Phantom Pain and Phantom Sensation: Therapeutic Touch
Marjorie Anderson, MS, RN, PMH CNS-BC, QTTT

Dr. Nicholas Wade, emeritus professor of psychology at Dundee University in Scotland provides us with a succinct history of the phantom limb experience. He writes, “Ambroise Paré (1510-1590) initiated medical interest in this intriguing aspect of perception, partly because more of his patients survived the trauma of surgery. This is followed by attempts to incorporate it into the body of extant theory. René Descartes (1596-1650) integrated sensations in amputated limbs into his dualist theory of mind, and used the phenomenon to support the unity of the mind in comparison to the fragmented nature of the body. Finally, the phenomenon is accepted and utilized to gain more insights into the functioning of the senses. This was achieved in the eighteenth century by many physicians, but particularly by William Porterfield (ca. 1696-1771), who described and interpreted the feelings in his own missing leg; he considered that sensations projected to the missing leg were no more remarkable than colours projected to external objects. Thus, the principal features of phantom limbs were well known before Silas Weir Mitchell (1829-1914) gave them that name.” (Wade, N. “The Legacy of Phantom Limbs”, Perception, 2003, volume 32, pages 517 – 524)

A review of the Therapeutic Touch (TT) Bibliography online at our website shows only four entries focusing on Therapeutic Touch and phantom limb experiences: Biley, 1996; Leskowitz, 2000; Philcox, 2002; and Ketz, 2008. There are critiques of these which name “low sample size” or “anecdotal” as reasons to dismiss efficacy. However, it is this author’s view that multiple anecdotal experiences in a wide variety of settings may lead to quantitative research in multiple sites.

Within the oncology environment, osteosarcoma, or bone cancer, is extremely rare with approximately 800 new cases per year in the United States. (Chow, et. al., Bone Cancers, Cancer Management, 14th Ed., 2011) In one midwestern comprehensive cancer center, Therapeutic Touch is used along with other integrative modalities to manage phantom pain and phantom sensation as a result of the surgical treatment of bone cancers. As an exemplar for the use of TT in this population, a few of these patients and their reported outcomes will be shared.

Patient A.B. is a 40-year-old active duty military gentleman who states, “I run 15 miles every morning to relax and cope with my problems.” This statement was on the eve on his planned left hemipelvec-tomy (amputation of half of the pelvis and leg on that side) for osteosarcoma. The first time after he stood at the bedside with physical therapy and was returned to his bed, he said to his wife, “It feels like my left leg is still hanging off the bed.” When asked how she responded, the wife states, “I just pretended to lift it up and place in on the bed and it helped him a lot.” At this point, the concept of Therapeutic Touch was taught to both patient and wife, giving the wife some beginning skills in providing TT to her husband after discharge home. Basic principles of compassion, intention and non-attachment to outcome were given. As the wife began to imitate the TT practitioner, the patient reports, “This is really weird. I think I can feel where your hands are on my left side.” He also reported decreased pain and burning.

Patient C.D. is a 19 year old male college student with an above the knee amputation from Ewing’s sarcoma. He has been experiencing both phantom pain and phantom sensation. He states, “It feels like my right calf is cramping and I take the pain meds, but they don’t help the cramping. I think I’m going crazy. I know that leg is gone, but why does it still feel so bad?” His mother was at the bedside watching the TT process. She asks, “Can I learn to do that too?” In addition to teaching her about TT, other suggestions included teaching about opposites with phantom pain/sensation. If the right leg is amputated and cramping, then place one hand on the bottom of the left foot and push against the foot as though you are relieving a cramp in the left foot. (Note: The left hand can also be used in a similar manner.) The patient was greatly relieved.

Patient E.F. is a 62-year-old female who has had a right above knee amputation from sarcoma. She reports, “I know this may sound funny to you, but my toes on my right foot are itching.” She was encouraged to scratch the same fingers on her left hand. She states, “I can’t believe that actually works! What causes that?”

In explaining the causes of phantom experience, patients are provided with several possible reasons. One theory is that the nerve endings at the site of the amputation continue to send pain signals to the brain as though the limb is still there. Another theory is due to changes in the part of the brain known as the cortex and thalamus. There is also the thought that this pain is psychological in nature, given that phantom pain is often exacerbated by fatigue, ...
President’s Report
Winter 2012
Sue Conlin, President

The other day I spent a couple of hours with two of my mentorees as they started the process of actually putting pen to paper and began filling out their applications for QTTP. It brought back lots of memories of working on my QTTT application and all the angst that went with that. Luckily I had my good friends Deb Shields and Holly Major who were going through the same thing, and we encouraged each other every step of the way. The same process is working now. It’s so wonderful to see how Therapeutic Touch can so often bring us to this place of collaboration, a place where people who were strangers in the not so distant past have become great friends through the sharing of TT.

Normally I meet with a group of 7-8 mentorees quarterly, and as you can imagine, the conversations can get really interesting. Last month one of our new members chose to go to the internet for her articles to discuss at our meeting. Of course, what she found was a lot of misinformation about TT. The conversation that resulted was focused and intense. The questions that keep coming up are “How can we make sure that the internet has an accurate representation of what TT is?”, and “How can we spread the word about TT?” As synchronicity would have it, a few days later I received an e-mail from Cordy Anderson in Oregon about Wikipedia, and all the misinformation that’s out there. We know that if we will all focus on this and set our intention that TT will be known and known accurately – we can make this happen. Cordy and a group of other TT’rs are writing something up, and by the time you read this, it will be on Wikipedia! Hopefully it will remain there for more than a week. If you or anyone you know has any expertise in keeping our name in the forefront, please contact us.

Jhan Phillips in upstate New York was recently interviewed by a hospital for their website, and she included in the interview a piece about TT. When she was in the hospital I had the privilege of offering TT to her, and she has returned the favor by having them video her giving me Therapeutic Touch! Check it out at www.ellismedicine.org. Just click on the pretty blonde under the word “Specialties” and you will see and hear Jhan promoting TT. She was offered the opportunity – and she took it! Are there any opportunities for you to spread the word? I tend to mention TT in lots of conversations – and sometimes I insert it in strange places! People will often ask for more information. I recently posted the link to Jhan’s interview on my Facebook page, and within 10 minutes received a request for more information about TT. And so I sent a link to our TTIA website. Any little thing you can do to spread the word about TT will help.

In other news, I want to share with you that our Board is once again changing a bit. Patricia Connell, who has served so ably as our Education Trustee, will be stepping down in March, 2012. Patricia will continue to work for Therapeutic Touch in her role as an educator, TT practitioner, and as a member of our 2014 Conference committee. Under her leadership we have revised the curriculum for all three levels: Basic, Intermediate and Advanced Therapeutic Touch.

We have revised the applications and removed lots of old applications that are no longer being used. Part of her committee has been working on writing standards for the mentorship process. All of this work has been done in a relatively short period of time because of Patricia’s gentle guidance and encouragement. Hats off and thank you to Patricia!

At our last Board meeting we unanimously selected Cheri Brady as our new Education Trustee. She has been an active member of the Education committee, and is dedicated to TT and the organization. Cheri is also on the TT committee at Pumpkin Hollow Retreat Center and has been instrumental in ensuring that all teachers there are qualified, and that the courses taught there meet the standards TTIA has set. Cheri has been serving on the Board as our Resource trustee, and so is wise already in the workings of the organization. We are not filling the Resource position at this time, because we are in the process of revising the Bylaws of TTIA, and making some changes to the duties of each of your Board members. More about that soon…

If you are one of those folks who has been teaching TT since forever, but never went through the process of becoming credentialed, I’ve got good news for you. We recently approved a simplified process for those of you who were teaching before the year 2000 to apply for QTTP status. Some of you have reached out to me in the past year asking for this, and now we have it for you. Write to me or contact Cheri at cheribrady@aol.com and we will get the application to you.

We are always looking for people to help us out on committees. If you are interested, we could really use your help on our membership committee with David Shields – perhaps you would like to work as a networker, connecting people in your area with each other. Or maybe you would like to work with our Treasurer, Kathleen Archibald Simon, as she researches grant opportunities. Is your niche research, and would you want to work with Mary Anne Hanley on reviewing grants, or helping people initiate research projects? If your expertise is in Public Relations then we need you to help spread the work about TT. For the writers out there, Lin Reilly would love for you to contact her about writing for the newsletter – either on a regular basis, or whenever the mood hits you. Write to me at tttrainer@verizon.net and I will connect you with the right person.

Can’t wait to hear from you!

Peace and Light,

Sue Conlin

Have you read a book of interest lately? Others in the TT community may like to know about it. Write a few sentences or a few paragraphs about the book and share why you liked it. Send it to Lin Reilly at linterise@comcast.net for inclusion in the newsletter.
stress or depression. A review of the literature relating to psychological factors that might influence phantom pain concluded that there was no definitive evidence to suggest that personality disorders or other psychological factors are important in its development and that they are not more prevalent amongst those reporting pain (Sherman et al., 1987). None of these theories offer a definitive answer, however.

A TT perspective offers a different view. The limb is a part of an energetic body that continues to exist after the physical body has been removed. As a practitioner, one can continue to perceive this energetic body and, at times, even perceive where the site of the most pain occurred prior to surgery and removal of the limb. The sensations experienced reflect those experienced with actual limb existence and pain.

James Price, PhD, CPO and health psychologist reports, “In time, the shape of the phantom extremity begins to change and exhibits a “telescoping” effect in which the foot or hand begins to recede back into the body until it seems to be attached right at the stump. In some cases the phantom foot or hand gradually disappears.” (Out on a Phantom Limb, retrieved Feb, 2012 http://www.oandp.com/facilities/nc/faith/outlimb.html) Could this be due to the acceptance of the loss? In personal communication with Diane May, RN, QT TT, who interviewed over 100 individuals with amputations, she reports, “In all of the patients I interviewed with lost limbs, the ones who had accepted the loss were less likely to experience phantom pain/sensation than those who had not accepted the loss. This was true regardless of length of time post amputation.”

Patients who have experienced an amputation in the above oncology setting are usually offered the following integrative or complementary options:

- **Therapeutic Touch**
- **Reflexology** (A review of reflexology research shows using “full foot reflexology to the remaining foot and full hand reflexology to the hand of the amputated side of the body” (Brown and Lido, Reflexology treatment for patients with lower limb amputations and phantom limb pain—An exploratory pilot study, Complementary Therapies in Clinical Practice (2008) 14, 124–131)
- Using the opposite hand of a lower extremity amputation or the opposite foot of a upper extremity amputation to relieve itching, cramping, or other uncomfortable stimuli
- Using the remaining extremity on the same side as above
- **Mirror Therapy for phantom experience** (Ramachandran VS and Rogers-Ramachandran D. Synaesthesia in phantom limbs induced with mirrors. Proceedings of Biological Sciences 1996,263: 377-386.)
- **Bibliotherapy:** One example, Sabolich, J. You’re Not Alone: With the Stories of 38 Remarkable Amputees Who Conquered the Challenges of a Lifetime. 1991.
- **Validation of expressed feelings and their experiences.** Portenoy, for example, concluded that preoperative education that addresses both phantom sensation and pain, plus attentive post-operative care that validates the patient’s experience and offers reassurance, is often the only pain management required (Portenoy, 1994).
- **Sarcoma support group for patients and families which meets monthly**

In summary, it is this writer’s experience that Therapeutic Touch can be a useful option to assist patients and their caregivers in managing phantom pain and phantom sensation. Most patients are receptive to Therapeutic Touch when TT is explained and demonstrated for them. Caregivers may be empowered to continue the process at home.

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**In Memoriam**

**Nyla Hiltz, RNC**

Nyla Hiltz died peacefully on January 6, 2012 after a long illness. She worked for many years in area hospitals and doctors’ offices. She then became the first non-nurse practitioner in New Hampshire to start a private practice in Women’s Health. An important piece of her practice was using non-traditional and complementary practices, as well as allopathic healing. In the early 1990s, she learned Therapeutic Touch, and became an accomplished practitioner and teacher. She valued her many years at the TT camps at Pumpkin Hollow, and was honored to have both Dee and Dora as her teachers. Nyla was a member of NH-PAI (TTIA) for many years, and was proud to have been on the Conference Committee for the (memorable) 1996 Conference in Waterville, NH.

She was the inspiration for many women, and brought together an amazing group of healers who carry on her legacy. Even during her illness, she continued to embody the TT lifestyle. Her family includes her husband George, a daughter Lynn, and a son Jake.

We will always remember her smile, and her unique way of pushing us beyond our comfort zone, to reach for something “more”, but being there always to help along the way.

From her friend Elaine Wilk: “TT is really the catalyst that drew so many people together, and Nyla was right in the middle of it!”

**Jeanne Achterberg, PhD**

(April 8, 1942 - March 7, 2012)

Jeanne Achterberg died March 7, 2012, of metastatic breast cancer. Dr. Achterberg was a scientist involved in the early days of mind-body medicine and complementary medicine. She served in the Office of Alternative Medicine (which later became NCCAM within NIH) as co-chair of the panel on mind-body interventions, and also was a past president of the Association for Transpersonal Psychology.

Jeanne was a member of Therapeutic Touch International Association and one of her awards included Healer of the Year from the Nurse Healers’ Cooperative (as it was then called). TTIA member Crystal Hawk writes: “I’ve just been reading her incredible research called: Evidence for Correlations Between Distant Intentionality and Brain Function in Recipients, A Functional Magnetic Resonance Imaging Analysis (published in THE JOURNAL OF ALTERNATIVE AND COMPLEMENTARY MEDICINE, Volume 11, Number 6, 2005, pp. 965–971)."

Jeanne wrote many books on the subject of mind-body medicine, and served on the faculty of Saybrook University for over 20 years. Beloved colleagues and friends have written heartfelt comments and tributes to her, posted at http://www.saybrook.edu/node/7546.

Our compassionate thoughts and healing energies are offered to the loved ones of Nyla Hiltz and Jeanne Achterberg.
The Therapeutic Touch Mentorship Programs were developed to provide direct mentoring by expert teachers for those wishing to deepen their TT experience. The courses were designed to meet both personal and professional needs which may arise for TT practitioners and teachers at all levels of expertise. Program content is individualized on the basis of applications and participants’ interests. The learning and teaching environments are a cooperative venture between Mentors and Participants to bring new awareness and abilities into our TT experiences. All 3 Mentorship programs are led by creative and accomplished faculty of experienced TT teachers, therapists and mentors. All have extensive experience in the clinical practice, teaching and mentoring of the TT process, research, meditation, and various holistic and integrative healthcare methods to incorporate with TT.

We welcome all practitioners to share your experiences and learning, to have an opportunity to more deeply explore the inner self and our compassionate desire to benefit others on our TT journey. Those newer to TT may be seeking confidence to further develop skills. Our mentoring methods enhance your ability to assess and respond to the person/energy field in a more in-depth manner. Advanced practitioners interact with other experienced TT therapists to connect and explore pre-determined topics of interest within the Program’s structure. The programs’ goals are to provide strong, supportive mentoring in small groups to meet the needs of each student and answer individual questions. This provides a rich opportunity to look beyond the techniques of Therapeutic Touch and to explore the depths of the interior journey that is an integral aspect of the practice. Clinical sessions, individual and group presentations, and seminars with the faculty are offered. Students are encouraged to attend the program more than once, as each mentor brings to this experience his or her unique perspective. As students have attended for 4 years or more, this is the best testimonial for the programs’ benefits, which have been called “transformative experiences.”

Each program is held in an incredible natural setting that serves as a magnificent backdrop to the group process of the Programs. These locations also serve as places for reflection and inner healing. The newest intensive program, the Mid-Winter Therapeutic Touch Retreat and Mentorship has found a home at The Plantation on Crystal River, on the Florida Nature Coast in Crystal River, Florida. Held annually in March, a unique adventure during this Program highlights snorkeling with the West Indian Manatees in their protected and well-regulated nature preserve. In a lovely yet amazingly affordable resort setting, ($54 per person per night), a swimming pool, hot tub and spa are also available, if nature walks, beach visits or kayaking on the rivers aren’t your thing. The Plantation is nestled in a peaceful sanctuary between land and river. Another aspect of the Program is the combined Retreat and Mentorship aspects. The Retreat offers carved out reflective time, with loosely structured guidelines designed to support and encourage us to explore self-renewal and healing. Shirley Spear Begley, RN, BFA, HNB-BC, NCTMB, QTTT directs the program with Eliza Twichell, MA, QTTT and Bev Zabler, RN, PhD, LMT, as mentors. Tai Chi Chih will be taught daily by Lorraine Lepine, QTTT, an expert teacher in this martial art.

In the San Juan Islands off the Seattle Coast, Indralaya resides on Orcas Island amidst a peaceful forest sanctuary bounded by the Pacific coastal shoreline. In June, guests here share space with many forms of wildlife of both land and sea. Se otters and orca whales live in this area and giant starfish dot the coastline. Rustic cabins house participants, and a lovely garden and small beach are nearby. Coordinating the program are Julie Benkofsky-Webb, LMT, QTTT and Cordy Anderson, RN, BSN, QTTT. Mentors are Hugette Ruel, RN, TTRT, Judith Schweers, BA, TTRT, QTTP, Lin Reilly, BA, QTTT, and Cathy Fanslow, RN, MA, QTTT.

Pumpkin Hollow Retreat Center in Upstate New York is renowned for its picturesque country setting in the Hollow nestled between the Taconic and Berkshire Mountains, and beside the Taconic Stream. The facility has been recently renovated and guests stay in cottages or the farmhouse. A lovely meditation center sits at the end of the huge garden, and trips to the waterfalls, swimming hole, and healer’s sanctuary provide places for communing with nature and oneself. Held in July, Shirley Spear Begley directs this program and Sue Duncan, RN, BSN, and Sherron Herdtner, RN, PhD are this year’s mentors.

All Participants find these Mentorship Programs as touchstones of their TT learning. Please consider joining us as either Participant or Mentor. For additional information on the program at Indralaya, please email ttinfo@indralaya.com or call Cordy Anderson at 541-870-5627. For more information on the other programs, please contact Shirley Spear Begley at SSBegley@aol.com or 727-867-2666 Ext 1#.

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BEGINNER’S THERAPEUTIC TOUCH
May 17-20, 2012

INVITATIONAL TT MENTORSHIP PROGRAM
June 16-22, 2012

INVITATIONAL TT INTERMEDIATE & ADVANCED LEVEL WORKSHOP
“The Inner Journey of Therapeutic Touch, Healing: Our Natural Human Potential”
June 24-30, 2012

Healees/Patients are invited to apply to either week of the latter two programs

SAVE THE DATE
for the Third International Congress on Therapeutic Touch
April 4th-6th, 2014 in Seattle, Washington, USA

Theme: “Community of Healers: Our Place in the World”

The 2014 Conference Committee of Therapeutic Touch Professional Associates, an affiliate of TTIA, has met and is investigating venues. The committee will meet again in March 2012 for further planning. The goal is to have speakers and workshop leaders lined up by early next year. It is a dedicated and enthusiastic group.

Cindy Cole, President of TTPA, Seattle, and Conference Chair

BASIC LEVEL TT PROGRAMS
March 30-April 1, 2012
May 25-28, 2012
October 5-8, 2012

INVITATIONAL TT MENTORSHIP PROGRAM
July 13-18, 2012

INTERMEDIATE TT LEVEL PROGRAMS
May 25-28, 2012
Memorial Day Weekend Intensive
October 5-8, 2012
Columbus Day Weekend Intensive

ADVANCED INVITATIONAL TT PROGRAM
July 20-25, 2012

Outback Wildflowers

Amazing to see Outback and me
Wild and delicate Nature and me
Wildflowers everywhere Rainbow colours
Red dust and me Insects and bees
Oscillating energies Healing me.....
Thank you, Mother Earth Creating the wild beauty
I am the nature.... Outback and free.

Rina Glucina, RAN, RN, Bach.App .Sc., MNS, Nurse Practitioner
Cosmo Newberry, Via Laverton, Western Australia
Advice From An Energetic Perspective

This Advice column is a column for and by the readers of the Cooperative Connection. Please send your questions and responses to column coordinator:

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Why do we consider compassion as the core of Therapeutic Touch?

Compassion is defined in Merriam Webster’s Collegiate Dictionary (10th Ed.) as a sympathetic consciousness of others’ distress together with a desire to alleviate it. Over the past few months I have been reading Karen Armstrong’s book “Twelve Steps to a Compassionate Life”. I add, I have watched several of her lectures on compassion as the path to global peace. In her works she references several persons who have spoken to compassion. Thomas Merton said that: “Compassion is the keen awareness of the interdependence of all things”. Matthew Fox says that: “Compassion is not sentiment but is making justice and doing works of mercy. Compassion is not a moral commandment but a flow and overflow of the fullest human and divine energies. Armstrong (chartfor-compassion.org) says that:

“The principle of compassion lies at the heart of all religious, ethical and spiritual traditions, calling us always to treat all others as we wish to be treated ourselves. Compassion impels us to work tirelessly to alleviate the suffering of our fellow creatures, to dethrone ourselves from the centre of our world and put another there, and to honour the inviolable sanctity of every single human being, treating everybody, without exception, with absolute justice, equity and respect.”

Compassion is defined in Dossey & Keegan (2009) as:

“...bearing witness and loving kindness, which is manifest in the face of suffering. The realization of the self and another as not being separate are experienced; it is the ability to pen one’s heart and be present for all levels of suffering so that suffering may be transformed for others as well as for the self. A useful phrase to consider is “I am doing the best I can”. Compassionate care assists us in living as well as when with the dying person, the family, and others. We can touch the roots of pain and become aware of new meaning in the midst of pain, chaos, loss and grief (p. 34).”

And last but not least is Krieger’s (2002) definition that compassion means “to help or to be merciful to one who is suffering; a deeply felt drive to help or to heal someone who is in need (p.16).”

As I write this I am inspired by my beautiful wood carved Quan Yin that graces my desk. I searched for years to find the ‘right’ one. I looked on several trips to the Far East and finally two years ago wandered into a wood carving shop in New Orleans and there was a single carved figure and she spoke to my heart. Since I was very young I knew with conviction that my life was about serving others with compassion. Finding Therapeutic Touch some 36 years ago gave me a very clear way to fulfill that mission is a special way for along with intention I knew that compassion was at the core of what we did in practicing TT.

Krieger (1997), asserts that “it is the dynamic nature of compassion that provides the opportunity to plunge into the farther reaches of our own consciousness, access our finest capabilities, and thus bring the wonder of the healing act into being for someone in need (p.157).” It is thus compassion that empowers us in the healing moment.

Dora Kunz (Kunz & Krieger, 2004) said that: “Compassion… is the feeling and understanding -- and I stress this -- that each person has within himself this inner self and that we are bound together at that level of consciousness (p. 160).” This is in tune with Merton’s concept of compassion as an awareness of the interdependence of all things.

When Dora (2004) was asked what role compassion had in the ability to be a healer she spoke to compassion as a unifying force that bonds the healer and healee; and as a channel for the flow of universal energy through the heart chakra.

Compassion is at the heart of Therapeutic Touch. Krieger (2002) calls Therapeutic Touch “a technique of compassion (p. 84)”. It is from the well of compassion within the therapist that the power for healing is drawn. “Without compassion, whatever else one may do, it is not Therapeutic Touch (p. 85).” Compassion works through the deep places of the heart chakra. Compassion is the ally to all the work that we do in Therapeutic Touch. Compassion brings about a sense of order, harmony and unity. Compassion brings us to those “AHA” moments in the healing process. Compassion allows us to be still and listen attentively with our heart and our hands.

Thich Nhat Hanh has written much about compassion and I would like to share a prayer for compassion taken from his book peace is every breath ((2011). I am not much into formal prayers but this one touched my heart and I hope you find it meaningful for you.

We invoke your name, Avalkiteshvara. We aspire to learn your way of listening in order to help alleviate suffering in the world. You know how to listen and understand. We will sit and listen without prejudice. We will sit and listen with understanding and reacting. We will sit and listen in order to understand. We will sit and listen so attentively that we will be able to hear what’s being said and also what’s being left unsaid. We know that just by listening deeply, we already alleviate much pain and suffering in the other person.

References:

Armstrong, K. Twelve steps to a compassionate life. New York: Knopf

Post Script: I encourage each of us to go back and study the writings of Dee and Dora. They are rich in knowledge and provide much food for thought to enrich our practice of TT.

Question for next newsletter: How can we best overcome the four dragons of self-delusion in our practice of TT?
The Third International Congress on Therapeutic Touch: Community of Healers- Our Place in the World is in the initial planning stage. The Therapeutic Touch Professional Associates group in Seattle, WA, chaired by Cindy Cole, is taking the lead on the planning and coordination of this event and is doing a wonderful job. Their website states, “This theme points to the current and future global aspect of TT practice and education.” They are exploring venues and potential dates for spring, 2014 and we will let the membership know when the place and date is confirmed.

Also, we have begun discussions centering on Regional conferences and Teacher’s Intensives to be held this next year. A Teacher’s Intensive is being tentatively planned for the Midwest in the spring of 2013. Please let me know if you or your practice group would be willing to also sponsor a Regional conference or Intensive in your area. This can be as simple as a Practice Day or one local speaker and then practice. If you need assistance, let us know.

Last year was for me personally a very interesting and a very busy year. After a documentary about TT on TV, a lot of people got interested in TT and wanted to learn. So I was out and about in Germany quite a bit, teaching lots of classes.

But also internationally things have been happening. While my first 1 ½ years had me picking up many loose threads and connecting with people worldwide, last year I was busy making personal contacts internationally.

In April 2011, at the second international conference in Boston, Monika Holzer, Andrea Watzl and Gabriele Kerbler came to represent Austria, Pat Tamosetis represented Canada, and I was there to represent Germany. I also brought personal greetings and reports from Italy, Switzerland, the Netherlands, Scandinavia and Great Britain. In Canada, the different networks have now created a Canadian umbrella network, the Therapeutic Touch Networks of Canada. Check them out under: http://ttnc.ca.

In May, I was invited to go and teach in Turkey. My story on that adventure was published in the Fall Newsletter of the Cooperative Connection.

At the beginning of October, I was invited to present TT at a big conference for the European Society of Intensive Care Medicine. The conference was held at the ICC in Berlin, the biggest conference centre there, and was attended by about 6,000 people. About 100 people came to my presentation, which is a lot more than average (50-70). The people were very open and interested to hear about TT. If you want to find out more about the organization: http://www.esicm.org.

In October, Diane May came to Germany and the Netherlands to teach several workshops. Here in Germany, we had quite an international crowd. In the different workshops, there were Monika from Austria, Tamara from Russia (now living in Germany), Serbulent from Turkey, Jennifer from Luxembourg, Karin from Switzerland, Irena from Poland (now living in Germany), Kornelia from Italy and some people from the Netherlands. Also, Diane, my daughter Anna and I went to the Netherlands, and Diane presented her one day workshop “Healing Sounds of TT”. Martine Busch had organized the workshop in this beautiful location not too far from Amsterdam. The TT group in the Netherlands is quite large and so there were almost 70 people attending the workshop. And I must say – it was a wonderful experience with the most wonderful people there. I still fondly remember that experience.

And now: Welcome Russia! In December, I went with Tamara to Russia, to a place called Rostov on the Don, north of the Kaukasus Mountains. What a wonderful experience! There were twenty students, all eager to learn, very open, welcoming and very warm hearted. Two people spoke some German; one student spoke very good English. Fortunately, Tamara was there to translate back and forth. It was quite a strange feeling to not understand a word they said! But we compensated the missing language with lots of gestures, hugs and kisses!

Let’s see what this year brings in terms of new international connections.
Therapeutic Touch International Association (TTIA)
Balance Sheet as of

<table>
<thead>
<tr>
<th></th>
<th>Dec 31, 11</th>
<th>Dec 31, 10</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Assets</td>
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<tr>
<td>Cash</td>
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<td>Research Grant Fund</td>
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<td>Other Current Assets</td>
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<tr>
<td>Inventory - Merchandise</td>
<td>1,053</td>
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</tr>
<tr>
<td>Total Other Current Assets</td>
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<tr>
<td>Total Current Assets</td>
<td>62,461</td>
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<td>Fixed Assets</td>
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<td>Office Equipment</td>
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<td>Accumulated Depreciation</td>
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<td><strong>66,565</strong></td>
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<td><strong>LIABILITIES &amp; EQUITY</strong></td>
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<tr>
<td>Liabilities</td>
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<td></td>
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<td>Prepaid Memberships</td>
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<td>Total Prepaid Memberships</td>
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<tr>
<td>Equity</td>
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<td>Opening Bal Equity</td>
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<td>Retained Earnings</td>
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<td>Net Income (-Loss)</td>
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<td>Total Equity</td>
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<tr>
<td><strong>TOTAL LIABILITIES &amp; EQUITY</strong></td>
<td><strong>62,853</strong></td>
<td><strong>66,565</strong></td>
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### Statement of Income and Expense

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<tr>
<th></th>
<th>Jan - Dec 11</th>
<th>Jan - Dec 10</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income</strong></td>
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<td></td>
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<tr>
<td>Donations</td>
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<td>8,000</td>
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<td>Memberships</td>
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<td><strong>Gross Profit</strong></td>
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<td>401</td>
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<td>Trademarking</td>
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<td>Lodging &amp; Meals</td>
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<tr>
<td><strong>Net Income</strong></td>
<td><strong>-3,412</strong></td>
<td><strong>1,509</strong></td>
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</tbody>
</table>
The year 2011 was a productive one. We had 4 QTTT renewals, 9 new QTTPs certified, and 2 submitted for QTTP pending.

Goals
In the Fall of 2011, we set a goal for 2011 to review, revise and clarify:
1. The TTIA Criteria/Standards for Therapeutic Touch Practitioners and Teachers and application forms.
2. The teaching guidelines for basic, intermediate and advanced classes and, the guidelines for mentorship.
3. The guidelines for Therapeutic Touch Mentorship

Three subcommittees were established to accomplish this work. Each of the subcommittee chairpersons enlisted other expert persons to assist.

Outcome
1. The process for applying for Qualified Therapeutic Touch Practitioner and Therapeutic Touch Teacher are complete and were approved by the Board in March, 2011. This group also reviewed and revised the application form for Qualified Therapeutic Touch Teachers teaching prior to 2000. This was approved at the January 2012 Board meeting.
2. The teaching guidelines for basic, intermediate and advanced are complete and have been submitted to the Board for approval at the February 26, 2012 meeting.
3. A revised guideline for mentorship has been submitted for review and is expected to go to the Board for the March meeting for approval.

Acknowledgments
The work accomplished by the subcommittees has been remarkable in its scope and thoughtful revisions. I want to acknowledge those who dedicated a year of conference call meetings for discussion and to diligent work to provide us with the clearest documents possible to further the work of Therapeutic Touch education and practice.

The Education Committee members are: Shirley Spear Begley, Cheri Brady, Sue Conlin, Patricia Connell, Rebecca Good and Eliza Twichell. They enlisted the help of the following TT practitioners and teachers: Cordy Anderson, Julie Benkofsky-Webb, Lois Dey, Janet Goldenbogen-Self, Katherine Rosa, Suzi Cekarms Schoon, Bette Croce, Kathleen Crowley, Stacey Delucca, Barbara Denison, Mary Anne Hanley, Chery Ann Hoffmeyer, Shelley Mackey, Anne Minor, Dottie Woods Smith and, Cathy Fanslow. Our goals were met through the dedication of each of these persons and I extend my thanks and gratitude to each one for their commitment.

The new revised guidelines will be available on the website in the Spring of 2012.

Goals for 2012
1. In 2012 to increase the new applicants for QQTP and for QTTT; and to see more expert Therapeutic Touch practitioners and teachers mentoring new practitioners into these roles.
2. To explore 21st century tools to offer education programs through various media and reach more potential practitioners.

Announcement
As the Education Board Trustee since February of 2012 I am grateful for the opportunity to have served Therapeutic Touch International. I assumed this position with a two year commitment and the goal to accomplish what has been done. As of March 31, 2012, I have resigned from the Board of Trustees and Cheri Brady will be the Education Trustee. This frees me to work on the education programs for the 2014 TTIA Conference in Seattle and to pursue a dream of writing an edited book on the art, practice and science of TT.

Resource Trustee – 2011 Annual Report
Cheri Brady

This year has been a year of many changes, adjustments and revisions for TTIA. The Resource Trustee position is being phased out with many of the duties moving to the TTIA office staff.

More recently, my work has been preparing to transition into the position of Education Trustee as Patricia Connell prepares to retire from this position. Patricia has done an incredible job, so I have some big shoes to fill. We have been very busy working on clarifying, updating and streamlining the Qualifying process for Therapeutic Touch Practitioners (QTTP) and Teachers (QTTT). The Therapeutic Touch curriculum is another area of continued focus and concentration for the board.

While working closely with TTIA President, Sue Conlin, and reviewing areas of TTIA policy and procedure we have learned much about the organization and areas that need attention and updating.

All the TTIA Board Trustees have worked very diligently and collaboratively in revising the TTIA By-laws. Through this tedious, challenging and rewarding experience, we are looking at an updated and stronger foundation to our organization as we move forward.

It has been a real pleasure to work with all the dedicated and talented TTIA Board of Trustees on behalf of the TTIA membership. With the committed board members and the strength of the membership, we can expect prosperity, growth and expansion of TTIA in the years to come.

My best ~ Cheri Brady
Breathing Life into Our Therapeutic Touch
By Eliza Twichell

When I teach TT, especially to non-nurses, I usually spend 15-20 minutes on the breath because so many people don’t breathe well, and don’t understand the potential gain in health benefits available to them by breathing deeply. Breath is a valuable tool in your TT practice as well, and I’ll get to that later.

Anyone who has studied anatomy knows where the diaphragm is, but how many people can isolate that muscle the way they can isolate and work a bicep or quad? All those Army photos of the men standing tall….stomachs pulled in tight, chests all puffed up…..wrong. As a middle-aged woman I welcome the Buddha belly, but boy is it hard to get a room full of people (especially those who don’t know one another) to relax and let it all hang out. Even with their eyes closed. Even at home alone. So why is it so important?

Let’s talk about oxygenation first. The lungs contain about 1500 miles of airways and 300 to 500 million alveoli- the tiny pockets in your lungs that fill with air during a breath. They are the site of gas exchange, between fresh oxygen which is absorbed into the blood stream, and carbon dioxide that is released for waste removal from our system. The alveoli have a total surface area of about 75 miles in adults. Around the alveoli are capillaries- which if stretched out and laid end to end, would extend for about 620 miles. That’s a lot of capacity for oxygenation. We rarely use it all.

Master Stephen Co and Dr. Eric Robbins wrote a wonderful book Your Hands Can Heal You, in which they talk about “pranic” breathing. According to the book, the upper third of the lungs has a blood rate flow of about one-tenth of a liter per minute. The middle third has about two thirds of a liter flow per minute by comparison. Now the best part- the rate of the bottom third is about one and a half liters per minute. A huge difference. Most of us use the upper half of our lungs most of the time.

Let’s talk about lymph next. Most of us never even think about lymph and how it moves through our bodies, and what it’s up to on its travels. Lymph is a pale liquid component of the blood, which contains white cells but usually no red cells. As the blood circulates through our bodies, lymph separates and is absorbed by tissue where it acts like the sanitation department truck- picking up bacteria, toxins, tumor cells- whatever waste products it comes across. Lymphatic fluid carts the waste to the lymph nodes, where it is broken down and disposed of. You know when you are sick and you have sore lumps under your jaw line? Or sometimes inside your hip bones in the groin area? Lymph nodes at work.

How does lymph move through the body once it separates out from the blood stream? There is no pump for lymph- no ‘heart’- so it relies on muscular movement to carry it on its way. However, in the chest, abdomen, and pelvis areas where there are many important lymph nodes, the only muscle available to help is the diaphragm. When you breathe in deeply, you are pulling your diaphragm down into your abdominal area, and then letting it rise farther up into the chest on the exhale. This rhythmic motion creates pressure in the whole “intrathoracic” area- and the suction effect pulls lymphatic fluid from our tissue up from the lower levels- pelvis and belly- into the chest, where the fluid is released into the thoracic duct. From there if goes back into the bloodstream, which takes it to organs like the lungs, liver, and spleen to be cleaned. The final recycling. In that pressurized up and down movement of a deep breath, our organs are getting a nice massage as well. Imagine them getting the stale liquids and energy wrung out and then filling with fresh well-oxygenated blood. Nice! Moving lymph fluid well through the body keeps us healthier by increasing our capacity to detox ourselves. With all the garbage in our environment this is increasingly important.

How does this apply to my Therapeutic Touch practice? In healing work research has shown that using our own energy isn’t as effective, plus it depletes us. We try to use universal life force energy, and lucky for us, prana is in the air. The breath is a great vehicle for bringing in this wonderful healing energy we each rely on for our own life, as well as for helping others to heal. My own centering technique involves breathing in from the ground, up through my legs, body, to my crown- then sending it to the back of my brain. This connects me to both the earth element and whatever is my source of guidance. I continue until I am grounded and quiet, feel open to guidance, and feel connected to a larger healing field. Then on an inhale, I expand the breath through that same loop- and now down to my heart until I have connected to the healee as well. Next, with the inhale, I move it through that loop and down my arms to my hand chakras, and I begin to work. As I work, if I feel the need to direct the flow more consciously, I deepen the breath, invite in fresh balancing prana and offer it to the area I’m working on. I will often hold my hands still around an area when I do this, joints especially, and allow the breath to do the “work”. Then I’ll continue and move the flow down the limb and out, reassess, and tweak. Using the breath in this way helps me to not deplete my own energy, plus I stay more alert and focused- as I am keenly aware that I am working with a partner- the universal healing field.

Breathing shallowly may feel restful at times, like when I’m meditating, and I try to just allow it to do its thing- and observe it without interfering. But when I am working, I need that combination of focus and receptivity, energy and relaxation, alertness and calm. The deep breath is a wonderful way to be there, and an important healing tool for us as well as those we work with.

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Therapeutic Touch (TT) has been offered at Indralaya since 1977, and we want to tell you about the May and June TT Programs.

Beginner’s Therapeutic Touch will be held May 17-20 (Thursday dinner through Sunday lunch). Many of you are well beyond the Beginners Level, but we urge you to think about who you know who may be interested in learning about this profound healing modality that has had such an impact on our lives.

The Mentorship Program is to be held June 16-22 (Saturday dinner through Friday breakfast). This program is now in its twelfth year and is appropriate for students at a range of levels in their development. It is intended both for health care professionals and lay TT therapists. This includes those who have recently taken a 12-hour Basic TT course (six months of practice suggested), those who have completed an Intermediate level course and also the more advanced/intermediate students who would like to deepen their understanding of the finer aspects of Therapeutic Touch. The intent of the program is to provide strong supportive mentoring with the goal of meeting the needs of each student, including going beyond the techniques to explore the interior journey and answering individual questions. Clinical sessions, individual and group presentations will be offered. This year there will also be a Mentorship for Teachers cohort for those who are considering teaching or who have recently begun to teach.

Please contact us for a Mentorship brochure for more information. And please share this information with those you know who are interested, and the TT teachers that you know.

The Inner Journey of Therapeutic Touch to be held June 24-30 (Sunday dinner - Saturday breakfast) is an advanced and intermediate level workshop. This year the focus will be "Healing: Our Natural Human Potential." Clinical sessions, group discussions and presentations will be offered. This is a week often filled with insights, a sense of going deeper, camaraderie and laughter.

Also note that Continuing Education credits are available for these programs.

"Human beings have far greater depths within than one might suppose. We all have access to these inner resources. They are not reserved for the few, the privileged or the especially gifted for they are part of our human heritage". Dora Kunz.
**Book Review**

**by Julie Benkofsky-Webb**

*Fighting Cancer: a Nontoxic Approach to Treatment* by Robert Gorter MD, PhD and Erik Peper PhD

*Fighting Cancer* is a very valuable resource for anyone who has received a diagnosis of cancer. It presents a solid body of information on various modes of self-care on such topics as: relaxation, breathing, visualization and suggested lifestyle changes.

However, the heart of this book—the reason that anyone will be motivated to read it—is the information on Immune Therapy, the approach to cancer treatment as developed by Robert Gorter at Medical Center Cologne in Germany. Somewhat surprisingly, the authors report that the current mainstream approach to cancer treatment “is based on research published in Cell Pathology in 1859 by Rudolf Virchow, a professor of pathology at the Charité Hospital of The University of Berlin in Germany.” This research is cited here as the origin of today’s aggressive and toxic cancer therapies whose goal is the destruction of the cancer cells. The disadvantage of this approach is that such treatments often damage many of the normal cells of the body. “This is true of chemotherapy, radiation, surgery, and anti-hormonal medications that block estrogen or testosterone.”

The Gorter model takes a different perspective. Here, the treatment involves boosting, enhancing, igniting the immune system which then becomes strong enough to do—identify and eliminate the cancerous cells that are continuously being formed in our bodies. The authors explain: “if you select any healthy individual at random and draw a sample of blood at any given moment in time, in just a few millimeters of blood (about a tablespoon) it is possible to detect thousands of cancer cells.” The hypothesis is that such an individual has not developed cancer because the immune system has remained strong. So—how to rehabilitate the immune system of those who have the actual cancer diagnosis?

First, in the Gorter protocol, a fever is induced, either a localized fever at the cancer site or total-body hyperthermia, to a maximum of 102.2°. The second step is vaccinations with dendritic cells. These are white blood cells that migrate through the body, identifying malignant cells and causing them to travel to a nearby lymph node where they are neutralized. These vaccinations are an autologous process—the dendritic cells are taken from the patient’s own body, cultured in a laboratory, and then newly grown cells are injected into the patient. *Fighting Cancer* reports that since 1991, over 3,500 people have received dendritic cell therapy at Medical Center Cologne.

Other therapies include: injections of the botanical mistletoe (“Mistletoe is currently the most commonly prescribed anticancer medication used in northern and central Europe.”), infusions of antioxidants, oral supplements, and inhaling the Newcastle Disease virus (“which selectively infects . . . cancer cells and destroys them yet has no effect on healthy human cells.”)

There is a lot of information in *Fighting Cancer* that could be immensely helpful to cancer patients and families. However, I have some concerns about the statements made by the authors on fevers in children. Dr. Gorter is not alone in being convinced that “fever is the mechanism by which every major immune response is mounted against infection.” A single footnote refers to six pages of research documents that support this view. Further, the authors believe that if a child has not had a significant number of high fevers, this may predispose her/him to cancer and other diseases in the future. Even if this is true—it is their characterization of childhood illnesses, such as measles and pertussis, as “common” and “benign” that minimizes some potential and serious risks.

For instance, there is significant danger where pertussis is concerned, as can be learned at soundsofpertussis.com. A person can carry pertussis and be completely asymptomatic, and then transmit this to an infant who can become ill and even -as has happened in some cases—fattally ill. Many pediatricians advise that anyone coming into contact with an unvaccinated newborn should receive the pertussis vaccine. The decisions around vaccinating infants have become complicated and difficult in the last twenty years. Robert Sears, MD, author of *The Vaccine Book: Making the Right Decision for Your Child* says, ‘I wrote this book because . . . there is no other fully informed, unbiased vaccine book available. Outside their doctor’s office, parents have nothing to read that doesn’t scare them away from vaccines. I don’t want to leave you in the hands of the anti-vaccine books. I want you to know everything scientific there is to know about vaccines and the diseases they prevent.” I recommend Sears’ book to anyone who is expecting a baby.

The approach of *Fighting Cancer* is one of presenting information but also of seeking to empower each patient to make the choices that are right for her/himself. This theme is reinforced several times in the book, as follows: “It is important to be a skeptical and wise consumer of all health care, whether mainstream or complementary, and to consider carefully all claims, including claims that the treatments are not efficacious. We encourage people everywhere to be active participants in their own healing process in collaboration with their physician and health care providers.”

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**Recruitment of Subjects**

The TTIA Board of Trustees has approved my use of the TTIA directory to recruit subjects for my doctoral study “Perceptions of Expert Practice by TT Practitioners.” Prospective participants will be contacted by email to participate in online focus groups.

Tamara Lynn Wardell, RN, MSN, PhD (c)
Doctoral Student, Duquesne University School of Nursing
Therapeutic Touch®, Critical Care, Administration, Oncology
TTIA Survey Results

Thanks to everyone for your responses to our survey about teaching and mentoring students in the process of Therapeutic Touch. We received almost 50 responses! Some of the answers surprised me, and others were just what I expected to hear. Many of you had specific requests, and some really good ideas for ways TTIA can support you. Some of those ideas may result in some new committees that you might be invited to participate in – so make sure you read those e-mails. If you have other ideas please let us know. People responded representing 23 states and 4 countries internationally. Teachers are all trying to be creative in structuring the classes to make TT more accessible to people – several people are working on creating on-line courses. Mentoring is taking lots of different routes, and I read some ideas I will incorporate into my practice! I was surprised to realize that almost half the people who responded are teaching, but are not QTTTs. Hopefully the new application for people teaching before the year 2000 will spur many of you to become qualified! I hope you will take the time to read the survey, and if you have any thoughts to add please write me at trtrain-er@verizon.net.

Thanks again for your help!

Sue Conlin, QTTT, President TTIA

1. Are you a Therapeutic Touch teacher?  Yes 39  No 5
2. Where are you located? (City, State, region)
   States AZ, CA, CT, DE, GA, IN, KS (2), MA (2), ME, MT, NC, ND, NH, NJ(2), NM, NYC region(2), NY- upstate (4), OH (2), OR (4), PA(3), RI, TX, UT, WA (4), Countries CN (3), UK, Netherlands, Germany
3. How often do you teach?  1-3X year (17), 4-5 X year (8), 6 plus X year (7), intermittently (2)
4. What levels? Basic 36 Intermediate 20 Advanced 13 TT related topics 22
5. How are your classes structured? I.e. Basic – 12 hours classroom, or 10 hours classroom, 2 hours on-line or treating and submitting case studies, etc
   Basic: 12hr classroom (16); 6 hrs classroom & 6 hrs on-line(2);10 hrs classroom & 2 hrs treatments with documentation and reading (7); 12 hrs classroom then 6 practice sessions with documentation; 13 hrs classroom; 8 hrs classroom(hasn’t taught in 15 years);14 hrs classroom; 16 hrs classroom
   Classes scheduled on a Friday evening and Saturday; scheduled over 2 Saturdays 2 weeks apart; scheduled over 2 weekends; 3 hrs X 3 weekly sessions; Intermediate: 14 Hrs. classroom (6); 7 hrs. classroom & 7 hrs. on-line; 12 hrs classroom & 2 hrs homework & practice(2); 2 full days; total 24 hours including classroom and on-line; total 30 hours for combined Basic and Intermediate;10 hrs classroom & treating with documentation; 16 hrs classroom
   Advanced:16 hrs classroom(3); Pumpkin Hollow(3); 3 full days plus 3 hrs homework
6. What do you charge for your classes?  Fees vary widely depending on where and when classes are taught – sometimes the facility or University pays a flat fee; sometimes the workshops are held in the teacher’s home; sometimes the facility charges rent, sometimes the facility does not charge rent, etc.
   Basic: zero or paid by facility, up to $175, and 207 €to 440 €, and 250 €; Average in US is $125.
   Intermediate: $60 to $225, 500 €, 207 €; Average in US is $131.
   Advanced: $95 to $275, 207 €; Average in US is $173.
7. Where do you hold your classes? (facility, home, library, etc) hospitals, nursing school and colleges, church, home, senior residence, facility, library, conference center, healing center, yoga center, Hospice, clinic
8. How long have you been teaching?  1 year to 39 years; Average 17 years
9. Are you a QTTT? Yes 23  No 20
10. If not, why not?  Haven’t maintained status because of dissertation and teaching responsibilities; too restrictive; approved by British Association; qualified in Holland; looking for Intermediate class to mentor in; present 2 hour component on TT in holistic healing class; haven’t filled out forms; requirements too rigorous (but haven’t looked at them in years); in the process of completing the application (3); never applied; will pursue it when I finish my doctorate; not enough time until retirement; need a class for QTTT; not necessary for my practice; pursuing QTTP first
11. How can we help you?  Not sure, find students, do the marketing, explore ways to teach on-line, create a mentorship workbook, help me find a QTTT in my area or create on-line courses or teach via teleconference; simpler forms; give credit for classes taken with Dee and Dora and experience; take experience into account; advertising, make policies and procedures consistent, maintain high standards, recommend that mentors use a contract; update the website; change the logo; offer teaching materials to teachers – standardize the grids; video the conference break-out sessions; offer teaching workshops around the country, develop one-day workshops for training Hospice workers, how to mentor, working with Veterans, etc.; need more information on how to...

(continued on next page)

Communications Trustee Annual Report 2011
Lin Reilly

In the past year my role as Communications Trustee has been to serve as the Newsletter Editor, as well as to review and provide input and editing for various TTIA documents, including form letters, QTTT and QTTP application forms and processes, and others, of which some are still in process including the Bylaws.

Following receipt of an invitation to the TTIA Board to submit an article on Therapeutic Touch to “MASSAGE Magazine”, Patricia Connell and I volunteered, wrote, and submitted the article in February 2012. If the article makes the final cut, it will appear in the April 2012 issue of the magazine. Thanks Patricia!

I thank the other Trustees on the Board, who have been an inspiring and wonderful group with whom to work in our endeavors and being of service to TTIA. Many thanks especially to Sue Conlin for her warm and devoted support and excellent leadership.

In addition to our regular columnists and other Trustees, other members also have responded in sending articles, poems, and photos for the newsletter, and I thank all of you for these submissions. Eliza Twichell had a great idea I for encouraging more of you to contribute to the newsletter: if you’ve read a book of interest, write a few sentences about it and why you liked it - you don’t have to write the entire column. Then these would be compiled and included in a Book Review/Reading Room column. This also takes the burden off one person being responsible for writing the full column every time.

The TTIA website currently remains in process and Sue Conlin and I will keep you posted.
3. How do you structure the one year mentorship?
   Yes 23  No 15  Maybe 2

MENTORING QUESTIONS
1. Have you ever mentored someone in Therapeutic Touch? Yes 26  No 16
2. Are you currently mentoring anyone? Yes 15  No 23
3. How do you structure the one year mentorship? For example e-mail, phone calls, exchange treatments? individually designed, phone calls, supervised treatments, joint treatments, review of case studies, TT practice group; exchange treatments, e-mails, journaling, face to face meetings, meet at conferences, treatment of mentor, not sure – just starting! attendance at camps if possible, monthly face to face meetings, encourage them to find places they can practice TT. Invitations, attend monthly sessions, participate in sessions and discussion, share case studies verbally with the group, face to face, 8 case studies/month, 1 book report/month, every 6 months write paper on approved TT related topic
4. Do you do any long distance mentoring? Yes 13  No 23
5. If yes, how do you structure your contacts with the mentorees? E-mail, Phone calls, Skype, review of journals and case studies, discussion of research studies; offer classes they can take (repeat), written assignments, at Indralaya, quarterly full day sessions with long distance group
6. Do you meet with your mentoree(s) on a regular schedule? Yes 16  No 5  How often? Monthly or as able, quarterly for long distance or whatever can be worked out, weekly

TTIA Treasurer's Report 12/31/11
Kathleen Archibald-Simon, Treasurer

As you can see by the financial reports included in this newsletter, TTIA remains in a healthy financial state. We have been extremely lucky to have been the recipients of a bequest from a former TTIA member, Irene Morrissey. Our gratitude to Irene and her estate for the generosity can’t be expressed. We also have once again received a grant from the Sellon Trust. This grant is specifically for operations of the organization, and has been a great help over the years. Our membership remains stable, and credentialing is on the upswing. We did experience a loss on our international conference, but luckily our cash condition remains stable because of our income. We also managed to reduce administrative expenses by almost $6,500, thanks to our office administrators, Rosalia Padilla and now Meridith Glabman. Thanks to both of them for being such a great help. If you have any comments or questions, please contact me at healthcarefutures@mac.com.

Respectfully submitted,
Kathleen Archibald-Simon, Treasurer

Invitation: People to People Citizen Ambassador Programs
Submitted by Lucia Thornton, RN, MSN, AHN-BC

People to People Citizen Ambassador Programs is organizing a delegation of specialists in holistic health and healing traditions to travel to China in October 2012. Therapeutic Touch International Association members and anyone involved in holistic medicine is encouraged to apply as a delegate for this exciting program. The delegation leaders are Lucia Thornton, RN, MSN, AHN-BC, a past president of the American Holistic Nurses Association and faculty of the Energy Medicine University, and C. Norman Shealy, MD, PhD, founding president of the American Holistic Medical Association and President of Holos Institutes of Health. A number of unique opportunities are planned, including dialogue with holistic healing professionals, experiencing various Traditional Chinese Medicine practices and cultural activities and exchanges highlighting the sights, sounds, and people of the country. You can find more information, or enroll online, at www.peopletopeople.com/thortonshealy.
The Mission of TTIA
To lead, inspire and advance excellence in Therapeutic TouchSM as a healing practice and lifeway.

Advertising Policy & Rates
Half-page (8x5) . . . . . . . . . . . . . . $100.00
Quarter page (4x5) . . . . . . . . . . . . . $50.00
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Newsletter Items Needed and Welcome!
Newsletter submissions are welcome from all members. Those chosen for publication may be edited for length or clarity.

Deadline for next issue:
June 30, 2012

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