

Healing Touch, Therapeutic Touch, and Reiki

Energy Medicine Advances in the Medical Community

Jane Hart, MD

Many factors have contributed to the increasing acceptance of energy medicine as an important healing practice in the medical community. The development and advancement of various energy medicine practices, consumer demand, clinician interest, and experienced practitioners have all contributed to a heightened awareness of the physical, emotional, and spiritual benefits of energy medicine.

In fact, today, energy medicine therapies, such as Healing Touch (HT), Therapeutic Touch,SM (TT) and Reiki are among the more common complementary therapies offered in hospital and community-care settings. Energy medicine is not only becoming more widely accepted, but health care professionals are also increasingly prescribing energy medicine as a part of patients' treatment regimens.

Definitions

While most complementary and alternative medicine (CAM) practitioners have at least a general knowledge of this type of medicine, it has been defined in several different ways. The National Institutes of Health's (NIH) National Center for Complementary and Alternative Medicine NCCAM defines "energy healing therapy" as "the channeling of healing energy through the hands of a practitioner into the client's body to restore a normal energy balance and, therefore, health. Energy healing therapy has been used to treat a wide variety of ailments and health problems, and is often used in conjunction with other alternative and conventional medical treatments."¹

The NCCAM also addresses the concept of energy fields and says: "Practices based on putative energy fields (also called biofields) generally reflect the concept that human beings are infused with subtle forms of energy; *qi gong*, Reiki, and healing touch are examples of such practices."² While many diverse types of complementary therapies may be included under the category of energy medicine, this article explores how HT, TT, and Reiki are gaining a larger presence in the medical community.

Increasing Acceptance

Not long ago, controversies regarding energy medicine as a legitimate practice abounded, and only people who practiced and benefited from these ancient healing techniques were "true believers." Cynthia Hutchison, program director of the Healing Touch Program,TM headquartered in San Antonio, Texas, shares her thoughts on just how far energy medicine has come in the past few decades:

Thirty years ago, I started my energy medicine practice with Therapeutic Touch, and at that time, I gave "secret" treatments to clients and friends in the hospital. Today, however, I introduce myself to the nursing staff as an independent clinician visiting patients, and I often document in patients' charts that I administered Healing Touch.

Hutchison adds:

Today, health care administrators and legislators are well-aware that consumers want clinicians to address them as not only physical mechanisms or chemistry laboratory results, but also as conscious beings with minds and spirits. People want noninvasive, affordable, gentle, and effective care to help them heal and/or stay healthy. The Healing Touch ProgramTM is one way to provide that, and our philosophy of care is based on the belief that we address and treat the body, mind, and spirit.

While energy medicine has long been accepted by many clinicians in the nursing and allied health care professions, Hutchison says there is definitely growing physician support for energy medicine practices. She states that "we have seen a growing number of physicians attend Healing Touch courses and refer more of their patients to Healing Touch practitioners. This is definitely a shift from the more blanket skepticism we saw from physicians 10 and 20 years ago." She then notes: "Today, some medical residents are being taught about energy medicine as part of their integrative training, and physicians

are writing orders for energy medicine in many hospitals, so we have come a long way.”

Today, energy medicine is practiced in a wide variety of medical settings, including rehabilitation, hospice, palliative care, preoperative, postoperative, cancer care, and home care, and is administered to people of all ages, both those who are healthy as well as those who have illnesses.

Therapeutic Touch, developed in the early 1970s by Dolores Krieger, PhD, RN, and Dora Kunz, has also developed a larger presence in formal medical settings. Cheri Brady, APRN, MEd, QTTT, NP, an education trustee for the Therapeutic TouchSM International Association (TTIA; see Resources), reports that TT is now taught in more than 80 countries around the world in educational institutions, health care facilities, and community-based agencies and groups. She observes: “Therapeutic Touch is routinely offered to patients in hospital settings, long-term care facilities, hospice, and cancer-treatment centers. Many patient-centered health care systems, such as PlanetreeTM facilities, now offer Therapeutic Touch training to their employees, therefore making it a very accessible energy medicine modality to their patients.”

Compared with 10 years ago, Brady states that physicians and other health care providers are much more familiar with TT today and that TT is presently being introduced to medical students at the University of Connecticut, School of Medicine in Farmington, Connecticut, as part of their integrative medicine education. “Physicians, as well as other health care providers appreciate the research base behind Therapeutic Touch,” Brady explains and adds: “They are becoming more knowledgeable and open to a wholeness approach to health and wellness, which includes Therapeutic Touch. In New Jersey, a Veterans Administration hospital is in the process of training all of its health care providers to become Therapeutic Touch practitioners.”

Improving Research and Credibility

Part of the controversy regarding energy medicine therapies has stemmed from a lack of a number of factors, including: understanding of the physiologic mechanisms behind energy medicine; credibility of an actual biofield; and high-quality research and large randomized controlled trials (RCTs). There have also been conflicting study results. However, progress in understanding and methodology is occurring.

Hutchison states that the field of energy medicine and the specific modality of HT have matured significantly over the past few decades and earned credibility in the health care field. As she puts it:

Hospitals are both pressured and want to establish integrative medicine departments to provide more holistic care to patients. These hospitals choose time-tested and scientifically based therapies that have universal applicability and credibility, such as massage and acupuncture. Today, Healing Touch also has a respectable scientific and professional base with more than 100 completed stud-

ies, several of which have been funded through the National Institutes of Health, North American universities, and hospitals. Several months ago, a major university in Australia approved one of its nursing professors to serve as a primary investigator on a study of how the practice of Healing Touch influences the spiritual life of Healing Touch practitioners.

Kathy Moreland Layte, RN, MScN, HTCP, chair of the Research Advisory Council for Healing Touch Program,TM says: “Over the past 10 years, Healing Touch research has become increasingly more sophisticated and methodologically sound. There are increasing numbers of studies with more appropriate sample sizes, adequate controls, randomization, objective physiological outcomes (such as immunoglobulins and natural-killer cells), and greater use of expert practitioners in study protocols.” The result, she says is that “all of this has increased the credibility of the practice, making skeptics more open to the possibility that there is more to Healing Touch than just a placebo response.”

Moreland Layte adds that, although progress is being made, improvements are needed. She notes: “We are still in need of large, randomized trials to support results. Also, the use of mock practitioners used in energy medicine studies has come under scrutiny given the concerns about resonance between mock practitioners and recipients regardless of a supposed lack of intention.”

To control for this, various methodological study designs have been suggested, such as using a different mock practitioner for each session, using a different control for presence such as a silent volunteer, or using another form of complementary therapy as the control. “Each choice creates its own problems, and there is no consensus among researchers,” she observes.

Moreland Layte also states that some of the more exciting research on the benefits of energy medicine practices, including HT, in the last 5 years has been in:

- *Cancer*—with research showing reductions in fatigue, depression, cortisol levels, and improvements in quality of life (QoL)
- *Post-traumatic stress disorder (PTSD)*—with research showing clinically significant reductions in PTSD symptoms, depression, and cynicism, as well as significant improvements in mental QoL
- *Anxiety*—with research showing anxiety reductions associated with a number of conditions.³⁻⁶

One study explored the effects of Healing Touch on pain, anxiety, complication rates, and recovery time in patients undergoing elective coronary artery bypass surgery.⁷ The investigators randomly assigned 237 subjects to an HT intervention, a partial intervention (visitors), or usual care. There were significant reductions in anxiety and length of stay in the HT group, compared with the control groups. Moreland Layte states that participants in the HT group were discharged, on average, 1 day earlier than those in the control groups, which, as she points out, was associated with significant cost savings.

Brady, meanwhile, is enthusiastic about promising research in TT and comments: “Gloria Gronowicz, PhD, from the department of surgery at the University of Connecticut Health Center in Farmington, Connecticut has done very impressive research on Therapeutic Touch, demonstrating the proliferation of healthy human cells and inhibiting the bone formation of cancer cells.”^{8,9}

A review examining the evidence supporting a variety of biofield therapies—such as Reiki, HT, and TT—for treating specific conditions and populations concludes that biofield therapies are “promising complementary interventions” for reducing: pain intensity in certain populations; anxiety in hospitalized patients; and agitated behaviors in dementia.¹⁰ The review authors state that this evidence holds true “beyond what may be expected from standard treatment or nonspecific effects.” The authors conclude that more systematic research on the clinical benefits of biofield therapies is needed and warranted.

Education and Certification

In addition to advancements in research, the curriculum and certification process for biofield therapies is advancing to lend further credibility to the field. Hutchison comments on how the modality of Healing Touch is advancing in education and certification in her own organization:

The Healing Touch Program™ offers a standardized worldwide curriculum, which has been taught in 32 countries, with an endorsement from the American Holistic Nurses Association since 1990. Practitioners operate under a professional Code of Ethics and Scope of Practice. This organization is also self-policing, and we have an ethics committee to support and protect students, practitioners, instructors, and consumers of Healing Touch.

Hutchison also states that her program is nationally accredited with the American Nurses Credentialing Center, which she cites as the premier credentialing organization for nursing continuing education, and that the program is preparing to apply for a second national accreditation with the National Commission for Certifying Agencies. “Once we complete this second accreditation, it will provide a professional credential for all our practitioners, whether or not they are licensed health care providers,” Hutchison explains and adds: “It will align our program with mainstream health care and will help open more doors for the field of energy medicine to become even more recognized and respected.”

In terms of TT credentialing, Brady comments: “Health care systems are impressed by the standardized process that a Therapeutic Touch practitioner must go through under the auspices of TTIA—the international organization representing Therapeutic Touch—in order to become a Qualified Therapeutic Touch Practitioner (QTTP) and/or Qualified Therapeutic Touch Teacher (QTTT).”

Experts agree that it is important for clinicians to refer their patients to experienced and credentialed energy medicine

Resources

Organizations

Therapeutic TouchSM International Association

Box 130, Delmar, NY 12054
Phone: (518) 325-1185
Fax: (509) 693-3537
E-mail: info@therapeutic-touch.org
Website: <http://therapeutic-touch.org/>

Healing Touch Program™

20822 Cactus Loop
San Antonio, TX 78258
Phone: (210) 497-5529
Fax: (210) 497-8532
E-mail: info@HealingTouchProgram.com
Website: www.HealingTouchProgram.com

Website

<http://nccam.nih.gov/health/reiki/introduction.htm>

Backgrounder: Reiki: An Introduction.
National Center for Complementary
and Alternative Medicine
National Institutes of Health

practitioners. The experts also note that it is important that such practitioners be well-regarded in their medical communities for providing safe and ethical practices.

Putting Energy Medicine into Practice

Francoise Adan, MD—the medical director of the Connor Integrative Medicine Network, at University Hospitals (UH), and an assistant professor at Case Western Reserve University School of Medicine in Cleveland, Ohio—has taken the initiative to help maintain and improve the health of UH health care professionals and administrative employees through use of a variety of programs and services. These include the ancient healing practice of Reiki—an energy medicine practice that originated in Japan. She comments:

We made the decision to offer a gift to our UH employees by providing Reiki I trainings for these employees. We collaborated with the nonprofit organization, Reiki Rays of Hope for Caregivers, Inc., in Mentor, Ohio, to provide this training, and we have now trained more than 450 UH employees. We know that, as providers, it is essential to take care of ourselves. We need to “walk the talk” and be models for our patients. This is an important tool these employees can use on themselves or each other. Additionally, we offer chair Reiki services to UH employees free of charge. Taking care of our employees is crucial at UH, and we are very privileged to be able to do so.

While Adan states that the existence of the biofield has not been scientifically proven, she comments that fascinating biophysics research indicates that subtle low-frequency electromagnetic fields have myriad effects on human physiology, suggesting a possible mechanism of action for Reiki and other

energy therapies. Adan has an ongoing pilot study on the effects of Reiki pre- and postoperatively and three additional research protocols under review.

Reiki has also been an integral and popular aspect of the programs offered by The Gathering Place (TGP), a community-based cancer-support center also in Cleveland, Ohio. Ellen Heyman, RN, MSN, CS—director of programming for TGP—states that, when TGP opened in 2000, it had a Reiki therapist seeing 2–3 people per week, and now the group has ~ 20 volunteer Reiki therapists who serve ~ 40 participants a week. All of TGP’s services, including Reiki, are offered free of charge to participants.

Heyman comments: “Participants describe the Reiki experience as stress-reducing and relaxing.” She adds: “One participant told us ‘Reiki encourages me to relax, slow down my monkey brain, and focus on positive thoughts and goals and tactics for coping.’ Others tell us it helps them release their fears.”

Mary Fisher Bornstein, LISW-S, a program staff member at TGP and a Reiki Master, reports that, in addition to individual sessions, TGP also offers Reiki classes. A beginning

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Reiki class teaches participants with cancer and caregivers to perform Reiki on themselves or others and helps each person with cancer and each caregiver to regain a sense of control.

“This can be very empowering, especially for caregivers who may feel helpless in the face of their loved ones’ cancer,” Fisher Bornstein says. She adds: “It gives these caregivers a tool to offer comfort, help ease pain, or reduce anxiety. Our 3-hour Reiki class offers information about the history and meaning of Reiki and teaches the very basic ‘hand positions.’ If participants want to go further and receive a Reiki I, II or Master certificate they are referred to community programs.”

TGP also teaches basic Reiki to the 60 children who attend the group’s annual camp program. “The children are between the ages of 6 and 12 years’ old, and each has a relative with a diagnosis of cancer,” Fisher Bornstein says. She explains: “They learn about Reiki and feel empowered to help their relatives and themselves deal with the emotions and side-effects that come with a cancer diagnosis and treatment. It is something they can ‘do’ for their loved ones.”

Currently, Reiki is the only energy therapy offered at TGP. Fisher Bornstein comments: “Since we opened in January 2000, we have seen a growing interest in Reiki, partly due to NIH grants to medical centers around the country to con-

duct clinical trials on Reiki and other energy therapies.” She also notes: “The benefits of Reiki have also spread by word of mouth, college courses, and several large Reiki centers in Northeast Ohio. Many physicians, nurses, social workers, and other allied health professionals refer their patients to TGP specifically for Reiki.”

Conclusion

While the field of energy medicine has come a long way, there are still some obstacles to overcome in order to continue advancing in the medical community. Large RCTs exploring benefits, funding for services, and an insurance code for energy medicine therapies will benefit the field.

Hutchison states that people are often willing to pay out-of-pocket for holistic health care when they feel it will support their health and healing. She notes that some insurance companies reimburse HT care practitioners who are nurses and allied professionals, such as physical or occupational therapists. In the future, Hutchison would like to see a specific insurance code for HT.

With respect to the “values” issue that sometimes comes up around energy medicine, Hutchison suggests: “Sometimes people with religious objections see energy medicine practices as ‘New Age,’ which is not always aligned with ‘God’ in some people’s minds.” Yet, she adds that “we have many Catholic practitioners—including nuns and parish nurses—who offer Healing Touch to their communities and have private practices in Healing Touch and holistic health care.”

Hutchison would like to see all health care practitioners educated about biofield therapies as a part of their mainstream curricula. “I would like to see Healing Touch become part of the standard of care in all health care facilities, including long-term care facilities where elderly people experience a lack of caring, intentional touch” she says. As she envisions it, “people with mental health issues and addictions would respond to learning Healing Touch, as it would teach them the basics of learning how to be grounded in their bodies, centered in their minds, and attuned to their circumstances.”

For the future, Brady hopes that the global community and health care professionals continue to grow in their understanding and knowledge about TT and hopes for its seamless integration into our wellness, health, and healing system.

Fisher Bornstein comments: “Western medicine has come to realize that energy work, such as Reiki, provides physical and emotional benefits and comfort.” She adds: “Since clinical trials are being done to study the specific benefits of Reiki, it is my hope that in the future more hospitals, nursing homes, and other medical facilities will offer it and incorporate it into patients’ treatment plans.”

Fisher Bornstein agrees with Hutchison with respect to the increasing need for the presence of energy medicine in medical settings for seniors and adds, “As one of the seniors at an assisted-living facility said: “with all the medical technology, the

'healing touch' is no longer a part of medicine: The only time (we) widows and widowers get touched is for painful medical procedures. Reiki's healing touch is so important for our mental, physical and spiritual well-being." ■

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