

## **Healing Touch**

### Background/Definition

Healing Touch (HT), a nurse-initiated biofield modality developed in the early 1980s by Janet Mentgen, aims at balancing energy systems in the body to initiate or accelerate the self-healing process (Hardwick, Pulido, & Adelson, 2012; Hover-Kramer, 2002; MacIntyre, 2008). During her 43-year emergency and home nursing career, Janet Mentgen (1938–2005) noticed the powerful therapeutic effects a compassionate presence can have on critically ill patients. Through the development of the HT program, Mentgen sought to deepen the connection between nurses and patients, acknowledging the ability of a caring presence to prompt another body's capacity to heal itself.

The technique is still widely used in hospitals to complement conventional healthcare, though many practitioners also offer treatment in private, nonmedical settings. Patients generally seek out HT to reduce stress and anxiety, manage pain, facilitate healing, and strengthen their spiritual connection (Hover-Kramer, 2002).

Since 1989, HT has been offered as a continuing education program through the American Holistic Nurses Association (AHNA). In 2012, there were 890 HT practitioners and 118 HT instructors certified through the Healing Touch Program (HTP; "Healing Touch Certification: 2012 Annual Report"). These two organizations also offer practitioner and instructor certification through multilevel curricula, which include a one-year mentorship.

### Theory:

HT is described as a heart-centered approach, in which the compassionate intentions and hand positions of the practitioner inspire the natural healing process in the patient. MacIntyre (2008) explains the underlying theory of the technique:

HT aids relaxation and supports the body's natural healing process, ie, one's ability to self-balance and self-heal. This noninvasive technique involves (1) intention (such as the practitioner centering with the deep, gentle, conscious breath) and (2) placement of hands in specific patterns or sequences either on the body or above it. At its core, the theoretical basis of the work is that a human being is a multi-dimensional energy system (including consciousness) that can be affected by another to promote well-being.

Practitioners are trained to detect the locations of patients' energy imbalances through changes in temperature, current, or vibration in the biofield, and to modify the movement of their hands accordingly (Hover-Kramer, 2002; Post-White et al., 2003). This ability to "evoke others' healing" makes HT a versatile technique, capable of aiding in the recovery from a variety of ailments, both physical and spiritual.

### Procedure:

Before performing a session, the practitioner performs a self-grounding technique in order to proceed with the clear intent to support the patient's own healing process. A typical HT session

lasts around 60 minutes and involves the practitioner laying her or his hands in specific sequences of locations on and above a patient's body (Hover-Kramer, 2002).

Several techniques are employed in a standard session, including “pain drain”, “chakra connection”, “magnetic unruffling”, and “mind clearing” (Lutgendorf, 2010). Each technique targets a different aspect of or obstacle to healing, working to reduce energy congestion, balance the flow of energy and allow toxins to release outward.

#### Review:

Because of its emergence out of the nursing field, much of the research on HT techniques has been conducted in hospital settings, with a strong focus on patients recovering from surgeries or other traumatic medical procedures. For example, MacIntyre et al. (2008) investigated whether HT could facilitate postoperative recovery in coronary artery bypass patients. Participants, who were first-time coronary artery bypass patients at a community hospital in Minnesota, received three HT or mock-HT sessions—one the day prior to their scheduled operation, one directly before surgery, and one on the day following the procedure. Data from 237 patients revealed no difference in the use of pain or anti-emetic medication between the groups, though patients subjected to the HT intervention showed a greater decrease in postoperative anxiety and had shorter hospital stays, on average, than participants in the control group.

Hardwick, Pulido, and Adelson (2012) also investigated the efficacy of HT as a complementary postoperative pain management therapy. Their focus was on patients undergoing elective bilateral total knee arthroplasty for arthritis or osteonecrosis, a procedure that often results in significant pain during the early postoperative period. Contrary to their hypothesis, Hardwick et al. did not observe a significant decrease in anxiety, pain, or opioid analgesics consumption in patients who received HT, although some values approached statistical significance. It is worth mentioning that participants in this experiment only received healings *after* their operations; possibly, HT interventions must be administered prior to a stressful procedure for maximum benefit.

In addition to administering HT to individuals recovering from stressful medical procedures, researchers have sought out participants living with chronic pain. Using a quasi-experimental design, Slater (1996) investigated the effects of HT on chronic postoperative abdominal pain. The 23 participants were subjected to a HT session with either a naïve healer or an experienced healer. Participants in both groups reported pain relief and an increase in relaxation after a single session; however, only the experienced healers were able to provide long-lasting pain relief.

A 2000 pilot study (Weymouth & Sandberg-Lewis) compared the efficacy of HT and chiropractic techniques in managing chronic low back pain. Participants ( $N = 20$ ) were randomly assigned to receive either chiropractic adjustments or a series of eight HT sessions. Both groups indicated decreased levels of pain, better range of motion, and improvement of orthopedic measurements, but only participants who received chiropractic care reported an increase in overall quality of life. Importantly, the participants in the HT group had a higher number of average years of chronic low back pain, and had more physically demanding jobs; future studies should aim to eliminate or control for these group differences.

Several studies have been conducted looking at the effects of HT on cancer patients. Using a double-blind design, Loveland-Cook, Guerrerio, and Slater (2004) studied the effects of HT on adult women who were newly diagnosed with gynecological or breast cancer at a university-affiliated hospital in the Midwestern United States. Sixty-two women were randomly assigned to either a HT group ( $N = 34$ ) or a mock HT group ( $N = 28$ ), in which a naïve healer administered the healing. Participants who received HT from an experienced healer reported greater vitality, less pain, and better overall physical functioning than those who received mock treatment. A particularly compelling finding was that most patients in the mock HT group believed they were receiving legitimate healing, indicating that the placebo effect did not account for the differences in health outcomes between the two groups.

In a 2010 randomized clinical trial, Lutgendorf et al. examined the effects of HT and basic relaxation training for “supporting cellular immunity, improving mood and quality of life, and reducing treatment-associated toxicities and treatment delay in cervical cancer patients receiving chemoradiation” (p. 1231). The researchers found that, encouragingly, NK (natural killer) cell activity was preserved for patients in the HT intervention, while activity decreased significantly for patients receiving relaxation therapy or standard care. No changes in the overall quality of life of the patients were observed, despite a decrease in depressive mood for those in the HT intervention.

Post-White et al. (2003) investigated the effects of HT, therapeutic massage, and caring presence on the mental and physical health of 164 cancer patients, most of which were in stages III or IV of their disease. All patients received weekly 45-minute sessions of their assigned intervention over the course of one month. When compared to patients in the caring presence condition, in which individuals rested on a table while a second person simply sat at their side, the participants in the HT and massage conditions experienced reduced heart rate and systolic blood pressure. Additionally, HT and massage were more effective than presence alone in reducing short-term pain. While massage decreased anxiety, HT did not—a finding that is inconsistent with many other studies on the technique. Overall, the existing literature on the healing effects of HT on cancer patients is promising; both physiological and psychological benefits have been observed by researchers.

Psychological well-being has also been the primary focus of several experiments. A 2012 study conducted at a Marine Corps Base Camp explored the use of HT and guided imagery as a way to manage PTSD in returning active-duty military (Jain et al.). The guided imagery component consisted of visualizations and affirmations to induce relaxation and alleviate the feelings of terror and shame often associated with PTSD. Over a 3-week period, participants completed a daily, guided visualization and received 6 HT treatments. The pre- to post-program decreases in PTSD symptoms, depression, and cynicism were statistically as well as clinically significant, indicating that this combined complementary therapy is an effective alternative to traditional psychotherapy and medication use within the military population. However, it is impossible to draw definitive conclusions about the role of HT in this intervention, since it was used in conjunction with a daily, guided imagery practice. Further research is also necessary to determine whether this therapy is effective in other populations with PTSD, such as veterans who experience long-term symptoms.

A 2008 pilot study (Maville, Bowen, & Benham) examined both the physiological and psychological effects of HT. The blood pressure of each of the 30 participants was recorded immediately before and immediately following the 50-minute sessions. Participants' heart rate, skin temperature, skin conductance, and electromyography (EMG) were continually recorded, beginning 10 minutes before the session and ending 10 minutes post-treatment. While muscle tension remained constant throughout the session, all other physiological measures reflected an increased state of relaxation. The psychological data followed the same pattern, with participants reporting a sense of peace and calmness during and after treatment. While these results suggest dramatic and positive effects of HT, the study is limited by the fact that participants responded to ads about the study; thus, the sample was not random, and participants likely had expectations about the effects of HT prior to the experiment. Additionally, the lack of a control group makes it difficult to determine whether HT was responsible for the physical and psychological changes which occurred during the session, or whether these were merely effects of lying down and being still with a caring presence at one's side.

Overall, HT appears to have strong, observable effects on various aspects of physical, mental, and emotional well-being, but several of the aforementioned studies are limited in their methodology. Future research should take care to have random sampling, a blinded design, and, ideally, a comparable control group to allow definitive conclusions to be drawn about the cause of any observed changes in participants. Long-term effects of HT have not been fully explored; thus, experiments implementing longitudinal designs may be particularly helpful.

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