

Therapeutic Touch

By: Carissa P. A. Hamilton

Advisor: Pamela J. Wakefield, D.C., C.C.S.P.

May 1999

Abstract

The topic of Therapeutic Touch is very controversial. It is ridiculed by the majority of the medical profession while some aspects of it are hailed by the holistic profession. The purpose of this paper is to evaluate the different aspects of Therapeutic Touch and its controversies. Projects conducted that disprove Therapeutic Touch and documentation supporting the validity of Therapeutic Touch will be examined.

Introduction

Therapeutic touch has been confused with many other therapies, the most common of these being massage. Therapeutic touch and the art of its performance are explained in this paper so that the reader can better understand this modality.

The topic of Therapeutic Touch is very controversial. It has been ridiculed by the majority of the medical profession while some aspects of it are hailed by the holistic profession. The purpose of this paper is to evaluate the different aspects of Therapeutic Touch and its controversies. There is documentation in this paper of projects conducted that disprove Therapeutic Touch. Documentation supporting the validity of Therapeutic Touch will also be examined.

Materials and Methods

Research materials were obtained by use of the Logan College of Chiropractic Library. Key words, such as Therapeutic Touch and Touch, were used to locate information on the Logan computer network. An extensive search of the Internet was accomplished which provided the latest in research information and developments pertaining to the topic. Also, any

related material found outside of the Logan Library in the form of magazine or newspaper articles on the topic of Therapeutic Touch or touch were used.

Results

Therapeutic Touch is a present day version of the ancient technique of laying-on of the hands (Castleman, 284). Therapeutic Touch began with Dora Kunz. Ms. Kunz taught Dolores Kreiger, Ph.D., R.N. much about this technique, but it has mostly been developed by Ms. Kreiger. Ms. Kreiger, formerly a teacher at the New York University's School of Nursing, did much to promote the art of Therapeutic Touch and she is considered to be a co-founder of therapeutic touch. She was able to install the first accredited program for this technique in the United States (Krieger, vii).

Many times Therapeutic Touch has been confused with the aspect of massage or just touching the patient. Massage is the act of rubbing or "stripping" muscles in order to reduce tension. In most states one must be licensed in order to perform this act. Confusingly enough, Therapeutic "Touch" does not involve touching the patient at all. It is performed by the healer merely holding their hands over the patient without touching.

Dolores Krieger described Therapeutic Touch as being useful for two things: It elicits a rather profound, generalized relaxation response in the

patient, and it is very good at relieving pain (Krieger, 17). Therapeutic Touch is a conscious flow of energy into the “empty space” beyond the skin boundaries of the hands (Krieger, 24). In her book, *Therapeutic Touch*, beginning on page 24, Ms. Krieger explained a simple exercise that helps beginners feel their energy fields:

1. The first step is to sit comfortably with both feet on the ground and simply place your hands so that the palms face each other. Hold your elbows away from the trunk of your body and do not rest your lower arms in your lap. Now bring your palms as close together as you can get them without having them touch each other, so that they are perhaps one-eighth to one-quarter inch apart.
2. The next step is to separate the palms of your hands by about two inches and then slowly bring them back to their original position, about one-eighth to one-quarter inch apart from one another.
3. Now separate your palms by about four inches and, again, slowly bring them back to their original position, as noted above.
4. Repeat this procedure. However, this time separate your palms by about six inches. Keep your motions slow and steady. As you return your hands to their original position, notice if you begin to feel a build-up of pressure between your hands or if you feel any other significant sensation.
5. Once again separate your palms, this time until they are about eight inches apart. Do not immediately return your hands to their original position. Instead, as you bring your hands close

together, at about every two inches, experience the pressure field you have built up by stopping for a moment and slowly trying to compress the field between your hands. You may experience this as a “bouncy” feeling.

6. Spend the next full minute in experiencing this field between your hands and try to determine what other characteristics of the field you feel besides the pressure and the bounciness or elasticity. At the end of the time, write down those other characteristics on a piece of paper before you go on to the next paragraph, and then draw a line under your last entry.

Many other beginner exercises need to be accomplished before the actual Therapeutic Touch assessment can be performed. There are many exercises in detail in Ms. Krieger’s book. The actual assessment of the patient’s body is explained on page 45 of Dolores Krieger’s book, *Therapeutic Touch*:

1. Remembering from Therapeutic Touch Self-knowledge test #1 (see above) that I “do not stop at my skin,” I place my hands two to three inches from the person’s skin. It does not matter where I begin; however, it seems to work out naturally to start at the head, since the ill person is either sitting or lying down and the healer is either standing up or sitting down. As one reaches out one’s hand from either position, the hand level easily reaches the head of the healee.
2. Stand in front of the healee with the hands outstretched towards his or her head, two to

three inches from his or her skin surface, and test the left side area against the right side area. Move your hands slowly but steadily down from his or her head area to his or her face area, all the while keeping yourself sensitive to any sign of temperature change in your hands. The timing to scan from the top of the head to the chin should be within the range of seven to ten seconds. Do not linger, asking yourself: "Did I feel something or didn't I feel something?" It is very easy to mix oneself up when beginning; therefore, force yourself to move on within the suggested time frame. If you have questions, you can recheck the area after you have done a complete head to toe assessment.

3. Continue in this manner to scan the entire front of the body, tucking any information you receive in the back of your head for the time being.
4. When you have finished the front of the person, do the same thing to the back of the person. Again, start at the head and go down the person's body. You will find that your brain will reward consistency in input of information by bringing to the mind relevant associated ideas as you scan. Try to keep track of all the data until you have finished the scan.
5. When you have completely finished the scan, go back to any areas about which you and doubts and recheck your impressions.

Ms. Krieger noted that one should pay attention not only to temperature change but also tingling, pressure, electric shock, or pulsation (Krieger, 46). Next, an energy transfer needs to be completed. The healer

needs to direct their energy down their arm into their hands so that it is transferred to their patient. Energy needs to be transferred in the appropriate type to balance the patient's field. This technique is explained in Dolores Krieger's book, *Therapeutic Touch*, starting at page 58.

1. When you have a partner, decide between you who will play the role of Sender and who will be the Receiver.
2. Sit at a table in such a manner that each of you can easily outstretch your right hand towards the other as if you were going to shake hands; however, do not have the palms of your hands touch.
3. You will find that it will be quite natural for the Receiver to lay the back of the hand lightly on the table, while the Sender tips his or her hand over that of the Receiver's. Do not have the palms of the hands touch. Keep the wrists loose and the shoulders depressed to eliminate any tension.
4. The receiver will do most of the talking and will also act as the judge of the Sender's ability to direct energy. The Receiver will give the Sender directions somewhat as follows:
 - a. Since you had the experience before of proving to yourself that "you don't stop at your skin," close your eyes for a moment and see if you can feel what the energy making up the space just beyond your right shoulder feels like. When you can feel that energy, let me know.
 - b. Now that you feel the energy, try to bring it down from your

- shoulder to your elbow. When you do so, let me know.
- c. Now, bring that feeling of energy down your arm from your elbow to your wrist and let me know when you feel it there.
 - d. Now I would like you to feel the energy just beyond your right shoulder again; and when you do so, I'd like you to bring that energy down your arm to your hand and feel the energy center in your hand.
 - e. Once more, I'd like you to feel the energy just beyond your right shoulder. This time, I'd like you to bring the energy down your arm to your hand and then leap the gap between our hands and have the energy touch my hand energy center.
5. The Receiver now "listens" for a response in his hand. As noted previously, the feeling of energy flow is subtle, but it will be a discernible difference. It will not be an exotic difference, it will be only a slight difference; but you will be aware of a definite change during Moment #2-you will feel different than you did during Moment #1. Simply remember: "Do not expect it to be accompanied by the blaring of silver trumpets and the rolling of drums!" You will find it to be quite a natural phenomenon, resembling the feeling of bubbles in flowing water.
6. When the Receiver becomes aware of the energy flow, he should now change roles and become the Sender. Repeat the test.

These explanations of Therapeutic Touch only braise the surface. For a more through explanation of the subject one should read Dolores Krieger's book, *Therapeutic Touch, How to Use Your Hands to Help or to Heal*. This book will help in guiding one into the realm of Therapeutic Touch.

A study about the validity of Therapeutic Touch was conducted by a 9-year-old fourth grade girl named Emily Rosa . This study was actually published in JAMA (Journal of the American Medical Association). Dr. George D. Lundberg, editor of JAMA for 16 years, edited Miss. Rosa's report and claims the material is 'sound' (CNN, 4). Miss Rosa, who is the daughter of a registered nurse and an inventor, conducted her own experiment on Therapeutic Touch for her school's science fair (CNN, 1). Miss Rosa chose 22 Therapeutic Touch practitioners for her study. She had these practitioners sit on one side of a 3 foot high and 1/8th thick screen wall (Barrett, 2). She then had them cover their arms with a towel and put their hands through a hole in the screen wall. The participants were asked to hold their hands palms up around 10 to 12 inches apart. Miss. Rosa then sat on the opposite side of the wall, which inhibited the subject from seeing her. She proceeded to hold her hands over the practitioner's hands to see if they could feel her energy. Therapeutic Touch does not involve touching the skin

so it is easy for this sort of experiment to be performed. Miss. Rosa concluded that the subjects could correctly locate her hand in 122 out of 280 trials. This is only an accuracy of 44% (Barrett, 2).

Discussion

Dolores Krieger, former professor of nursing science at New York University and co-founder of therapeutic touch in 1972, was “astounded” by the results of Emily Rosa and furthermore “astonished” that JAMA published the study (CNN, 3). Ms. Krieger stated, “It’s poor in terms of design and methodology (CNN, 3). She also stated that Miss. Rosa should not have been the one to conduct the actual study (CNN, 3). Ms. Krieger does believe in the validity of Therapeutic Touch but also believes that it is not a miracle cure. She stated in her book, *The Therapeutic Touch*, the realism of this technique:

... Therapeutic Touch is not a miracle cure, and sometimes it is not even a cure--but most times, it does help, and that can be invaluable (Krieger, 89).

When Cynthia Poznanski Hutchison, DNSc, RN, CHTP/I, research coordinator for Healing Touch International, read the article published about this study in JAMA she was astonished. Mrs. Hutchison stated in response to the JAMA article:

The published study does not test any critical variables related to Therapeutic Touch. The ability to sense the energy field of another is simply not a requirement of the Therapeutic Touch practitioner” (Hutchison, 1).

Mrs. Hutchison also stated in her article that it takes years before the technique can properly be developed. In fact, she is a healing touch instructor and claims that even after 15 years she still does not feel very kinesthetic but her capacity has developed to some degree over time (Hutchison, 1). Moreover, Mrs. Hutchison stated in her paper that Miss Rosa, “was not neutral about therapeutic touch, and therefore could have affected the results.” She further claims that Miss. Rosa was under the influence of “experimental bias” effect (Hutchison, 2). This is when the beliefs of the experimenter tend to be confirmed.

A key point in controversy is whether or not the patient is making an informed decision when choosing Therapeutic Touch. Dnal P. O’Mathna, has stated that people need to be informed of the notions underlying Therapeutic Touch and its lack of efficacy, its potential for causing harm, and its religious nature. O’Mathna believes that the harm comes from the recipient not receiving all of the information necessary to make an informed decision (O’Mathna, 11). Alternative medicine is often the last resort for

most individuals. These ailing patients have usually tried conventional medicine and have chosen to give alternative medicine a try in hopes for a “cure” or relief from their pain. As stated above, alternative health care is usually their last resort, individuals seeking this care have usually sought out all of the information available to them about alternative health care. This is how these people come to the conclusion that holistic health care can help them. Mrs. Patricia W. Abrams, who was affected with agnogenic myloid fibrosis 17 years ago, came to this same conclusion. When conventional doctors had given up on her she sought out a new treatment. She gives Therapeutic Touch credit for saving her life (CNN, 4).

Mr. O'Manthna's statements about Therapeutic Touch practitioners not giving their patients enough information to receive “informed consent” are confusing. Before a child is vaccinated do all medical doctors explain the possible horrible adverse and crippling effects of this vaccine to their patient's parents? Even after these effects begin to develop in an afflicted child does the medical practitioner claim responsibility or give blame to the vaccine? How can Therapeutic Touch cause harm? Especially since, as stated earlier, this is the last resort for most patients. Mr. O'Manthna also stated that pressure exists throughout the current healthcare system to cut

expenditures (O'Manthna, 8). He then stated that using "low tech" alternative therapies may seem an attractive solution (O'Manthna, 8). He quoted a nurse who said, "we are using time and resources for such practices our clients may not receive the type of sound care that they need" (O'Manthna, 8). This statement is coming from the same nurse who may have brought patients a thirty-dollar Tylenol in a hospital for a mild headache or pain.

Conclusion

The practitioners of Therapeutic Touch truly believe that they can feel energies from their patients. They feel that this technique is very useful and has provided help in healing to many individuals. Medical practitioners feel that due to the metaphysical nature of this "cure" there can not be any scientific evidence of its actual healing nature. As Stephen Barrett, M.D. stated in his Therapeutic Touch paper, "There is not scientific evidence that the 'energy transfer' postulated by proponents actually occurs. It is safe to assume that any reactions to the procedure are psychological responses to the 'laying on of hands.'" But those who have felt the positive healing effects of Therapeutic Touch believe in its advantages, and continue to seek out practitioners despite the lack of acceptance by the medical profession.

Bibliography

1. Barrett, Stephen, M.D. "Therapeutic Touch." Quack Watch
<http://quackwatch.com/01QuackeryRelatedTopics/tt.html>
2. Bauchner, Howard, MD, et al. "Parents and Procedures: A Randomized Controlled Trial." American Academy of Pediatrics 98.5 (1996) 861-867
3. Blaymore Bier, Jo-Ann, MD, et al. "Comparison of Skin-to-Skin Contact With Standard Contact in Low-Birth-Weight Infants Who are Breast Fed." Archives of Pediatrics & Adolescent Medicine 150.12 (1996) 265-269
4. Bradway, Cathy Leb, MSN, RN, CS. "The Effects of Healing Touch on Depression." Therapeutic Touch Newsletter. 8.3 August (1998):
<http://www.healingtouch.net/newsltr/v8n3/bradway.shtml>
5. Carroll, Robert Todd. "Therapeutic Touch." The Skeptics Dictionary.
<http://www.dcn.davis.ca.us/go/btcarrol/skeptic/tt.html>
6. Castleman, Michael. Nature's Cure. Pennsylvania: Roda Books, 1996.
7. Ford, Clyde W., D.C. "The Psychodynamics of Human Touch." Chiropractic Economics 32.3 (1989) 43-46
7. Gamble, Maureen. "Response Regarding the Program aired by 'All Things Considered' on National Public Radio." Healing Touch International, Inc. White paper #2:
http://www.healingtouch.net/whitepapers/wp_2.shtml
8. Hansen, Mark Victor. Awaken the Healer Within. Ontario: Prime Books Incorporated, 1989.
9. Hicks, Joyce Clark. "The Magic of Touch: A calming hand, a soothing massage—simple human contact is strong medicine." The news & Observer January 29, 1998:

10. Hutchison, Cynthia P., DNSc, RN, CHTP/I. "A Nurse Reasearcher's Response to the April 1, 1998 JAMA article 'debunking' therapeutic Touch." Healing Touch International, Inc. White Paper #1: http://www.healingtouch.net/whitepapers/wp_1.shtml
11. Jackson, Richard. Holistic Massage, the Holistic Way to Physical and Mental Health. New York: Sterling Publishing Company, 1977.
12. Jacobs, Jennifer, MD, MPH. The Encyclopedia of Alternative Medicine. Italy: Carlton Books Limited, 1996.
13. Kennedy, John M. "How the Blind Draw." Scientific American 276.1 (1997) 76-81
13. Krieger, Dolores. "A Brief History of Therapeutic Touch." Natural Health May (1999) 82
14. Krieger, Dolores. The Therapeutic Touch. Prentice Hall Press 1979
14. Lossing, Wallace W. "The Healing Touch." The American Chiropractor December (1998) 67-69
15. O'Mathna, Dnal P. "Therapeutic Touch: What Could Be the Harm?" The Scientific Review of Alternative Medicine. Promentheus Books, 1998: <http://www.herc.org/sram/harmtt.html>
16. Older, Jules, PhD. "Teaching Touch at Medical School." The Journal of the American Medical Association 252.7 (1984) 931-933
17. Phillips, Carol, D.C. "An Effective Drug-Free Approach to Premature Contractions." International Review of Chiropractic October (1998) 77-81
18. Richards, Andrea. "Fourth-grade Science Project Casts Doubt on 'therapeutic touch.'" CNN Interactive 1 April. 1998: <http://cnn.com/HEALTH/9804/01/therapeutic.touch.touch/index.html>

19. Schrof, Joannie M. "Required Course: Bedside Manner 101." U.S. News & World Report December 21, 1998 66
20. Stouffer, Don, et al. "A Healing Touch Approach to Scar Integration." Therapeutic Touch Newsletter. 8.3 August (1998)
<http://www.healingtouch.net/newsltr/v8n3/stouffer.shtml>
21. Wheeler, Tom Ph.D. "Review of TT Cutaneous Wound Healing Research" <http://www.voicenet.com/~eric/tt/wound.htm>
22. Yeo, Michael, Ph.D and Mark Longhurst MD. "Intimacy in the Patient-Physician Relationship." Canadian Family Physician 42.8 (1996) 1505-1508

