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Therapeutic touch (TT) is an alternative healing therapy generating widespread interest among nurses and, increasingly, other health care professionals. Dolores Krieger, co-developer of TT, claims to have personally taught the approach to tens of thousands of professionals at hospitals and universities around the world.[1] Many hospitals now offer TT to patients in various clinical settings.[2] One use of TT is in pain management. This article will examine whether research conducted on TT supports its use in treating pain.

Cultural Background

Touch is an important sensory experience that impacts people physically, socially, and emotionally.[3] Ancient healing practices incorporated touch, and TT claims to be a modern interpretation of these practices.[4] However, TT is one of several touch therapies that must be clearly distinguished from physical touch, especially since the benefits of physical touch are well documented.[3] TT, healing touch, and therapies like those of Barbara Brennan and W. Brugh Joy, while sometimes incorporating physical contact, are significantly different from ordinary touch.[5] In these therapies, healing occurs via nonphysical energy systems and the healer's intention. Thus, Krieger states that TT is "the conscious use of the hands to direct or modulate, for therapeutic purposes, selected nonphysical human energies that activate the physical body."[6]

The existence of "life energy" (also called prana, qi, or chi) has not been demonstrated by advocates of TT, thus making the therapy controversial.[7] The human energy field, or aura, has a long tradition in Eastern and Wiccan religious systems, as well as in theosophy. The latter is an eclectic mix of esoteric belief systems that laid the foundation for many of the ideas of the New Age movement.[4] Even the nursing theoretical frameworks used to provide a rationale for TT are regarded as "speculative and controversial" by some TT researchers.[7]

Mechanism of Action

TT and similar touch therapies assume that health and healing depend on the balanced flow of life energy between the environment and the body. TT is believed to correct imbalances and remove blockages in these energy fields. Proponents admit there is no scientific evidence for the existence of life energy.[7] They attribute this lack of evidence to the limitations of science, and insist that life energy does exist and that they can manipulate it. However, there is no evidence to support such claims.

Technique

Practitioners must enter an altered state of consciousness to develop sensitivity to life energy. According to Krieger, imbalances then are detected as various cues, such as "vague hunches, passing impressions, flights of fancy, or, in precious moments, true insights, or intuitions."[6] Problems in the flow of life energy are corrected by the practitioner's intention to bring about healing. TT sessions normally involve the following:

1. **Centering,** where practitioners quiet their thoughts, enter a meditative state, and become attuned to the energy field. Practitioners remain centered throughout the therapy.

2. **Assessment,** where practitioners pass their hands two to four inches above the patient's body, gathering information about the patient's energy field.

3. **Unruffling,** where practitioners sweep their hands along the length of the patient's body. This removes congestion from the energy field in preparation for treatment.

4. **Treatment,** when practitioners direct life energy to correct patients' energy imbalances. For example, practitioners may visualize warmth while sending energy to areas assessed as cold.

5. **Conclusion,** where practitioners receive cues that treatment should conclude, re-assess the energy field, and then encourage the patient to relax before ending the session.

Current Practice

TT usually is given for about 15-20 minutes. Many nursing schools and continuing education programs offer TT training. Certification and credentialing do not exist and are opposed by the official TT organization (Nurse Healers-Professional Associates International) on the basis that life energy cannot be quantified and responses are individualized. Healing touch incorporates several different energy healing techniques, thus distinguishing it from TT.[5] Healing touch certification is available from Healing Touch International.

Clinical Studies

The earliest TT pain study examined tension headaches.[8] Sixty patients were divided randomly between TT and placebo groups. A statistically significant greater reduction in pain occurred after TT. The researchers noted that the improvement may have had to do more with relief of anxiety, not pain. They cautioned that their results should be replicated before assuming that similar findings would apply with

other conditions or groups of patients.

Perhaps the best-known and most frequently cited TT pain research was conducted on postoperative pain.[9] Meehan assigned 108 subjects to three groups that received TT, mimic TT, or narcotic pain relievers. Mimic TT is a placebo therapy that looks like TT, but practitioners do not use the intention and energy ideas central to TT. Meehan found that TT relieved pain no better than placebo, and that pharmaceuticals were significantly better. Meehan concluded that her study "does not support the use of TT alone as an intervention to decrease postoperative pain."[9] Meehan hypothesized that TT might reduce the need for analgesia, but two subsequent studies found no significant decrease in pain when patients taking pain medication were given either TT, mimic TT, or no additional therapy. Meehan reviewed all her studies and concluded that "TT does not have a significant direct effect on postoperative pain and does not potentiate the short-term effect of a narcotic analgesic."[7]

TT was compared with progressive muscle relaxation (PMR) in 82 elderly patients with degenerative arthritis.[10] Subjects were randomly assigned to the two groups and treated weekly for six weeks. Subjects in both groups had significantly less pain and distress at the end of the study. However, those receiving PMR had more relief than those receiving TT. The differences were statistically significant for distress and almost so for pain. Thus, PMR is more effective than TT, although it is not known if either is any better than placebo because a no-treatment group was not included.

A similar study examined TT with 31 patients with osteoarthritis of the knee.[11] The subjects were randomly divided into groups receiving TT, mimic TT, or no additional treatment. Four sets of assessment instruments measured well-being and pain levels before and after the six weekly treatments. Some assessments found significant improvements in pain and function after TT, but several others did not. The authors concluded that their results were inconsistent.

Another study examined the effect of TT on pain, anxiety, and immune function in 99 patients with severe burns.[12] Patients received either TT or mimic TT daily for five days. Six instruments were used to measure patients' pain perception. Four showed no significant difference between the two groups, while two found TT significantly better. The amount of pain medication used did not differ significantly between the two groups. The researchers claimed their study found significantly greater pain relief from TT, although most measurements did not support this. They also claimed their conclusion was consistent with Meehan's 1985 study, which differed from her 1993 report.[9] However, Meehan's two documents report on exactly the same study: her 1985 PhD dissertation was summarized in her 1993 article. Such inaccuracies are found throughout TT literature.[13] Many articles claim Meehan's research supports using TT for pain relief, but it does not.[10,12,14]

A recent pilot study examined the impact of TT on 12 subjects with chronic pain.[14] The subjects were randomly assigned to TT or control group, and both received training in cognitive behavioral therapy. Statistically significant improvements were not found for pain intensity, distress, or disability. The small sample size was small to begin with, and even smaller at the end: two of the five control subjects and

six of the seven TT subjects completed the study. Neither patients nor investigators were blinded, and those receiving TT were given more individualized attention.

Adverse Effects

Anecdotal reports exist of TT causing pain, nausea, or anxiety, and some practitioners caution that TT can exacerbate fevers, inflammation, and burns.[6] Practitioners urge giving very short treatments (if any) to children, elderly patients, and debilitated patients. However, controlled studies of adverse effects have not been reported.[15]

Conclusion

Anecdotal reports of TT's efficacy in relieving pain abound. However, controlled studies reveal a very different pattern. Most results are not favorable, with many studies being inconsistent, at best. Patients should be told that TT is experimental and that its efficacy has not been demonstrated clearly. This is especially important given TT's controversial nature and the concern practitioners have about its potential adverse effects. Anecdotal reports about TT's benefits point to the importance of meaningful interactions between clinicians and patients, and the value patients place on caring, interpersonal relationships.

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