

# Research Points for Healing Touch Efficacy Studies

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*In this article we discuss approaches to assure energy medicine studies in general, and Healing Touch (HT) studies in particular, have the strongest scientific merit possible.*

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**G**ENERAL Medical research is rife with poorly designed studies and subjective interpretations, thus there is a bias against any but the most rigorous study. Energy medicine studies typically are given little scientific weight because of the difficulty of systematically evaluating treatment effectiveness, and due to other difficult-to-control methodological concerns. Randomized Controlled Trials (RCTs) are the gold standard for evaluating new medical treatments because such studies minimize the risks of introducing bias. While RCTs are not currently possible for evaluating energy impacts, well designed and implemented studies can provide a solid evidence base for the energy intervention tested.

The major issues with energy studies are the typically limited subject selection opportunity and resulting small sample sizes, lack of an untreated control group, the impossibility of blinding all aspects of the study, and the potential for biases. In this article we discuss approaches to assure energy medicine studies in general, and Healing Touch (HT) studies in particular, have the strongest scientific merit possible.

#### GENERAL CONSIDERATIONS

Identifying the study hypothesis (i.e., goal) is the first step and sets the stage for the study design. Often hypotheses are too general (e.g., "HT is effective for treating ..."). Study hypotheses need to be as specific as possible and, at a minimum, should clearly indicate the population being evaluated. For instance, "HT is effective at reducing joint pain in elderly women who suffer from ... and are receiving ... treatment." If HT is to be compared to another modality and/or an untreated group, a "compared to" phrase should be included. The study hypothesis and knowledge of potentially available study participants allows development of a set of inclusion and exclusion criterion for selecting study participants. Having as homogeneous a study population as possible greatly helps minimize potential confounding effects.

Many studies only include participants that believe in the effectiveness of energy work (e.g., clients of practitioners). While it may not be practical to include others, this limitation should be recognized in discussion and in evaluation of results.

Next the study sample size and organization must be established. Sample size is often based on participant availability and study population homogeneity is often sacrificed in the hopes of improving the study's power by having a larger sample size. Large sample sizes are needed to improve the statistical significance of a study, particularly where there are subtle effects, and to allow for attrition. It is not unusual for participants to drop out during these studies.

Control groups (groups receiving no treatment) are sometimes used. It is challenging, however, to assure the control group is equivalent to the test group, or to find enough study participants to populate two groups.

Some studies have established "control groups" where "sham" treatments are used on the control group to try to eliminate biases resulting from one group being treated and the other not. In these cases, a "sham" practitioner mimics the hand motions of the given treatment or the actual healers perform random motions and think of something other than healing while going through those motions. The use of this approach is highly problematic, because there are always questions as to whether the "sham" healing was having an effect and thus biasing the control group results.

As much as possible, treatments must be standardized. The number of HT sessions, the duration of each session, the HT techniques employed, the time between sessions and the timing of the treatments relative to the participants situation (e.g., medicines received, surgical timing, other energy treatments, etc.) all need to be considered and standardized as much as reasonable. HT practitioners typically choose energetic techniques based on individual assessment, and apply the energetic technique until a change is felt in the recipient's energy field. This of course creates challenges for developing a standardized research design. If the normal practice is allowed, a single practitioner should be used or practitioner experience and level of training needs to be similar. Techniques used (and if possible, the reasoning

behind that choice) should be documented and discussed in the report.

You must also decide when to gather the data. Before and after each treatment? For how many successive treatments? Exactly how long before and how long after (e.g., within five minutes, an hour before and after)? If there is a measurable parameter involved (e.g., blood pressure, brain waves, biomarkers) do you need to take measurements during the treatment? How would that interfere with or impact the treatment and its effects? For chronic effects it is often useful to do a follow-up data collection well after treatment has ended (e.g., 3 months). Additionally, it is important to identify other treatments the client has had or is having before and during the study.

For HT, which can be performed in person or from a distance, it is generally best not to mix the two approaches in any individual study. In many types of energy interventions, including HT, the influence of social supportive factors (e.g., meditation, background music) can contribute to or interfere with the therapeutic effect of the treatment. Thus, such factors should be controlled where possible and discussed in reporting results. Also, be sure to track and discuss any influences that could impact results (e.g., identity of the practitioner, time of day, weather, mood of client, mood of practitioner).

When treatments occur at multiple locations or over an extended time, it is desirable to make treatment surroundings as similar as possible (e.g., temperature, light level, same music, same color scheme). Be sure to track the location of each treatment to allow identification of any potential impacts of differences.

When a physical measurement is not practical, impacts are determined by using surveys. You will always need a survey(s), as well, to gather the participant characterization information (vital statistics, medical history, etc.) There are generally recognized surveys for most effects likely to be of significance in an energy medicine study (e.g., pain, stress). Studies gain credibility by using standardized



surveys wherever possible.

Blinding is used in RCT studies to eliminate biases. Blinding may be done in relation to data collectors, treatment providers, and patients. Because there exist difficult-to-control variables and inherent personal interactions associated with HT it is difficult, however, to totally blind HT studies.

### BEFORE AND AFTER CASE STUDIES

Many HT studies use a “before and after treatment” approach. In these studies, evaluations are made of a participant’s condition before and after HT treatments. The collection of these evaluations and the differences observed between before and after are then evaluated to determine treatment efficacy. While most of the issues already discussed still apply, this type of study is so common it deserves additional discussion.

The main problem with before and after treatment studies is the difficulty in ensuring any difference between the before and after evaluations is due to the treatment alone. Many factors need to be considered and as much as possible controlled.

Before and after studies are often done as part of normal HT treatments. It is particularly important that informed consent be obtained from anyone participating. This informed consent should go beyond normal treatment informed consent and indicate that the participant is agreeing to be part of an HT efficacy study.

Because the population available to you to study (e.g., your clients, patients in a clinic) is self-selected (i.e., individuals who chose to be treated with HT) and likely have a vast range of different problems and characteristics (e.g., gender, age) it is particularly important to have and use inclusion/exclusion criterion to identify which clients to include in the study. You’ll also need to gather enough data on everyone in the study to allow you to evaluate your results (e.g., age and gender of individual, medical history, current living situation, stress factors, other treatments).

### IN CONCLUSION

A great many issues must be considered and addressed to make an HT treatment efficacy study as rigorous as possible. It is often useful to confirm your study plan, by having experienced researchers review it before moving forward. Carefully and thoughtfully developed and executed studies can add important information to the body of knowledge about the value of Healing Touch. €

Additional information on research methodologies and a bibliography are available on the Healing Touch Worldwide Foundation website – [www.htwfoundation.org](http://www.htwfoundation.org).



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Deborah Poelker: HTP-A, BS, MA, Retired Licensed Clinical Professional Counselor (LCPC) began her HT journey in February 2020. She recently stepped into the role of Acting Secretary for the Healing Touch Worldwide Foundation Board and HTWF’s Grants Committee. She has a particular enthusiasm for the Foundation’s vision to sponsor quality scientific research regarding the efficacy of HT. Having retired from a 20-year career in the mental health field in 2019, and having worked in the environmental sciences prior to that, Deb considers energy healing as a natural progression in her career path.



Jeannette Nienaber, BSc., MEd., HTCP/I, currently serves as the Instructor Manager for the Healing Touch Program (HTP) and enthusiastically supports and trains HTP’s instructors from classroom to community and beyond. Her eclectic background ranges from 35 years as a science teacher/athletics coach, to a near death experience in her early 40’s. She is the author of *The Heart in You: A Personal Journey through your Physical, Emotional, Mental and Spiritual Heart*. [www.JeannetteMNienaber.com](http://www.JeannetteMNienaber.com)