



THERAPEUTIC TOUCH 2011 BIBLIOGRAPHY

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Produced by

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**Therapeutic Touch International Association Inc.
The Official Organization of Therapeutic Touch™**

- We are an international network of members interested in healing. We facilitate the exchange of research findings, teaching strategies, and new developments in the area of Therapeutic Touch and healing. The human being is viewed as a complex, dynamic, whole, and healing is seen as the means of restoring the integrity of the mind, body and spirit.
- Was established in 1977 under the leadership of Dr. Dolores Krieger Ph.D., R.N. Therapeutic Touch International Association Inc. is a voluntary, not-for-profit organization.
- Develops workshops, satellite groups, documents, public relations material and conferences on Therapeutic Touch and healing of research findings, teaching strategies, and new developments in the area of Therapeutic
- Refers recognized TT teachers from its TT Teacher Cooperative membership, upon request.

The Mission

Therapeutic Touch International Association, Inc. (TTIA, Inc.) is to lead, inspire, and advance Therapeutic Touch, other healing modalities, and healing lifeways, for the world community.

The TTIA, Inc. is an ongoing resource for health care professionals interested in pursuing information related to Therapeutic Touch.

For additional information and to request a membership application please contact us at:

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Therapeutic Touch International Association, Inc. Therapeutic Touch Bibliography

Research

2010-2019

Aghabati, N., Mohammadi, E., Esmaili, Z. (2010). The effect of Therapeutic Touch on pain and fatigue of cancer patients undergoing chemotherapy. *eCAM* 7(3): 375-381.

Coakley, A.B., Duffy, M.E. (2010). The effect of Therapeutic Touch on postoperative patients. *Journal of Holistic Nursing*, 28(3), 193-200.

Levin, J. (2011). Energy healers: Who they are and what they do. *Explore*, 7(1): 13-26.

Lorenc, A., Peace, B., Vaghela, C., Robinson, N. (2010). The integration of healing into conventional cancer care in the UK. *Complementary Therapies in Clinical Practice*, 16, 222-228.

Madrid, M.M., Barrett, E.A.M., Winstead-Fry, P. (2010). A study of feasibility of introducing Therapeutic Touch into the operative environment with patients undergoing cerebral angiography. *Journal of Holistic Nursing*, 28(3), 168-174.

Monzillo, E., Gronowicz, G. (2011). New insights of Therapeutic Touch: A discussion of experimental methodology and design that resulted in significant effects on normal human cells and osteosarcoma. *Explore*, 7(1): 44-51.

Smith, A.A., Kimmel, S.R., Milz, S.A. (2010). Effects of Therapeutic Touch on pain, function and well being in persons with osteo-arthritis on the knee: A pilot study. *The Internet Journal of Advanced Nursing Practice*, 10(2).

Strickland, M., Boylan, H.M. (2010). Using enzyme folding to explore the mechanism of Therapeutic Touch: A feasibility study. *Journal of Alternative and Complementary Medicine*, 16(7), 715-721.

2000-2009

Astin, J. A., Harkness, E., & Ernst, E. (2000). The efficacy of distant healing: Systematic review of randomized trials. *Annals of Internal Medicine*, 132(11), 903-910.

Barron, A., Coakley, A. B., Fitzgerald, E. M., & Mahoney, E. K. (2008). Promoting the integration of therapeutic touch in nursing practice on an inpatient oncology and bone marrow transplant unit. *International Journal for Human Caring*, 12(2): 81-89.

Abstract: The purpose of this descriptive qualitative research was to explore experiences of nurses and patients on an inpatient oncology unit when nurses had time preserved for the exclusive offering of **Therapeutic Touch** (TT). Nine nurses participated in an educational program to learn the process of TT, but later identified busyness, difficulty centering, and lack of comfort asking colleagues for coverage as significant obstacles to integrating TT in practice. With dedicated time for TT three key

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findings emerged: TT as a vehicle for comfort, caring, and presence; a shift to the personhood of the patient and reawakening of the essence of nursing; and illumination of the power of linking practice, theory, and research.

Blankfield, R. P., Sulzmann, C., Fradley, L. G., Tapolyai, A. A., & Zyzanski, S. J. (2001). Therapeutic Touch in the treatment of carpal tunnel syndrome. *The Journal of the American Board of Family Practice*, 14(5), 335-342.

Bruce, E. (2004). *Effects of Therapeutic Touch and healing prayer on the serenity level of terminally ill oncology patients*. (Master's Thesis). D'Youville College.

Abstract: This study explored whether therapeutic touch, combined with healing prayer (TTHP), resulted in terminal oncology patients achieving a greater state of serenity as compared to those receiving only healing prayer (HP) or Therapeutic Touch (TT), and a significantly greater serenity level when compared to the control group (CG). Descriptive statistics preceded the interventions to determine whether differences existed between the TTHP group's level of serenity than the TT, HP, and CG's serenity levels. Administration of the Serenity Scale (Roberts & Aspy, 1993) to a sample of 40 terminal oncology patients provided statistical results that patients who received HP and TT achieved greater serenity levels post intervention, and significantly greater levels of serenity than those patients assigned to the CG.

Burgie-VanOstran, L. (2004). *Balancing the chakras through Therapeutic Touch*. (Master's Thesis). Medical College of Ohio. AAT 1420851.

Abstract: This study explored the use of Therapeutic Touch (TT) as a method to rebalance and restore harmony to the chakras. The characteristics of TT, chakras, and energy healing are discussed within the literature. Twenty-two women volunteered to participate in measurement of the direction, amplitude, and shape of their chakras with a bobber pendulum before and after TT intervention. Measurement variables were recorded on the chakra flowchart. Results from the direction measurement were analyzed using the McNemar statistical test. Amplitude and shape measurement results were compared using the Wilcoxon Matched Pairs test. All statistical tests were analyzed using SPSS software. Constant comparison was used to explore the qualitative data. Results were clinically significant, as all participants had one or more chakra measurement change towards a healthier balanced chakra state. This was consistent with Rogers' Science of Unitary Human Beings conceptual framework.

Chan, P. S., & Wong, M. M. (2004). Physicians and complementary-alternative medicine: Training, attitudes and practices in Hawaii. *Hawaii Medical Journal*, 63(6), 176-181.

Coppa, D. A. (2002). *The internal process of Therapeutic Touch as nursing action*. (Doctoral Dissertation) University of Rhode Island.

Coppa, D. (2008). The internal process of Therapeutic Touch. *Journal of Holistic Nursing*, 26(1), 17-24.

Abstract: Therapeutic touch (TT) is a complementary healing modality used by health care providers to reduce anxiety, accelerate relaxation, decrease pain, and enhance immunity. Research studies report outcomes of TT treatments, but few describe the specific process. This qualitative research study was conducted to describe the nature of the core process of TT in adults and full term infants as practiced by five professional nurses, each treating one adults and one infant. Analysis of data obtained from

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interviews and focused participant observations was conducted. Findings provide empirical data to depict an overall process divided into three phases: (a) preparation, (b) treatment, and (c) termination, that adheres to the standard process as described by Krieger. It expands on the description of each phase, including two new subcomponents, orienting and disengagement, not previously seen in the literature. Lastly, the study describes the modification of the TT process with infants compared to adults.

Denison, B. (2004). Touch the pain away: New research on Therapeutic Touch and persons with fibromyalgia syndrome. *Holistic Nursing Practice*, 18(3), 142-151.

Abstract: This pilot study tested the effectiveness of six Therapeutic Touch treatments on the experience of pain and quality of life for persons with fibromyalgia syndrome. Its findings support that subjects who received therapeutic touch had a statistically significant decrease in pain for each pre-therapeutic to post-therapeutic touch treatment, as well as significant improvement in quality of life from pre-first to pre-sixth treatment. Therapeutic touch may be an effective treatment for relieving pain and improving quality of life in this specific population of persons with fibromyalgia syndrome.

Doherty, D., Wright, S., Aveyard, B., Sykes, M. (2006). Therapeutic Touch and dementia care: an ongoing journey. *Nursing Older People*; 18(11): 27-30.

Engle, V. F., & Graney, M. J. (2000). Biobehavioral effects of Therapeutic Touch. *Journal of Nursing Scholarship*, 32(3), 287-293.

Frank, L. S., Frank, J. L., March, D., Makari-Judson, G., Barham, R. B., & Mertens, W. C. (2007). Does Therapeutic Touch ease the discomfort of distress of patients undergoing stereotactic core breast biopsy, a randomized clinical trial. *Pain Medicine*, 8(5), 419-424.

Abstract: Objective – To determine whether therapeutic touch administered at the time of stereotactic biopsy of suspicious breast lesions results in a reduction in anxiety and pain.

Design – Randomized, patient-blinded, controlled trial of either Krieger-Kunz Therapeutic Touch administered by a trained practitioner or a shame intervention mimicking therapeutic touch delivered during core biopsy.

Setting – Stereotactic breast biopsy unit of a comprehensive breast center.

Patients – women with mammographically detected, nonpalpable breast lesions requiring biopsy.

Outcome Measures – Changes in pain and anxiety measured by visual analog scales immediately before and after stereotactic core biopsy.

Results – A total of 82 patients were accrued: 42 received actual therapeutic touch and 40 shame Therapeutic Touch. No significant differences were found between the arms for age, ethnicity, educational background, or other demographic data. The sham arm had a preponderance of left breast biopsies (48% vs 58%; $P = 0.07$) and (6.5 ± 6.1 vs 4.5 ± 4.5 mL; $P = 0.09$). Therapeutic touch patients were more likely to have an upper breast lesion location (57% vs 53%; $P = 0.022$). No significant differences between the arms were seen regarding postbiopsy pain ($P=0.95$), anxiety ($P=0.66$), fearfulness or physiological parameters. Similarly, no differences were seen between the arms when change in parameter from prebiopsy to postbiopsy was considered for any of the psychological or physiological variables measured. These findings persisted when confounding variables were controlled for.

Conclusions-Women undergoing stereotactic core breast biopsy received not significant benefit from therapeutic touch administered during the procedure. Therapeutic touch cannot be routinely recommended for patients in this setting.

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Graney, M. J., Engle, V. F., & Winstead-Fry, P. (2001). Critique of review of Therapeutic Touch.. "Evidence-based practice and reviews of Therapeutic Touch". *Journal of Nursing Scholarship*, 33(1), 6-7.

Gregory, S., & Verdouw, J. (2005). Therapeutic Touch: Its application for residents in aged care. *Australian Nursing Journal*, 12(7), 1-3.

Gronowicz, G. A., Jhaveri, A., Clarke, L. W., Aronow, M. S., & Smith, T. M. (2008). Therapeutic Touch stimulates the proliferation of human cells in culture. *Alternative and Complementary Medicine*, 14(3), 233-239.

Abstract: Objectives: Our objective was to assess the effect of Therapeutic Touch (TT) on the proliferation of normal human cells in culture compared to shame and no treatment. Several proliferation techniques were used to confirm the results, and the effect of multiple 10-minute TT treatments was studied.

Design: Fibroblasts, tendon cells (tenocytes), and bone cells (osteoblasts) were treated with TT, shame or untreated for 2 weeks, and the assessed for [(3) H] – thymidine incorporation into the DNA, and immunocytochemical staining for proliferating cell nuclear antigen (PCNA). The number of PCNA-stained cells was also quantified. For 1 and 2 weeks, varying numbers of 10-minute TT treatments were administered to each cell type to determine whether there was a dose-dependent effect.

Results: TT administered twice a week for 2 weeks significantly stimulated proliferation of fibroblasts, tenocytes, and osteoblasts in culture ($p= 0.04, 0.01, \text{ and } 0.01$, respectively) compared to untreated control. These data were confirmed by PCNA immunocytochemistry. In the same experiments, sham healer treatment was not significantly different from the untreated cultures in any group, and was significantly less than TT treatment in fibroblast and tenocyte cultures. In 1-week studies involving the administration of multiple 10-minute TT treatments, four and five applications significantly increased [(3) H]-thymidine incorporation in fibroblasts and tenocytes, respectively, but not in osteoblasts. With different doses of TT for 2 weeks, two 10-minute TT treatments per week significantly stimulated proliferation in all cell types. Osteoblasts also responded to four treatments per week with a significant increase in proliferation. Additional TT treatment (five per week for 2 weeks) were not effective in eliciting increased proliferation compared to control in any cell type.

Conclusions: A specific pattern of TT treatment produced a significant increase in proliferation of fibro-blasts, osteoblasts, and tenocytes in culture. Therefore, TT may affect normal cells by stimulating cell proliferation.

Hagemaster, J. (2000). Use of Therapeutic Touch in treatment of drug addictions. *Holistic Nursing Practice*, 14(3), 1-7.

Abstract: The purpose of this pilot study is to examine the efficacy of Therapeutic Touch (TT) as a form of treatment intervention with persons who abuse alcohol and/or other drugs. A between-subjects design compared treatment outcomes of three groups of alcohol and other drug abusers over a five months period of time.

Hallett, A. (2004). Narratives of Therapeutic Touch. *Nursing Standard*, 19(1): 33-37.

Hanley, M. A. (2004). *Therapeutic Touch with preterm infants: Composing a treatment*. (Doctoral dissertation). Galveston, TX: The University of Texas Graduate School of Biomedical Science. AAT 3124639

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Abstract: The aim of this research was to explore the nature of Therapeutic Touch (TT) with preterm infants as described by Therapeutic Touch Practitioners and develop a TT treatment for preterm infants. The majority of TT literature for 30 years has focused on TT with adults. Little is known about the use of TT with preterm infants. Narrative inquiry and descriptive methods were used to discover knowledge about the use of TT with preterm infants. Therapeutic Touch practitioners, with varying levels of experience using TT with preterm infants provided multiple, in-depth narratives regarding their use of TT. Narrative analysis revealed seven essential elements of Therapeutic Touch, four ethical dimensions of practice, and three global themes: Therapeutic Touch as a relational narrative, Therapeutic Touch as improvisation, and the relational ethics of Therapeutic Touch. Study findings support future research to evaluate TT treatments with preterm infants as a science based practice.

Hanley, M. A. (2004). Therapeutic Touch with preterm infants: Composing a treatment, *Visions: The Journal of Rogerian Nursing Science*, 12(1), 64-65.

Hanley, M.A. (2008). Therapeutic Touch with Preterm Infants: Composing a Treatment. *Explore*, 4(4): 249-258.

Hawranik, P., Johnston, P., & Deatrich, J. (2008). Therapeutic Touch and agitation in individuals with Alzheimer's disease. *Western Journal of Nursing Research*, 30(4), 417-434.

Abstract: Limited effective strategies exist to alleviate or treat disruptive behaviors in people with Alzheimer's disease. Fifty-one residents of a long-term care facility with Alzheimer's disease were randomly assigned to one of three intervention groups. A multiple time series, blinded, experimental design was used to compare the effectiveness of **Therapeutic Touch**, simulated **Therapeutic Touch**, and usual care on disruptive behavior. Three forms of disruptive behavior comprised the dependent variables: physical aggression, physical nonaggression, and verbal agitation. Physical nonaggressive behaviors decreased significantly in those residents who received **Therapeutic Touch** compared with those who received the simulated version and the usual care. No significant differences in physically aggressive and verbally agitated behaviors were observed across the three study groups. The study provided preliminary evidence for the potential for **Therapeutic Touch** in dealing with agitated behaviors by people with dementia. Researchers and practitioners must consider a broad array of strategies to deal with these behaviors.

Hoffmeyer, C. A. (2000). *A single case study experimental design exploring the effect of Therapeutic Touch on women with migraine headaches* (Doctoral dissertation), University of Colorado, Health Science's Centre: Denver, CO.

Jackson, E., Kelley, M., McNeill, P., Meyer, E., Schlegel, L., & Eaton, M. (2008). Does Therapeutic Touch help reduce pain and anxiety in patients with cancer? *Clinical Journal of Oncology Nursing*, 12(1), 113-120.

Abstract: With more than 10 million patients with cancer in the United States, pain and symptom management is an important tool for oncology nurses. Complementary therapies, such as Therapeutic Touch, may offer nurses a nonpharmacologic method to ease patients pain. Using 12 research studies, the authors examined the evidence concerning the effectiveness of this type of treatment in reducing pain and anxiety.

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Jhaveri, A., Walsh, S., Wang, Y., McCarthy, M., & Gronowicz, G.A. Therapeutic Touch affects DNA synthesis and mineralization of human osteoblasts in culture. *Journal of Orthopaedic Research*. November 2008: 1541-1546.

Kelly, A. E., Sullivan, P., Fawcett, J., & Samarel, N. (2004). Therapeutic Touch, quiet time, and dialogue: Perceptions of women with breast cancer. *Oncology Nurses Forum*, 31(3), 625-631.

Abstract: Objectives: To compare the perceptions of women with breast cancer to an experimental Therapeutic Touch (TT) plus dialogue nursing intervention with perceptions of a control quiet time plus dialogue nursing intervention.

Design: Qualitative study based on the Science of Unitary Human Beings. Setting: Data collected as part of a larger experimental study of the effects of TT on pre- and postoperative anxiety and mood and postoperative pain in women with breast cancer.

Sample: 18 women with early-stage breast cancer.

Methods: Telephone interviews at the completion of an experimental or control nursing intervention administered in the women's homes before and after breast cancer surgery. Main Research Variables: Women's perceptions of participation in a study of the effects of dialogue and TT or quiet time.

Findings: Content analysis of transcribed telephone interviews revealed few differences in participants' perceptions of experimental and control interventions. Only participants who received the experimental intervention reported body sensations, and only participants in the control group inquired about the study and its purpose. Regardless of experimental or control intervention participation, women expressed feelings of calmness, relaxation, security, and comfort and a sense of awareness. The few women who commented about the nurse who administered the experimental or control intervention indicated that the nurse was empathetic, concerned, supportive, or helpful.

Conclusions: The women regarded either nursing intervention as a positive experience. Some also expressed positive regard for the research nurse.

Implications of Nursing: Nurses who are not trained in the administration of TT may use quiet time and dialogue to enhance feelings of calmness and relaxation in patients with breast cancer.

Larden, C. N., Palmer, M. I., & Janssen, P. (2004). Efficacy of Therapeutic Touch in treating pregnant inpatients who have a chemical dependency. *Journal of Holistic Nursing*, 22(4), 320-332.

Abstract: Chemical dependency is known to complicate about 3.8% of pregnancies in Vancouver, British Columbia, Canada. In this study, 54 English-speaking, hospitalized women were randomly assigned to receive either (a) daily Therapeutic Touch over a 7-day period for 20 minutes each day, (b) shared activity with a registered nurse for 20 minutes over a 7-day period, or (c) standard ward care. Anxiety was measured using Spielberger's State-Trait Anxiety Inventory. Withdrawal symptoms were measured using a standardized Symptom Checklist. Anxiety scores were significantly less on Days 1, 2, and 3 ($p < .05$) for the group receiving Therapeutic Touch. Therapeutic Touch may be of value as an adjunctive measure in the treatment of chemical dependency among pregnant women.

MacNeil, M.S. (2006). Therapeutic Touch, pain, and caring: Implications for nursing practice. *International Journal for Human Caring*, 10(1): 40-48.

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Madrid, M., & Winstead-Fry, P. (2001). Nursing research on the health patterning modalities of Therapeutic Touch and imagery. *Nursing Science Quarterly*, 14(3), 187.

Malinski, V. M. (2001). Research issues. Nursing theory-based research on Therapeutic Touch and imagery. *Nursing Science Quarterly*, 14(3), 187.

McCormack, G. L. (2009). Using non-contact Therapeutic Touch to manage post-surgical pain in the elderly. *Occupational Therapy International*, 16(1), 44-56.

Abstract: The purpose of this study was to investigate the effects of non-contact therapeutic touch on post-surgical pain in an elderly population receiving occupational therapy in an acute care hospital unit in the United States. Ninety participants were randomly assigned to three groups (experimental, control and placebo) using a three-group experimental pre-test-post-test design and a randomized clinical trial. The experimental group received the non-contact touch intervention, the control group received routine care and the placebo group received the sound of a metronome set at a steady slow pace. Objective measures included the Memorial Pain Scale, the Tellegen Absorption Scale, the Health Attribution Scale and measures of pulse rate and pupil size, which were performed as repeated measures. In the experimental group, 22 out of 30 (73%) demonstrated a statistically significant decrease in pain intensity scores from pre-test to post-test ($t [7] = 7.24, p < 0.01$) and were better able to participate in occupations. Further research is recommended to replicate this study.

McElligott, D., Holz, M.B., Carollo, L., et al. A pilot feasibility study on the effects of touch therapy on nurses. *Journal of the New York State Nurses Association*. 2003; Spring/Summer: 16-24.

Monroe, C.M. The effects of Therapeutic Touch on pain. *Journal of Holistic Nursing*. 2009; 27(2):85-92.

Moore, T., Ting, B., & Rossiter-Thornton, M. (2008). A pilot study of the experience of participating in a therapeutic touch practice group. *Journal of Holistic Nursing*, 26(3), 161-168.

Abstract: This pilot study explored the experience of participating in a **Therapeutic Touch** trade mark practice group. A qualitative descriptive-exploratory method was used, involving 12 members of practice groups in Ontario and British Columbia, Canada. Analysis of the data using an extraction-synthesis process yielded four themes: (a) learning with others through sharing and hands-on experience is valued; (b) connecting with a network of supportive relationships that sustain self and **Therapeutic Touch** practice; (c) comfort-discomfort arising with self, others, or ideas; and (d) meaningful changes emerge while experiencing group energy and **Therapeutic Touch**. The findings expand current knowledge about the positive aspects of participating in practice groups and provide a beginning understanding of member discomfort, which had not been previously reported. This knowledge will be useful to **Therapeutic Touch** organizations, practice group leaders, and group members. It will also guide health care agencies and practitioners of other healing modalities who may be considering establishing practice groups.

Movaffaghi, Z., Hasanpoor, M., Farsi, M., Hooshmand, P., & Abrishami, F. (2006). Effects of Therapeutic Touch on blood hemoglobin and hematocrit level. *Journal of Holistic Nursing*, 24(1), 41-48.

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Abstract: Therapeutic Touch (TT) is a widely used complementary therapy. This study investigated the effects of TT on hemoglobin and hematocrit level in students who were basically healthy.

Method: The volunteers with a hemoglobin level less than 12 grams per deciliter (g/dl) were randomly assigned to three groups of TT, mimic therapeutic touch (MT), and control. Blood samples were collected before the first treatment and again a week after the last one and measurements were taken.

Findings: TT increased the level of hemoglobin ($.99 \pm .13$ g/dl) and hematocrit ($2.82 \pm .43\%$) significantly. MT also increased the level of hemoglobin ($.55 \pm .11$ g/dl) and hematocrit ($2.75 \pm .44\%$) significantly. No significant changes were found in the control group. **Conclusions:** Significant changes of both variables with TT and MT groups suggest that more careful precision might be needed while selecting individuals as sham therapists in further experiments.

Newbold, D., Roberts, J. (2007). An analysis of the demarcation problems in sciences and its application to Therapeutic Touch theory. *International Journal of Nursing Practice* 13: 324-330.

Newshan, G., & Schuller-Civitella, D. (2003). Large clinical study shows value of Therapeutic Touch program. *Holistic Nursing Practice*, 17(4), 189-192.

Parrisopoulos, S. (2006). A phenomenological study on the lived experience of Therapeutic Touch; creating a therapeutic environment. *ICUs & Nursing Web Journal*, May-July,(26), 14p.

Abstract: Therapeutic Touch (TT) is an intervention that has been implemented by nurses in a variety of clinical applications. Its proponents claim it can facilitate comfort and healing. This study describes the lived experiences of four registered TT practitioners administering TT. The design was informed by phenomenology and data collection was conducted via exploratory in-depth interviews in the UK. Participants' retrospective accounts were subject to Burnard's grounded methodology of thematic and content analysis. Two main themes relevant to the process of TT were identified: "Creating a **Therapeutic** Environment" and "Maintaining a **Therapeutic** Environment". The findings suggest that TT practitioners undergo various stages, such as establishing a relationship with the patient, being centered, assessing the patient's energy field for imbalances and treating it. A **therapeutic** environment is maintained during TT, until the interaction is brought to an end. TT was perceived to be more effective when the TT practitioner remained centered through the interaction. Each TT interaction is unique. A reflexive approach was adopted as part of the measures taken to enhance the rigor of the study. However, no data saturation was accomplished. Further research on TT using qualitative methodology may deepen our understanding of the inner experiences of both patients and nurses that facilitate the healing process

Philcox, P., Rawlins, L., & Rodgers, L. (2002). Therapeutic Touch and its effect on phantom limb and stump pain. *Australian Rehabilitation Nurses' Association*, 5(1), 17-21.

Quinlan-Colwell, A.D. (2009). Understanding the paradox of patient pain and patient satisfaction. *Journal of Holistic Nursing*, 27(3): 177-182.

Reuss, K. L. (2004). *Like water and honey: A conceptual triangulation of the autonomic nervous system response and subjective experience of Therapeutic Touch*. Denver, CO:

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University of Colorado Health Sciences Center. AAT 3127073

Abstract: The purposes of this study were to examine variation in autonomic nervous system response during Therapeutic Touch, describe the subjective experience of receiving Therapeutic Touch, and identify conceptual links between the physiological response to and the subjective experience of receiving Therapeutic Touch. A one group repeated measures single blind design was utilized in this descriptive exploratory study. Sixty subjects received both Therapeutic Touch and a mimic treatment on the same day with a washout period between treatments. Subjects served as their own control, were randomly assigned to treatment order, and blinded to which treatment they were receiving. Interviews were conducted after each treatment to elicit subjective descriptions of the experience. Fifteen nurses were recruited to administer treatments; six therapeutic touch practitioners and nine nurses trained in a mimic treatment. Heart rate, respiratory rate, skin conductance, skin temperature, and muscle tension were monitored continuously during the treatments. Both therapeutic touch and the mimic treatment produced evidence of a physiological relaxation response in skin conductance, muscle tension, and skin temperature. Respiratory rate was significantly lower during therapeutic touch. Neither treatment had an effect on heart rate. The data suggests therapeutic touch may have had a stronger effect on muscle tension and skin conductance than the mimic treatment. Skin temperature was noted to be significantly higher in the treatment that was given first. Four themes emerged in the qualitative data: Engagement in mutual process, Human field manifestations, Re-patterning and Subject Preferences. Findings suggest a positive health outcomes and a mutual process of connecting with spirit during the practice of therapeutic touch. Caring presence in the nurses involved as practitioners in this study and an awareness of pattern changes were noted during both treatments. It is postulated that breathing is a link between the physiological response and spiritual experience during TT. Respiratory rate was the only physiological indicator that clearly differentiated TT and MTT practice.

Post, N. W. (1990). *The effects of Therapeutic Touch on muscle tone* (Master's thesis) San

Jose, CA: San Jose State University.

Rubik, B. (2002). The Biofield Hypothesis: Its Biophysical Basis and Role in Medicine. *The Journal of Alternative and Complementary Medicine*, 8(6): 703-717.

Sheilds, D. A. (2008). *The lived experience of receiving Therapeutic Touch in people with heart failure* (Doctoral dissertation). Union Institute and University.

Abstract: An esthetic hermeneutical-phenomenological clinical study on 6 women and 2 men with heart failure, ranging in age from 41-83 years, was conducted for the purpose of exploring the meaning of the lived experience of receiving Therapeutic Touch. Participants received four weekly Therapeutic Touch treatments from a Qualified Therapeutic Touch Practitioner (QTTP). At the completion of the four treatments, the researcher conducted a 1- to 2-hour face-to-face interview with each participant. The interviews were open-ended and began with one primary question, "What has your experience of receiving Therapeutic Touch been like?" Each participant took the lead in the interview, allowing it to unfold naturally. Transcripts of each interview and individual themes were created and then reviewed by each participant for confirmation. Analysis of the data revealed seven metathemes with 13 thematic foundations: "My Heart is Open" (openness, willingness to help others); "Silence is Golden" (relaxation,

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relief, rest); "Those Were the Days" (my special place, treasured memories); "Living Slow" (loss, courage); "The Breath Goes On" (continuance); "I Am Person, Hear Me Roar" (courage, empowerment); and "My Heart is Not Failing" (willingness to help others, hope, living). The metaphor, "One Day at a Time," emerged from the stories of these people living with heart failure. A unity of meaning of the experience of receiving Therapeutic Touch was revealed. The theory of meaning, "Giving Voice to My Story ... Discovering Hope for My Today," was revealed through a reflective process. Within this caring inquiry, the movement of hermeneutical-phenomenological theorizing to a theory of meaning is represented in an art form. "Lotus Dance" gives form to the experience as a process that is both dynamic and interactive. The essence of the meaning of lived experience of receiving Therapeutic Touch for these people living with heart failure is discovering hope through telling their story.

Smith, D.W. (2000). Pattern changes in people experiencing Therapeutic Touch, phase I: Power and spirituality in students learning Therapeutic Touch. *Rogerian Nursing Science News*, 12(3), 2p.

Smith, D. W. (2000). Pattern changes in people experiencing Therapeutic Touch. Phase II. *Rogerian Nursing Science News*, xii(4), 6, 11.

Smith, D. W., Arnstein, P., Rosa, K. C., Wells-Federman, C. (2002). Effects of integrating Therapeutic Touch into a cognitive behavioral treatment program. Report of a pilot clinical trial. *Journal of Holistic Nursing*, 20(4), 367-387.

Smith, D. W., & Broida, J. P. (2007). Pandimensional field pattern changes in healers and healees: Experiencing therapeutic touch. *Journal of Holistic Nursing*, 25(4), 217-225.
Abstract: Rogers Science of Unitary Human Beings framed this study of pandimensional pattern changes in healers and healees paired for an 8-week series of Therapeutic Touch (TT) sessions. Comparisons of healee patterns before and after 141 TT sessions supported the hypotheses that healees would manifest decreased pulse and blood pressure, and reduced pain and stress (p' .05). Duration of TT sessions was not preset but determined by healers according to energy cues. TT time was not related to pattern changes, consistent with the clinical practice of TT and the atemporal nature of Rogers conceptual framework. Healers and healees showed parallel changes after the TT series. Participants manifested greater spirituality (p'.05), changes in power measured as a whole were not. Contrary to expectations, manifestations of diversity were decreased in healers and healees.

Smith, M., Reeder, F., Daniel, L., Baramée, J., & Hagman, J. (2003). Outcomes of touch therapies during bone marrow transplant. *Alternative Therapies in Health and Medicine*, 9(1), 40-49.

Abstract: The integration of complementary modalities into main stream healthcare is gaining increasing emphasis. It is important, therefore, to document the effects of these interventions on patient outcomes.

Objective: To investigate the effects of Therapeutic Touch and massage therapy on the outcomes of engraftment time, complications and perceived benefits of therapy during bone marrow transplant.

Design: Randomized clinical trial.

Participants/Setting: Subjects were adult patients on the bone marrow transplant unit of a large urban tertiary care center.

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Interventions: Subjects were randomly assigned to 1 or 3 treatment groups: Therapeutic Touch (TT), massage therapy (MT), and a control group call the friendly visit (FV). Subjects (N=88) were stratified by type of transplant (allogenic or autologous). Twenty-seven subjects receive MT; 31 received TT, and 30 received FV. Nurses with expertise in the 2 touch therapies administered them. The interventions of MT, TT and FV were administered according to the standardized protocols every third day beginning the day chemotherapy began until discharged from the program. Outcome Measures: Time for engraftment, complications and patient perceptions of benefits of therapy were the main outcome measures. Analysis of variance and analysis of covariance were used to determine significant differences among the 3 groups with respect to time of engraftment. Results: A significantly lower score for central nervous system or neurological complications was noted for subjects who received MT compared with the control group; however, no differences were found among the 3 groups with respect to the other 10 complication categories or in the total mean score for complications. Patients' perception of the benefits of therapy (total score) was significantly higher for those who received MT compared to the FV control group. The mean scores on the cohort subscale were significantly higher for patients receiving both MT and TT compared with the FV control group.

Conclusions: Massage therapy may be effective in altering the psychological and neurological complications associated with chemotherapy during bone marrow transplant. Both massage and therapeutic touch provide comfort to patients undergoing this challenging process

Smith-Frank, L., Frank, J. L., March, D., Makari-Judson, G. Barnham, R. B., & Mertens, W. C. (2007). Does Therapeutic Touch ease the discomfort or distress of patients undergoing stereotactic core breast biopsy? A randomized clinical trial. *Pain Medicine*, 8(5), 419-424.

So, P.S., Jiang, Y., Qin, Y. Touch therapies for pain relief in adults (Review). *The Cochrane Collaboration*. 2009;1:1-57.

Stephen, J., Mackenzie, G., Sample, S., Macdonald, J. (2007). Twenty years of therapeutic touch in a Canadian cancer agency: lessons learned from a case study of integrative oncology practice. *Support Care Cancer*; 15: 993-998.

Whitley, J. A., & Rich, B. L. (2008). A double-blind randomized controlled pilot trial examining the safety and efficacy of Therapeutic Touch in premature infants. *Advances in Neonatal Care*, 8(6): 315-333

Abstract: Purpose: To explore the hypothesis that nontouch therapy such as **therapeutic touch** (TT) reduces stress to a clinically important degree and is safe to use in preterm infants.

Design: A pilot randomized, double-blind, controlled trial.

Subjects: Two groups of 10 infants were enrolled and randomly assigned to treatment or nontreatment groups. Gestational age was less than 29 weeks. Demographic descriptions of the 2 groups were statistically similar.

Methods: The observer and staff were blinded to assignment; the TT practitioner was blinded to observed measurements. Each infant received either TT or no **therapeutic touch** (NTT) for 5 minutes on 3 consecutive days at the same time of day, behind a curtain. Heart period variability (HPV) was measured 5 minutes before, during, and after the treatment phase.

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Results: Examination of the parameters of oxygen saturation and episodes of apnea demonstrated no increase in adverse events in TT group compared with NTT group. Repeated-measures multivariate analysis of variance on HPV revealed differences in the interaction of group assignment with low-frequency, high-frequency, and low-to-high-frequency ratio interaction ($F_{2,143} = 8.076, P = .000$) and for group, day, and low-frequency, high-frequency, and low-to-high-frequency ratio ($F_{2,288} = 3.146, P = .015$), and in the posttreatment time period ($F_{1,16} = 6.259, P = .024$), reflective of greater parasympathetic activity in TT group.

Conclusion: In this pilot trial, HPV showed an increase for the TT group compared with the NTT group. The study reveals no adverse effects of TT in preterm infants.

Woods, D. L., & Craven, R.F., & Whitney, J. (2005). The effect of Therapeutic Touch on behavioral symptoms of persons with dementia. *Alternative Therapies in Health and Medicine, 11*(1), 66-74.

Abstract: Background: Approximately 80% of nursing home residents who suffer from Alzheimer's disease and related dementia develop behavioral symptoms of dementia. Given the deleterious side effects of pharmacologic therapy in this population there is an urgent need for clinical trials of nonpharmacologic interventions.

Objective: To examine the effect of therapeutic touch on the frequency and intensity of behavioral symptoms of dementia.

Method: A randomized, double-blind, three-group experimental study: experimental (therapeutic touch), placebo (placebo therapeutic touch), and control (usual care). Fifty-seven residents, aged 67 to 93 years, exhibiting behavioral symptoms of dementia, were randomized to one of the three groups within each of three Special Care Units within three Long-Term Care facilities in a western Canadian province. Behavioral observation was completed every 20 minutes from 8:00AM to 6:00PM for three days pre-intervention and for three days post-intervention by trained observers who were blind to group assignment. The intervention consisted of therapeutic touch given twice daily for 5-7 minutes for three days between 10:00AM and 11:30PM and between 3:00PM and 4:30PM ($N = 57$). The main outcome variable was overall behavioral symptoms of dementia, consisting of six categories of behaviors: manual manipulation (restlessness), escape restraints, searching and wandering, tapping and banging, pacing and walking, and vocalization.

Results: Analysis of variance (ANOVA) ($F = 3.331, P = .033$) and the Kruskal-Wallis test ($\chi^2 = 6.661, P = .036$) indicated a significant difference in overall behavioral symptoms of dementia, manual manipulation and vocalization when the experimental group was compared to the placebo and control groups. The experimental (significant) was more effective in decreasing behavioral symptoms of dementia than usual care, while the placebo group indicated a decreasing trend in behavioral symptoms of dementia compared to usual care.

Conclusions: Therapeutic Touch offers a nonpharmacological, clinically relevant modality that could be used to decrease behavioral symptoms of dementia, specifically manual manipulation (restlessness) and vocalization, two prevalent behaviors.

Woods, D. L, Rapp, C. G., & Beck, C. S. (2004). Escalation/de-escalation patterns of behavioral symptoms of persons with dementia. *Ageing Mental Health, 8*(2), 126-132.

Abstract: Behavioral and psychological symptoms of dementia (BPSD) may be framed within the Needs Driven Dementia-Compromised Behavior (NBD) Model. Current literature suggest that BPSD may escalate. Several researchers have describe a sequence of behavior escalation that has a clear starting point and ending point. This

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'ideal' or concatenated sequence is used to explain behavior that begins with relatively calm behavior and progresses through a prescribed sequence of behaviors that end in violence. This article presents two studies, a descriptive study and an intervention study that examine the escalation and de-escalation patterns of BPSD. Results of the descriptive study indicate a dominant pattern of agitation, aggression, and agitation while results of the intervention study, using sequential analysis indicate persistence of behavior from one 20-minute period to another. The persistence of vocalization at intensity level 2 changed from pre-intervention (mean conditional probability 29%) to post-intervention (mean probability 13%). Taken together these studies shed light on the pattern of escalation and de-escalation of BPSD and suggest an intervention to alter behavior persistence. This article discusses methodological challenges of measuring the escalation and de-escalation of BPSD and offers suggestions for analysis and design such as time series and sequential analysis.

- Woods, D. L., & Dimond, M. (2002). The effect of Therapeutic Touch on agitated behavior and cortisol in persons with Alzheimer's disease. *Biological Research Nursing, 4*(2), 104-114. **Abstract:** Agitated behavior in persons with Alzheimer's disease (AD) presents a challenge to current interventions. Recent developments in neuroendocrinology suggest that changes in the hypothalalmus-pituitary-adrenal (HPA) axis alter the responses of persons with AD to stress. Given the deleterious effects of pharmacological interventions in this vulnerable population, it is essential to explore noninvasive treatments for their potential to decrease a hyperresponsiveness to stress and indirectly decrease detrimental cortisol levels. This within-subject, interrupted time-series study was conducted to test the efficacy of therapeutic touch on decreasing the frequency of agitated behavior and salivary and urine cortisol levels in persons with AD. Ten subjects who were 71 to 84 years old and resided in a special care unit were observed every 20 minutes for 20 hours a day, were monitored 24 hours a day for physical activity, and had samples of salivary and urine cortisol taken daily. The study occurred in 4 phases: 1) baseline (4 days), 2) treatment (therapeutic touch for 5 to 7 minutes 2 times a day for 3 days), 3) posttreatment (11 days), and 4) post-"wash-out" (3 days). An analysis of variance for repeated measures indicated a significant decrease in overall agitated behavior and in 2 specific behaviors, vocalization and pacing or walking, during treatment and post-treatment. A decreasing trend over time was noted for salivary and urine cortisol. Although this study does not provide direct clinical evidence to support dysregulation in the HPA axis, it does suggest that environmental and behavioral interventions such as therapeutic touch have the potential to decrease vocalization and pacing, 2 prevalent behaviors, and may mitigate cortisol levels in persons with AD.
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- Woods Smith, D., Arnstein, P., Cowan-Rosa, K. C., & Wells-Federman, C. (2002). Effects of integrating Therapeutic Touch into a cognitive behavioral pain treatment program. *Journal of Holistic Nursing, 20*(4), 367-387.

1990-1999

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Abstract: In this article, a quasi-experimental design which attempted to determine the effectiveness of Therapeutic Touch as a nursing intervention is described. It was hypothesized that Therapeutic Touch would promote comfort and reduce anxiety. Initial findings of nurse interviews, a nurse's personal experiences of administering Therapeutic Touch and a case study indicate there may be a place for Therapeutic Touch as an intervention for promoting comfort and reducing anxiety in Critical Care.
- Daley, B. (1997). Therapeutic Touch, nursing practice and contemporary cutaneous wound healing research. *Journal of Advanced Nursing*, 25, 1123-1132.
Abstract: One method developed specifically for nursing science is a non-invasive, easily administered technique known as Therapeutic Touch (TT). Although there have been numerous anecdotal reports over the last two decades attesting to the efficacy of TT for cutaneous wounds, there have been only five experimental studies to date which have examined the phenomena in a scientifically rigorous manner. While the results of the studies were inconsistent overall, the series of experiments nonetheless significantly expanded the theoretical boundaries and understanding of the TT process and, due to the rigorous, double-blind methodological protocols used, have established the critical groundwork and guidelines for future nursing science research in the area.
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- Eckes, P.S. (1997). The effectiveness of Therapeutic Touch for decreasing pain in elders with degenerative arthritis. *Journal of Holistic Nursing, 15*, 176-198.
Abstract: The purpose of this study was to determine if Therapeutic Touch (TT) decreased pain in elders with degenerative arthritis, compared with routine treatment and progressive muscle relaxation (PMR).
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Abstract: Sixteen people with multiple sclerosis (MS) responded to a semi-structured questionnaire about their experiences with alternative therapies. Physical therapy, counseling, nutrition, and massage were the most frequently used alternative therapies. Other therapies included acupuncture, occupational therapy, aquatic therapy, Therapeutic Touch, yoga, passive exercise, and removal of mercury alloy tooth fillings. Almost two thirds of the respondents reported seeking an alternative health practitioner because traditional physicians offered no cure for MS.
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- France, N., & Quinn, J.F. (1992). A phenomenological inquiry on the child's lived experience of perceiving the human energy field using Therapeutic Touch. *Rogerian Nursing Science News, 5*, 6-36.
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- Giasson, M., & Bouchard, L. (1998). Effect of Therapeutic Touch on the well-being of persons with terminal cancer. *Journal of Holistic Nursing, 16*(3), 383-398.
Abstract: The purpose of this study was to examine the effect of three Therapeutic Touch treatments on the well-being of 20 persons with terminal cancer in palliative care. The results support the hypothesis that three non-contact Therapeutic Touch treatments increase sensation of well-being in persons with terminal cancer.

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- Ireland, M. (1998). Therapeutic Touch with HIV-infected children: A pilot study. *Journal of the Association of Nurses in AIDS Care*, 9, 68-77.
Abstract: In this pilot study, 20 HIV-infected children, 6 to 12 years of age, were randomly assigned into therapeutic touch (TT) and mimic TT groups. The effectiveness of TT in reducing anxiety was evaluated. As predicted, the TT intervention resulted in lower overall mean anxiety scores, whereas the mimic TT did not.
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Abstract: Previous research has shown Therapeutic Touch to be effective in reducing anxiety and discomfort and promoting relaxation. The present investigation experimentally evaluated the effects of TT on biochemical indicators and moods in a sample of 41 healthy female volunteers. Results indicated that mood disturbance in the experimental group decreased significantly whereas the control group increased in mood disturbance. Analyses of the biochemical data indicated that the TT group produced a significant decrease in levels of nitric oxide by the third TT session. These finds have important implications for stress reduction in patients undergoing chemotherapy for cancer.
- Lin, Y., & Taylor, A. G. (1998). Effects of Therapeutic Touch in reducing pain and anxiety in an elderly population. *Integrative Medicine*, 1(4), 155-162.

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- Lowery, R. (1999). *Attitudes toward Therapeutic Touch*. (Masters Thesis).
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Abstract: This descriptive study was to investigate therapeutic touch on adult tension headache pain. Ten tension headache pain sufferers were selected from a chiropractic clinic in southeastern Ontario. Subjects were randomly assigned to control and experimental groups using Rogers' science of unitary human beings. An interview schedule, adapted from the Carboni Unitary Measurement Tool (1992) was administered before and after TT. Data were collected, recorded, and analyzed by the treatment group. Results suggested that one application of TT was useful in reducing tension headache pain in all subjects who received authentic TT. Strategies for implementing TT in nursing practice are offered.
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- Matonti, R. (1998). *Utilization of Therapeutic Touch in clients diagnosed with chronic pain*. University of Nevada Las Vegas.
- McCormack, G. L. (1999). Relationship of non-contact Therapeutic Touch to pain intensity, absorption, and health belief in an elderly population. *Dissertation Abstracts International*, 62-02, Section B, 825.
Abstract: Discusses the risks associated with common complementary and alternative medicine (CAM) therapies. Many of these therapies offer effective approaches to the management of chronic conditions and the promotion of health. However, there are many gaps in the body of scientific knowledge concerning CAM, and evidence of the unique response of older adults to CAM is scarce. This article describes the known risks of acupuncture, chiropractic therapy, dietary supplements, herbs, massage, and ozone therapy. For example, infection from inadequately sterilized needles and injury to internal organs are the complications associated with acupuncture, although these instances are rare. No evidence of physiologic harm has been associated with **Therapeutic Touch**; however, psychological and spiritual distress may result in individuals who find the therapy inconsistent with their belief system. Nurses need to realize that CAM does not equate to a holistic approach; rather, it is but one tool at their disposal. Sidebars list adverse effects of selected nutritional supplements and herbs and summarize nursing responsibilities when using CAM. A continuing-education examination is included.
- Meehan, T.C. (1993). *Therapeutic Touch and postoperative pain: A Rogerian research study*. *Nursing Science Quarterly*, 6(2), 69-78.
Abstract: This article details Meehan's research study concerning the conceptualization of therapeutic touch within Rogers' science of unitary human beings and an investigation of the effects of therapeutic touch on pain experience in postoperative patients. The hypothesis, that therapeutic touch would significantly decrease postoperative pain compared to the placebo control intervention, was not supported.

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- Meehan, T.C. (1990). The effect of Therapeutic Touch on postoperative pain, *Pain*, Supplement p.149.
- Mersmann, C. A. (1993). *Therapeutic Touch and milk let down in mothers of non-nursing preterm infants* (Doctoral dissertation) New York University.
Abstract: It was proposed that TT could facilitate letdown since TT has been associated with an immediate relaxation and decrease in stress. It was hypothesized that letdown would be greater, in the quantity and fat content of expressed milk, following TT than following MTT or NT. Suggestions for future research and practice were included.
- Misra, M. M. (1994). *The effects of Therapeutic Touch on menstruation* (Master's thesis) Long Beach, CA: California State University.
- Olson, M., & Sneed, N. (1995). Anxiety and Therapeutic Touch. *Issues in Mental Health Nursing*, 16, 97-108
Abstract: Conducted a 4-group, repeated-measures experimental design that divided 40 healthy professional caregivers/students into high- and low-anxiety groups and further into therapeutic touch and comparison groups. The effectiveness of the use of therapeutic touch in reducing anxiety was evaluated, as were the methodologies used.
- Olson, M., Sneed, N., Bonadonna, R., Ratliff, J., & Dias, J. (1992). Therapeutic Touch and post-Hurricane Hugo stress. *Journal of Holistic Nursing*, 10(2), 120-136.
Abstract: This repeated-session design sought to answer questions about the effectiveness of therapeutic touch in reduction of stress for 23 individuals following a natural disaster. In addition, methodological issues related to the average length of time for a therapeutic-touch treatment and a method of documenting the nonverbal interaction between subject and toucher were investigated.
- Olson, M., Sneed, N., LaVia, M., Virella, G., Bonadonna, R., & Michel, Y. (1997). Stress-induced immunosuppression and Therapeutic Touch. *Alternative Therapies*, 3(2), 68-74.
- Peck, S.D. (1998). The efficacy of Therapeutic Touch for improving functional ability in elders with degenerative arthritis. *Nursing Science Quarterly*, 11, 123-132.
Abstract: The purpose of this Rogerian study was to determine whether therapeutic touch improved functional ability in elders with arthritis as compared to routine treatment and progressive muscle relaxation. Functional ability was significantly different between the two groups for mobility and hand function. Lower scores (indicating better function) were attained by the Therapeutic Touch group.
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- Peters, P.J. (1992). *The lifestyle changes of selected Therapeutic Touch practitioners: an oral history*. Walden University,
Abstract: This research study sought to ascertain, "Did learning Therapeutic Touch change practitioners' lifestyle?" Furthermore, what type of impact did Therapeutic Touch

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have on their perspective of life, lifestyle, spirituality, health habits and relationships outside the clinical environment.

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- Robinson, L. S. (1996). *The effects of Therapeutic Touch on the grief experience*, (Doctoral dissertation) Birmingham, AB: University of Alabama 1996.
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Abstract: This study was designed to investigate the influence of patients' expectation of Therapeutic Touch (TT) and trait anxiety (T-anxiety) on the efficacy of TT to reduce state anxiety (S-anxiety) in preoperative patients.
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- Smyth, P. E. (1999). *Reducing immunization pain perception in preschoolers with Therapeutic Touch*, Birmingham, AB: University of Alabama.
- Snyder, M., Egan, E. C., & Burn, K. R. (1995). Interventions for decreasing agitation behaviors in persons with dementia. *Journal of Gerontological Nursing*, 21(7), 34-40.
Abstract: Provides an overview of **Therapeutic Touch** as a treatment for patients with Alzheimer's disease (AD) and the use of the technique by staff at the Alzheimer's Resource Center of Connecticut. **Therapeutic Touch** is a modern application of the ancient technique of "laying on of hands," and involves a practitioner rebalancing a person's life energy using feather-like strokes of the palms of the hands. In June 1996, a

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group of staff at the Alzheimer's Resource Center participated in a workshop on **Therapeutic Touch** and began to practice the technique on each other for 6 months to refine their skills. In February 1997, the group began to perform **Therapeutic Touch** on patients with AD in the facility, keeping individual journals that noted the effects of the practice on patients. On a case-by-case basis, staff observed that, following a treatment of **Therapeutic Touch**, patients demonstrated visible signs of well-being and relaxation, often leading to sleep. Staff also found **Therapeutic Touch** to be a way to positively forge emotional connections with patients who were verbally uncommunicative and who suffered from varying degrees of dementia.

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- Straneva, J. A. E. (1993) *Therapeutic Touch and In vitro erythropoiesis* (Doctoral dissertation) Bloomington, IN: Indiana University School of Nursing.
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- Thomas-Beckett, J. G. (1991). *Attitudes toward Therapeutic Touch: A pilot study of women with breast cancer.* Michigan State University.
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Abstract: The purpose of this single-blinded randomized clinical trial was to determine whether therapeutic touch (TT) versus sham TT could produce greater pain relief as an adjunct to narcotic analgesia, a greater reduction in anxiety, and alterations in plasma T-lymphocyte concentrations among burn patients.
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Zambetis, D. B. (1996). *Attitudes of women with breast cancer toward Therapeutic Touch* (Master's thesis), Michigan State University.

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General

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Abstract: Non-invasive physical treatments are often used to treat common types of chronic/recurrent headache.

Objectives: To quantify and compare the magnitude of short- and long-term effects of non-invasive physical treatments for chronic/recurrent headaches.

Search strategy: We searched the following databases from their inception to November 2002: MEDLINE, EMBASE, BIOSIS, CINAHL, Science Citation Index, Dissertation Abstracts, CENTRAL, and the Specialized Register of the Cochrane Pain, Palliative Care and Supportive Care review group. Selected complementary medicine reference systems were searched as well. We also performed citation tracking and hand searching of potentially relevant journals.

Selection criteria: Included randomized and quasi-randomized controlled trials comparing non-invasive physical treatments for chronic/recurrent headaches to any type of control.

Data collection and analysis: Two independent reviewers abstracted trial information and scored trials for methodological quality. Outcomes data were standardized into percentage point and effect size scores wherever possible. The strength of the evidence of effectiveness was assessed using pre-specified rules.

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Main results: Twenty-two studies with a total of 2628 patients (age 12 to 78 years) met the inclusion criteria. Five types of headache were studied: migraine, tension-type, cervicogenic, a mix of migraine and tension-type, and post-traumatic headache. Ten studies had methodological quality scores of 50 or more (out of a possible 100 points), but many limitations were identified. We were unable to pool data because of study heterogeneity.

For the prophylactic treatment of migraine headache, there is evidence that spinal manipulation may be an effective treatment option with a short-term effect similar to that of a commonly used, effective drug (amitriptyline). Other possible treatment options with weaker evidence of effectiveness are pulsating electromagnetic fields and a combination of transcutaneous electrical nerve stimulation [TENS] and electrical neurotransmitter modulation.

For the prophylactic treatment of chronic tension-type headache, amitriptyline is more effective than spinal manipulation during treatment. However, spinal manipulation is superior in the short term after cessation of both treatments. Other possible treatment options with weaker evidence of effectiveness are therapeutic touch; cranial electrotherapy; a combination of TENS and electrical neurotransmitter modulation; and a regimen of auto-massage, TENS, and stretching. For episodic tension-type headache, there is evidence that adding spinal manipulation to massage is not effective.

For the prophylactic treatment of cervicogenic headache, there is evidence that both neck exercise (low-intensity endurance training) and spinal manipulation are effective in the short and long term when compared to no treatment. There is also evidence that spinal manipulation is effective in the short term when compared to massage or placebo spinal manipulation, and weaker evidence when compared to spinal mobilization. There is weaker evidence that spinal mobilization is more effective in the short term than cold packs in the treatment of post-traumatic headache.

Conclusions: A few non-invasive physical treatments may be effective as prophylactic treatments for chronic/recurrent headaches. Based on trial results, these treatments appear to be associated with little risk of serious adverse effects. The clinical effectiveness and cost-effectiveness of non-invasive physical treatments require further research using scientifically rigorous methods. The heterogeneity of the studies included in this review means that the results of a few additional high-quality trials in the future could easily change the conclusions of our review.

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Abstract: Reviews the literature on the use of human touch to improve the well-being of older adults. **Therapeutic Touch, touch**, and massage are currently classified as noninvasive nursing interventions and are an integral part of the nursing process when addressing the health needs of older adults. The use of touch may be useful in decreasing agitated behaviors, improving sensory stimulation levels, inducing relaxation, and increasing interrelatedness with the environment among institutionalized, cognitively impaired older adults. Other older adults residing in institutional settings or those who are hospitalized may also benefit from appropriate nursing touch and skilled massage therapy as a mechanism for achieving relaxation, improving sleep, and facilitating adjustment to quality of life changes. As a means of comforting and improving communication among dying older adults and their loved ones, the universal languages of touch and massage are capable of conveying what words cannot and should be considered an integral part of hospice programs.

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Abstract: The use of adjunctive therapies complements or supplements medications or other treatments already used in critical care. Numerous adjunctive interventions, including TT are discussed.
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Abstract: Examined the satisfaction of family members with a hospice complementary therapy program that included **therapeutic** message and **touch**, reflexology, and music therapy. Sixty-eight family caregivers aged 30 and older (of whom 87% were aged 50 and older) of patients served by Hospice and Palliative Care of Westchester, New York, completed a 20-item questionnaire in 2001 that focused on length of stay in the hospice, awareness of hospice services, complementary therapy, and overall satisfaction. Thirty-five (51%) of the respondents indicated that the patient had received complementary therapy from the hospice, and 82% indicated that the hospice had done a good job explaining the complementary therapy program to them and the patient. Of those who

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used complementary therapy, 86% indicated that it was helpful or very helpful, and 75% believed that it had improved the patient's quality of life. Patients who received complementary therapies were generally more satisfied with overall hospice services compared with those who did not receive such services.

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Dossey, L. (2003). Therapeutic Touch at the crossroads: Observations on the Rosa study. *Alternative Therapies in Health and Medicine*, 9(1), 38-39.

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Abstract: Complementary or alternative therapies for osteoarthritis are commonly used and therefore it is important that health-care providers and patients are aware of the evidence for or against these approaches. In this article, the best available evidence is reviewed. The results suggest that, for several treatments, the risk-benefit profile is encouraging: acupuncture, several herbal medicines and capsaicin cream. For other therapies the evidence is weak or contradictory: homeopathy, magnet therapy, tai chi, leech therapy, music therapy, yoga, imagery and therapeutic touch. Many other treatments have not been scientifically tested. It is concluded that some complementary or alternative therapies have generated sufficiently promising results to warrant further investigation in large-scale, definitive, randomized clinical trials.

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reducing anxiety; improving muscle relaxation; aiding in stress reduction, relaxation, and sense of well-being; promoting wound healing; and reducing pain. The multidimensional aspects of healing inherent in patient care continue to be expanded and facilitated by our understanding and application of energy therapies.

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Abstract: Complementary or alternative therapies for osteoarthritis are commonly used and therefore it is important that health-care providers and patients are aware of the evidence for or against these approaches. In this article, the best available evidence is reviewed. The results suggest that, for several treatments, the risk-benefit profile is encouraging: acupuncture, several herbal medicines, and capsaicin cream. For other therapies the evidence is weak or contradictory: homeopathy, magnet therapy, tai chi, leech therapy, music therapy, yoga, imagery and Therapeutic Touch. It is concluded that some complementary or alternative therapies have generated sufficiently promising results to warrant further investigation in large-scale, definitive, randomized clinical trials.
- Ernst, E. (2007). Laying on of hands: Magic or medicine. *Supportive Care in Cancer*, 15(2), 121-122.
- Falconer, J. (2002). Geriatric massage. Integrating **Therapeutic Touch** into senior massage. *Massage & Bodywork*, 17(4),142-144.
- Farrar, J. E. (2001). Addressing spirituality and religious life in occupational therapy practice. *Physical and Occupational Therapy in Geriatrics*, 18(4), 65-85.
Abstract: Explores approaches to health and healing that are based on the assumption that subtle energy fields exist within and around the human body. Reviews the basic theories, rationales, and evidence for the use of Qigong (which utilizes a combination of deep, diaphragmatic breathing with slow, flowing movements), polarity therapy (in which therapists apply pressure, rock, or shake clients to balance the recipient's energy), Reiki (the laying-on-of-hands), and **Therapeutic Touch** (a contemporary version of laying-on-of-hands). Discusses applications and implications for the physical and occupational therapist working with older adults.
- Fenton, M. (2003). Therapeutic Touch: A nursing practice. *Alternative Therapies in Health and Medicine*, 9(1), 34-36.
- Forbes, D. A., Peacock, S., & Morgan, D. (2005). Nonpharmacological management of agitated behavior associated with dementia. *Geriatrics and Aging*, 8(4), 26-30.
Abstract: Reviews research evidence on the efficacy of nonpharmacological management of agitated behaviors associated with Alzheimer's disease and related dementias (ADRD). Uses 2 theoretical models to conceptualize behavioral disturbances associated with dementia: the unmet psychosocial needs model and the reduced stress-threshold model. Discusses interventions based on the unmet psychosocial needs model: simulated presence therapy via audiotapes, pet therapy, light therapy, validation group therapy, skills training, and multisensory stimulation. Reviews interventions based on the reduced stress-threshold model: music therapy, massage, **Therapeutic Touch**,

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and aromatherapy. Notes that several strategies--simulated presence, pet therapy, bright light, validation therapy, music, massage, **Therapeutic Touch**, aromatherapy, and multisensory stimulation--have demonstrated promising results in decreasing the 4 domains of agitation (physical aggression, physical nonaggression, verbal aggression, and verbal nonaggression); additional studies need to be conducted using randomized controlled trials with larger sample sizes. Includes tables listing the 4 domains of agitation, with examples, and listing nonpharmacological interventions for both models.

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- Gregory S. (2004). Therapeutic Touch. *ACCNS Journal for Community Nurses*. 9(1),21.
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- Hallett A. (2004). Narratives of Therapeutic Touch. *Nursing Standard*, 19(1), 33-37.
Abstract: This article aims to increase the understanding of Therapeutic Touch (TT) and its role in supporting patients with cancer through the different stages of illness. The article includes a number of narratives, collected during an audit and written by patients, to illustrate the use of TT in helping them to cope with the emotional experiences associated with diagnosis and subsequent treatment.
- Hallman, G., & Cox, T. (2000). Rosa revisited. *In Touch: The Therapeutic Touch Networks of Canada*, 12(10), 6-8.

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- Hawranik P., Deatrich J., & Johnston P. (2004) Therapeutic Touch: Another approach for the management of agitation. *Canadian Nursing Home*. 15(1), 46-48.
- Hawranik, P., Johnston, P., & Deatrich, J. (2008). Therapeutic Touch and agitation in individuals with Alzheimer's disease. *Western Journal of Nursing Research*, 13.
Abstract: Limited effective strategies exist to alleviate or treat disruptive behaviors in people with Alzheimer's disease. Fifty-one residents of a long-term care facility with Alzheimer's disease were randomly assigned to one of three intervention groups. A multiple time series, blinded experimental design was used to compare the effectiveness of Therapeutic Touch, simulated therapeutic touch, and usual care on disruptive behavior. Three forms of disruptive behavior comprised the dependent variables: physical aggression, physical nonaggression, and verbal agitation. Physical nonaggressive behaviors decreased significantly in those residents who received therapeutic touch compared with those who received the simulated version and the usual care. No significant differences in physically aggressive and verbally agitated behaviors were observed across the three study groups. The study provided preliminary evidence for the potential for therapeutic touch in dealing with agitated behaviors by people with dementia. Researchers and practitioner must consider a broad array of strategies to deal with these behaviors.
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Abstract: The growing popularity and use of Therapeutic Touch (TT) is an issue that has generated controversy and concern within the medical community. While anecdotal and traditional scientific evidence suggests that TT would be an advantageous addition for clinics and hospitals to include in their armamentarium of complementary interventions within the realm of traditional medicine, TT has not become widely available in the U.S. One reason for the lack of availability may be the dearth of conclusive scientific support for TT's efficacy and, therefore, its inclusion in clinic and hospital treatment planning would give it the appearance of legitimate practice, which it may not yet deserve. Whether or not deserved, if TT were added to hospital and clinic treatment protocols without substantial scientific support, it be thought to have the implicit support of the scientific community, at which point the question of its efficacy would be moot in the minds of many people; thus patients would utilize it, because they

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believe it works rather than because it works. Since TT has not yet been scientifically proven as per Western standards, leaders of the health care community are likely wary of lending support to TT at this time. If TT can be found to be a scientifically sound therapeutic technique, then it will be readily accepted in the health care community. The paper reviews TT.

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Jackson, E., Kelley, M., McNeil, P., Meyer, E., Schlegel, L., & Eaton, M. (2008). Does Therapeutic Touch help reduce pain and anxiety in patients with cancer? *Clinical Journal of Oncology Nursing*, 12(1), 113-120.

Abstract: With more than 10 million patients with cancer in the United States, pain and symptom management is an important topic for oncology nurses. Complementary therapies, such as Therapeutic Touch, may offer nurses a nonpharmacologic method to ease patient pain. Using 12 research studies, the authors examined the evidence concerning the effectiveness of this type of treatment in reducing pain and anxiety.

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Kemper, K. J., & Kelly, E. A. (2004). Treating children with Therapeutic and Healing Touch. *Pediatric Annals*, 33(4), 248-252.

Abstract: HT and TT are unique touch techniques with origins in the nursing profession. They are widely available in pediatric hospitals and often are used as adjunct therapies to decrease stress, anxiety, and pain. Practitioners, as well as patients, may notice improved sense of well-being during and after treatments. Additional research is needed to determine the mechanisms by which these effects occur, the optimal duration and frequency of treatments, factors predictive of treatment response, and the overall costs and benefits of including TT and HT in treatment in addition to traditional therapies. These therapies are safe and readily available.

Kemper, K. J., Larrimer, D., Dozier, J., & Woods, C. (2006). Impact of a medical school elective in cultivating compassion through touch therapies. *Complementary Health Practice Review*, 11(1), 47-56.

Abstract: This study assessed the impact of an elective for second-year students on cultivating compassion through complementary and alternative medicine practices including **Therapeutic Touch** and healing **touch**. Course participants completed

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demographic questions, precourse and postcourse questions about confidence and practice in compassion, and the Maslach Burnout Inventory. Those who completed the elective reported significant improvements in confidence, practice, and sense of personal achievement. For example, for the statement, "I am confident in being calm, peaceful and focused (centered) before and during patient encounters," scores improved from 1.7 to 8.0 on a 10-point scale ($p < .01$). Optimism about future practice improved from 5.5 before to 7.9 after the course ($p < .05$). Scores significantly improved for confidence and practice of compassion and optimism about future practice. Such electives may improve desired skills and help reduce burnout. Additional research is needed to determine the impact of such electives on quality of care.

Kerr, C. E., Wasserman, R. H., & Moore, C. I. (2007). Cortical dynamics as a therapeutic mechanism for touch healing. *Journal of Alternative & Complementary Medicine, 13*(1), 59-66.

Abstract: Touch Healing (TH) therapies, defined here as treatments whose primary route of administration is tactile contact and/or active guiding of somatic attention, are ubiquitous across cultures. Despite increasing integration of TH into mainstream medicine through therapies such as Reiki, *Therapeutic Touch*,TM and somatically focused meditation practices such as Mindfulness-Based Stress Reduction, relatively little is known about potential underlying mechanisms. Here, we present a neuroscientific explanation for the prevalence and effectiveness of TH therapies for relieving chronic pain. We begin with a cross-cultural review of several different types of TH treatments and identify common characteristics, including: light tactile contact and/or a somatosensory attention directed toward the body, a behaviorally relevant context, a relaxed context and repeated treatment sessions. These cardinal features are also key elements of established mechanisms of neural plasticity in somatosensory cortical maps, suggesting that sensory reorganization is a mechanism for the healing observed. Consideration of the potential health benefits of meditation practice specifically suggests that these practices provide training in the regulation of neural and perceptual dynamics that provide ongoing resistance to the development of maladaptive somatic representations. This model provides several direct predictions for investigating ways that TH may induce cortical plasticity and dynamics in pain remediation.

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Abstract: Traumatic amputees may experience a variety of acute and chronic pain issues, including phantom limb pain and residual limb pain. Research continues to determine the causes of these problems and to find the most appropriate and effective treatments for each of these phenomena. It is important for health care providers to be knowledgeable about the variety of treatments available, including medications, surgical procedures, complementary and alternative therapies, and self-treatment methods to ensure that amputees receive the best practices for individualized, effective pain management that they deserve.

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Menehen, K. (2004, November-December). Energy work's renaissance. *Massage Magazine*, 73-83.

Moore, T. (2005). Best practice guidelines: An invitation to reflect on Therapeutic Touch practice. *Journal of Nursing Care Quality*, 20(1), 90-94.

Abstract: Best practice guidelines can support nurses in providing consistent, evidence-based quality care. This article describes the values and beliefs underlying a best practice guideline for client-centered care and the process used by the author to translate this guideline into reflective questions specific to Therapeutic Touch practice. Applying best practice guidelines in this way, to enhance reflection on a particular aspect of practice, can "bring them to life," facilitating implementation and allowing new possibilities to emerge for improving client care.

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Abstract: Provides an overview of complementary and alternative medicine (CAM) designed for practitioners and consumers. Explains that CAM practices can be divided into 5 major domains: alternative medical systems (such as traditional Chinese or Ayurvedic medical systems), mind-body interventions (such as music and art therapy and meditation), biological-based therapies (such as herbal and dietary supplements), manipulative and body-based methods (such as chiropractic and massage therapy), and energy therapies (such as **Therapeutic Touch** and the use of magnetic fields). Provides questions and answers related to CAM, including information resources on CAM and how to find a CAM practitioner. Discusses how to find more information about CAM on the PubMed database and how to select a practitioner.

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Abstract: This paper analyses the demarcation problem from the perspective of four philosophers: Popper, Kuhn, Lakatos and Feyerabend. To Popper, pseudoscience uses induction to generate theories, and only performs experiments to seek to verify them. To Popper, falsifiability is what determines the scientific status of a theory. Taking a

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historical approach, Kuhn observed that scientists did not follow Popper's rule, and might ignore falsifying data, unless overwhelming. To Kuhn, puzzle-solving within a paradigm is science. Lakatos attempted to resolve this debate, by suggesting history shows that science occurs in research programmes, competing according to how progressive they are. The leading idea of a programme could evolve, driven by its heuristic to make predictions that can be supported by evidence. Feyerabend claimed that Lakatos was selective in his examples, and the whole history of science shows there is no universal rule of scientific method, and imposing one on the scientific community impedes progress. These positions are used in turn, to examine the scientific status of therapeutic touch theory. The paper concludes the imposing a single rule of method can impede progress, in the face of multiple epistemologies, and the choice of scientific approach should be a pragmatic one based on the aims of the programme.

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- Abstract: Background:** Therapeutic Touch (TT) is an alternative therapy that has gained popularity over the past two decades for helping wounds to heal. Practitioners enter a meditative state and pass their hands above the patient's body to find and correct any imbalances in the patient's 'life energy' or chi. Scientific instruments have been unable to detect this energy. The effect of TT on wound healing has been expounded in anecdotal publications. This 2003 Cochrane review was the first systematic review which is now being updated in 2006.
- Objectives:** To identify and review all relevant data to determine the effects of TT on healing of acute wounds.
- Strategy:** Searches were carried out in January 2006 to update those carried out in May

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2003. Databases searched were the Cochrane Wounds Group Specialised Trials Register (January 2006), the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library, Issue 4, 2005), the Cochrane Complementary Medicine Field database, MEDLINE (1966 to 2005), CINAHL (1982 to 2005) and PsycInfo (1872 to 2005). The Sigma Theta Tau International Registry of Nursing Research (1983 to 2002) was searched in September 2002 and dissertation abstracts was searched in September 2002.

Selection criteria: All randomized or quasi-randomized controlled trials, which compared the effect of TT with a placebo, another treatment, or no treatment control were considered. Studies which used TT as a stand-alone treatment, or as an adjunct to other therapies, were eligible.

Data collection and analysis: One author determined the eligibility for inclusion of all trials in the original review and the update. Both authors conducted data extraction and evaluation of trial validity independently. Each trial was assessed using predetermined criteria.

Main results: No new trials were included in this update (2006). Therefore four trials in people with experimental wounds were included. The effect of TT on wound healing in these studies was variable. Two of the studies (n = 44 and 24) demonstrated a significant increase in healing associated with TT, whilst one other trial found significantly worse healing after TT and the other found no significant difference.

Conclusions: There is no evidence that TT promotes healing of acute wounds.

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Oneschuk, D., Balneaves, L., Verhoef, M., Boon, H., Bemmer, C., & Chiu, L. (2007). The status of complementary therapy services in Canadian palliative care settings. *Support Care Cancer*, 15(8), 939-947.

Abstract: Little is known about complementary services (CTs) available in Canadian palliative care settings. An online survey was emailed to multiple Canadian palliative care settings to determine the types and frequency of CTs provided and allowed, who are the CT providers, funding of CT services, and barriers to the provision of CTs. The response rate was 54% (74/136). Eleven percent of surveyed palliative care setting provided CTs, and 45% allowed CTs to be brought in or to be used by patients. The three most commonly used CTs were music (57%), massage therapy (57%), and therapeutic touch (48%). Less than 25% of patients received CTs in the settings that provided and/or allowed these therapies. CTs were mostly provided by volunteers, and at most settings, limited or no funding was available. Barriers to the delivery of CTs included lack of funding (67%), insufficient knowledge of CTs by staff (49%), and limited knowledge on how to successfully operate a CT service (44%). For settings that did not provide or allow CTs, 44% felt that it was important or very important for their patients to have access to CTs. The most common reason not to provide or allow CTs were insufficient staff knowledge of CTs (67%) and lack of CT personnel (44%). Overall, these findings were similar to those reported in the US-based hospice survey after which this survey was patterned. Possible reasons for these shared findings and important directions regarding the future of CT service provisions in Canadian palliative care setting are discussed.

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Abstract: Biofield therapies form a subcategory of the domain of energy therapies, as defined by the National Center for Complementary and Alternative Medicine. Specific biofield therapies addressed in this article include Therapeutic Touch, Healing Touch, Polarity Therapy, Reiki, and Qigong. This article will identify core concepts in biofield therapies, review controlled trials of the use of biofield therapies with patients with cancer, describe the process of biofield therapies implementation in one cancer center, and suggest research to benefit not only patients with cancer but also family members and oncology professionals.
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Abstract: Anxiety disorders are a common occurrence in today's society. There is interest from the community in the use of complementary therapies for anxiety disorders. This review examined the currently available evidence supporting the use of therapeutic touch in treating anxiety disorders. **Objective:** To examine the efficacy and adverse effects of therapeutic touch for anxiety disorders. **Main result:** No randomized or quasi-randomised controlled trials of therapeutic touch for anxiety disorders were identified. **Conclusions:** Given the high prevalence of anxiety disorders and the current paucity of evidence on therapeutic touch in this population, there is a need for well conducted randomized controlled trials to examine the effectiveness of Therapeutic Touch for anxiety disorders.

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Abstract: Nurses have used complementary therapies for many years to relieve anxiety, promote comfort, and reduce or alleviate pain. The therapies described in this article are examples of the many therapies available for nurses to consider when planning care for patients with chronic pain. The increasing body of scientific knowledge is providing more guidance about the efficacy of specific therapies. As with all interventions, ongoing evaluation about the effectiveness of a therapy for each patient is an important component of quality nursing care. Complementary therapies provide an avenue for nurses to be autonomous in furthering the relief of chronic pain, as many of these therapies fall within the domain of nursing. Incorporating selected therapies into the plan of care provides multiple opportunities for nurses to demonstrate caring, a premier characteristic of nursing. A number of the complementary therapies, such as journaling, hand massage, and imagery, can be taught to patients and their families, thus promoting self-care. Anecdotal evidence and findings from numerous smaller studies provide some support for the use of many complementary therapies to manage chronic pain or their use as adjuncts in the treatment regimen. Still, the nurse must weigh the risks and benefits before suggesting a therapy to a patient. Evaluating the effectiveness of the complementary therapy to promote comfort in patients with chronic pain is essential. Obtaining this information is not only critical to the care of a particular patient, but these data will assist nurses in learning more about specific therapies. Most importantly, nurses need to pursue research to further the scientific basis for many of the complementary therapies.

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Stephen, J. E., Mackenzie, G., Sample, S., & Macdonald, J. (2007). Twenty years of Therapeutic Touch in a Canadian cancer agency: Lessons learned from a case study of integrative oncology practices. *Support Care Cancer*, 15(8), 993-998.

Abstract: Therapeutic Touch (TT) is a complementary and alternative medicine (CAM) treatment modeled on the ancient practice of "laying on of hands" that has been developed into a complementary supportive care intervention. Evidence-based support for TT is emerging with increasingly more sophisticated studies; however, flaws in early research contributed to a perception that TT is poor science. Yet TT is a safe CAM treatment that is highly valued by patients and can be integrated into conventional settings. Having offered TT as a supportive care intervention within a provincial cancer agency for 20 years, we have grappled with the issues of evidence of satisfying both patient demands and administrative needs. Our TT practice evolved in response to changing needs and our experience may be useful to those who are contemplating offering a CAM treatment within a conventional setting. The objectives are to describe TT practice within a conventional cancer agency and to identify the important issues and success factors of this program and, secondly, to discuss TT research and our approach to the issues. TT is safe and beneficial intervention for cancer patients that can be integrated within a conventional setting, providing that the program evolves with changing patient and organizational needs. Lessons gleaned include: (1) positioning TT within the context of research evidence-based practice (2) developing and adhering to standards of practice and professionalism, and (3) maintaining a nonpartisan attitude and communicating a plausible rationale.

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Abstract: Complementary and alternative medicine (CAM) is a group of diverse medical and healthcare systems, therapies, and products that are not presently considered part of conventional medicine. This article provides an up-to-date review of the efficacy of selected CAM modalities in the management of chronic pain. Findings are presented according to the classification system developed by the National Institutes of Health National Center of Complement and Alternative Medicine (formerly Office of Alternative Medicine) and are grouped into four domains: biologically based medicine, energy medicine, manipulative and body-based medicine, and mind-body medicine. Homeopathy and acupuncture are discussed separately as "whole or professionalized CAM practices." Based on the guidelines of the Clinical Psychology Division of the American Psychological Association, findings indicate that some CAM modalities have solid track record of efficacy, whereas others are promising but require additional research. The article concludes with recommendations to pain practitioners.
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Abstract: Research indicates that HT and TT are effective practices to offer patients diagnosed with anxiety, depression, and other psychiatric disorders. This paper includes a small sample of the available studies. The implications for the use of HT and TT are clearly outlined in these studies. The research indicates that employing these energy-based therapies would allow advanced practice nurses to evoke relaxation and enhance psychological processes, thereby optimizing the client's health level.
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Abstract: There is growing interest among nurses in complementary therapies that are noninvasive, do not rely on expensive technology, and are holistic in focus. Besides the use of **therapeutic touch**, nurses are exploring other energy **touch** therapies, such as Reiki. This article examines the status of selected energy therapies and progress made toward nursing intervention utilization, including recommendations for nursing education applicable for 21st-century nursing practice.

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