four-dimensional process, although human and environment do not have dual-wave particle aspects in Rogers’ view but are four-dimensional energy fields coextensive with the universe.<sup>13(pp20-21)</sup>

Leddy created the Human Energy Model, based on Rogers’ Science of Unitary Human Being, to explain how concepts such as healthiness are influenced by the human energy field. Leddy stated, “Pattern manifestations such as fatigue, anxiety, or pain, can be modified through energetic patterning nursing interventions.”<sup>14(p19)</sup>

It is unknown precisely how energy field modalities, including HT, influence the human energy field to influence health. Weymouth listed 8 theories: (1) imagination or hypnosis; (2) placebo effect; (3) psychoneuroimmunology; (4) consciousness exchange; (5) love; (6) light; (7) endogenous biocircuits, electromagnetic fields, and information exchange; and (8) noncorporeal assistance.<sup>4</sup>

It is beyond the scope of this article to elaborate upon which, if any, of the above theories are correct or in-

correct. However, it is my opinion that it is likely a combination of any or all of the above, with a highlight on the ability of love to act as a jumper cable to facilitate the biochemical and energetic responses of the individual to heal.

**■ USE OF HT IN CRITICAL CARE SETTINGS**

Many patients who use CT do so because it is more consistent with their views and beliefs regarding health and because it relieves symptoms unresolved by mainstream biomedical care.<sup>15,16</sup> Certainly, patients in critical care settings are among those who may have symptoms in need of resolution. Use of CT, such as HT, may help patients gain greater overall comfort.

*Use of complementary therapies, such as Healing Touch, may help patients gain greater overall comfort.*

As a result of a national survey of critical care nurses, researchers reported that nurses viewed CT in a positive way, were open to the use of CT, and perceived CT as beneficial and legitimate for patients. The nurses felt that CT was helpful for a variety of symptoms, including stress, anxiety, pain, headache, restlessness, insomnia, and nausea. The researchers noted that CT may have a “...unique place in ICUs where critically ill patients may not be able to physiologically tolerate some conventional therapies.”<sup>17</sup>

Unfortunately, research regarding CT use in critical care settings is very limited. Thus, some of the research studies presented in this article relate to symptoms critical care patients may encounter, even though the samples may not have consisted of critically ill patients.

**■ HT RESEARCH**

**Quantitative Research**

An excellent synopsis of the quantitative studies regarding HT was done by Wardell and Weymouth.<sup>18</sup> However, only studies involving quantitative data collection were reviewed. Qualitative studies, case studies, or patient satisfaction evaluations were excluded. These studies involved a variety of patients, not just those who were critically ill. In the review, a total of 32 studies were examined, which included theses, research projects,

and dissertations. Study results included pain reduction, relaxation, and improved mood. However, many of the research designs contained flaws that warrant continued study. Wardell and Weymouth concluded,

Although many positive results of HT have been reported, none of the findings were conclusive. Many studies were difficult to evaluate accurately, particularly those submitted to the HTI research program, because they lacked internal and external validity.<sup>18(p153)</sup>

Recognizing that more rigorous quantitative research designs need to be implemented in order to thoroughly evaluate the effectiveness of HT, efforts have been made to rectify the situation. One subsequent, well-designed study particularly relates to critical care. In this randomized, controlled clinical trial involving 150 patients, stress management, imagery, off-site intercessory prayer, and HT were provided to patients awaiting percutaneous interventions for unstable cardiac syndromes. Comparisons of mood were made to patients receiving standard treatment. In regards to patients receiving HT, they reported reduced worry as compared with those receiving standard treatment ( $F_{1,105} = 6.41$ ;  $P = .01$ ).<sup>19</sup> This is an excellent example of how HT can be used to bring relief of worry to patients in a critical care setting.

### Qualitative Research

There have been some excellent qualitative research studies conducted relating to patient use of HT which lend support to its implementation. Because these studies do not involve critical care patients, further research is needed to determine if similar results are obtained with those who are critically ill.

Slater studied the effects of HT on chronic abdominal pain in a convenience sample of 23 participants using quantitative and qualitative methodologies. Each participant received an HT treatment, a sham treatment, and an interview. A sham treatment is one in which a person makes hand motions of providing HT but is not actually providing an HT treatment. Slater explained, "Each treatment was designed to highlight one of the three study elements—presence, hand movements, or the provider's conscious involvement."<sup>20(p47)</sup>

Qualitative data indicated that participants preferred HT, "...but only slightly."<sup>20(p73)</sup> Slater noted that even though there were not significant findings in pain reduction quantitatively, the qualitative data indicated the opposite,

In the four cases, recipients gave graphic descriptions of changes. One said that she had a sense of "overall lightness" and "stomach tissue softened and melted into [her] stomach." One reported that her constant pain of many years had totally disappeared. She

pressed on her stomach to see if it would come back but it did not return during the rest of the time she was with the provider, another fifteen minutes.<sup>20(p62)</sup>

The essence of healing was examined in a qualitative, phenomenological study with a purposive sample of 4 women who had received HT treatments and felt they had a healing experience. These women were identified by local HT practitioners and were contacted by the researcher to explain the study and obtain consent for participation. Each person agreed to participate. There was no common diagnosis among them. A data-generating question was mailed to each participant approximately 1 week before an in-person taped interview was conducted. This question was given by Holbrook,

Please describe your experience of healing, everything you thought, everything you felt and everything you remember. Tell it as you would a story, from the beginning, with as much detail as you wish.<sup>21(p55)</sup>

Data were analyzed by hand, and theme clusters and categories were identified (see Table 3). Peers were utilized to check for accuracy and validation of the data and identification of themes. A final description of the experience of healing was given to 3 of the participants to validate that it was representative of their experience.

It is important to note that The Power of Healing Touch, one of the theme clusters, was acknowledged by the participants as part of their path to healing. Holbrook stated,

Carol described a physical sensation of healing with HT. Margaret seemed to use HT on a less regular basis and talked about different experiences she had when she used it for different reasons. She found it renewing when used for low physical energy. She claimed she was completely healed by HT after a painful ankle injury.<sup>21(pp79-80)</sup>

### Mixed Methods

A mixed methods approach was used to study the effects of HT in a convenience sample of 39 hospice patients who had a variety of diagnoses. There were 21 in the HT group and 18 in the control group. There were 5 open-ended questions asked of those who had received HT treatments. The responses were analyzed by content analysis, and the number of positive or negative comments was tallied for each patient. The common responses were identified as follows: (a) increased relaxation—7 responses, (b) increased relief of pain—4 responses, (c) spiritual benefit—4 responses, (d) increased calmness—3 responses, and (e) improved breathing—3 responses. Other responses mentioned were stress relief, increased energy, and overall comfort.<sup>22</sup>

**TABLE 3** Essence of Healing Theme Categories and Theme Clusters<sup>20</sup>

Theme Categories	Theme Clusters
Life Before Healing	Memories Disease Manifest
Reforming Self	Signals for Change A Whole Different Person
Healing Is a Process, a Long Slow Process, a Whole Process	Story of Journey From Illness Is About Healing Mind/Body Connection for Healing Recognizing the Need for Active Participation in the Illness
There Are Many Paths to Healing	Consistent and Sufficient Exercise The Power of Healing Touch Caring for Self and Others Relaxation Therapies Conventional Medicine The Right Nutrition Spirituality By Any Name
Healing Is Becoming, Accepting, Being Comfortable With Self as One "In Process"	The Gift of Illness Is Healing A Sense of Freedom
A Prescription for Healing	Deliberately Developing a Healing Mindset Healing Becomes a Way of Life Active Participation Required Connection Medicine and Healing

One group of researchers<sup>23</sup> conducted a study with a mixed-methods design on a convenience sample of 22 participants in order to determine the effect of HT on 3 quantitative variables related to health: secretory immunoglobulin A, stress ratings, and perception of health. These participants had a variety of diagnoses. Qualitative data were collected in an open-ended questionnaire, which elicited information regarding the experience and perceived effects of HT. Participants' responses were transcribed and analyzed for content analysis. Two teams consisting of 3 coders each were established to identify themes in the transcriptions. Axial coding was then completed. Upon completion of all coding, Wilkinson et al validated the themes with the participants. The authors reported, "The most prevalent theme of the HT experience identified by the coders was relaxation."<sup>23(p40)</sup> Other themes identified were as follows: (a) enhanced

awareness, (b) connection with the practitioner and within self, and (c) changes during and after treatment. The third theme had subthemes of mood changes and physical changes.

Of interest is that 6 of 11 participants (55%) reported pain relief after HT. However, in one treatment, a participant felt uncomfortable. The authors explained,

Client 8 reported: 'Today's experience felt negative... my awareness seemed to keep moving in and out of my body...kept feeling I was just about to touch a real spiritual point, but never quite made it.' Client 8's practitioner said, 'I know she was not finished—that I needed to work longer but our time was up.' The practitioner was referring to the time constraint of the experimental protocol. In this case the experimental protocol interfered with model fit validity. In light of such data, there may be implications against rigid adherence to the time constraints of an experimental protocol for future research.<sup>23(p41)</sup>

Within the subtheme of mood changes, it was reported that participants had negative or neutral moods, changing to positive moods. However, as noted in the example above, with strict experimental protocol, the time needed to assist patients through emotional changes may be restricted. In clinical settings where HT is used for patients, this might also possibly be the case. Therefore, there need to be guidelines for referring such patients in need of further energy work, or emotional counseling, to other practitioners.

**Conclusion**

With the increased use of CT by patients, including HT, it is vital for the critical care nurse to become knowledgeable regarding its use and effectiveness. Nurses need to know how to make referrals for patients who request HT. For instance, there may be an HT practitioner in-house who can be called upon to provide a treatment. It may be that an HT practitioner in the local community needs to be consulted. Nurses would be wise to assess whether the patient has realistic expectations regarding possible outcomes of HT.

*Nurses need to know how to make referrals for patients who request Healing Touch.*

Nurses in critical care have indicated barriers to the use of CT, including lack of knowledge, time, and training. Despite such barriers, they indicate eagerness

to use CT.<sup>24</sup> In the words of Sparber, “The staff has an ethical and legal responsibility to be aware of and knowledgeable about any healthcare modality practiced by their patients regardless of whether ‘sufficient’ randomized, double-blind controlled studies have been completed.”<sup>25</sup>(p311) By becoming more informed about HT and being supportive of ongoing CT research, the nurse can provide higher quality of care to patients who are critically ill.

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### References

1. Eisenberg DM, Davis RB, Etnne SL, et al. Trends in alternative medicine use in the United States, 1990-1997. *JAMA*. 1998;280(18):1569-1575.
2. Barnes PM, Powell-Grinner E, McFann K, Nahin RL. *Complementary and Alternative Medicine Use Among Adults: United States, 2002* (DHHS Publication No. 2004-1250-04-0342). Hyattsville, Md: U.S. Department of Health and Human Services; 2004.
3. National Center for Complementary and Alternative Medicine. What is complementary and alternative medicine? 2002. Available at: <http://nccam.nih.gov/health/whatiscom/>. Accessed October 27, 2005.
4. Weymouth KF. Healing from a personal perspective: interviews with certified healing touch practitioners. *Diss Abstr Int*. 2002;65(03B):1601 (UMI No. 3126142).
5. Oschman JL. *Energy Medicine: The Scientific Basis*. Edinburgh, Scotland: Churchill Livingstone; 2002.
6. Duerden T. An aura of confusion. Part 2: The aided eye—“imaging the aura?” *Complement Ther Nurs Midwifery*. 2004; 10:116-123.
7. Dossey BM, Keegan L, Guzzetta CE. *Holistic Nursing: A Handbook for Practice*. 3rd ed. Gaithersburg, Md: Aspen; 2000.
8. Healing Touch International. What is healing touch? 1998. Available at: <http://www.healingtouchinternational.org/hti.shtml>. Accessed May 29, 2006.
9. Mentgen J. Healing touch. *Nurs Clin North Am*. 2002;36(1): 143-157.
10. Hover-Kramer D. *Healing Touch: A Guidebook for Practitioners*. 2nd ed. Albany, NY: Delmar; 2002.

11. Anselme L. Healing touch certificate program. *Beginnings*. 2003;23(3):6.
12. Carpenito-Moyet LJ. *Handbook of Nursing Diagnosis*. 10th ed. Philadelphia: Lippincott Williams & Wilkins; 2004.
13. Malinski VM. Contemporary science and nursing: parallels with Rogers. In: Malinski VM, ed. *Explorations on Martha Rogers' Science of Unitary Human Beings*. Norwalk, Conn: Appleton-Century-Crofts; 1986.
14. Leddy S. Human energy: a conceptual model of unitary nursing science. *Vis J Rogerian Nurs Sci*. 2004;12(1):14-27.
15. Astin JA. Why patients use alternative medicine: results of a national study. *JAMA*. 1998;279(19):1548-1553.
16. Testerman JK, Morton KR, Mason RA, Ronan A. Patient motivations for using complementary and alternative medicine. *Complement Health Pract Rev*. 2004;9(2):81-92.
17. Tracy MF, Lindquist R, Savik K, et al. Use of complementary and alternative therapies: a national survey of critical care nurses. *Am J Crit Care*. 2005;14(5):404-416.
18. Wardell DW, Weymouth KF. Review of studies of healing touch. *J Nurs Scholarsh*. 2004;36(2):147-154.
19. Seskevich JE, Crater SW, Lane JD, Krucoff MW. Beneficial effects of noetic therapies on mood before percutaneous intervention for unstable coronary syndromes. *Nurs Res*. 2004;53(2):116-121.
20. Slater V. Safety, elements, and effects of healing touch on chronic non-malignant abdominal pain. *Diss Abstr Int*. 1996; 65(03B):4303 (UMI No. 9636569).
21. Holbrook J. *The Essence of Healing* [Unpublished master's thesis]. Tucson, Ariz: The University of Arizona; 1998.
22. Ziembroski J, Gilbert N, Bossarte R, Guldberg M. Healing touch and hospice care: Examining outcomes at the end of life. *Altern Complement Ther*. 2003;9(3):146-151.
23. Wilkinson DS, Knox PL, Chatman JE, et al. The clinical effectiveness of healing touch. *J Complement Altern Med*. 2002;8(1):33-47.
24. Tracy MF, Lindquist R, Watanuki S, et al. Nurse attitudes towards the use of complementary and alternative therapies in critical care. *Heart Lung*. 2003;32(3):197-209.
25. Sparber A. Complementary therapy use in critical care settings: a review of surveys and implications for nurses. *Crit Care Nurs Clin North Am*. 2003;5:305-312.

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