History:

- Developed in 1972 by Dr. Dolores Krieger (RN, PHD) and Dora Kunz
- TT = a contemporary interpretation of several ancient healing practices
- Dora: Born in Indonesia of Dutch Parents who encouraged her to meditate starting at the age of 5; Dora could see the aura, or human energy field as could her mother; from an early age she worked with Physicians in various capacities to assist in identifying physical problems. In the 1930’s she observed many religious healers, like Kathryn Coolman. She lived in Australia, the United States and India and had the opportunity to observe the healing practices in many different cultures. It was her belief that healing was a natural potential that human beings could develop, and that it was not dependent on specific religious beliefs.
- Dolores was a Professor of Nursing at New York University; she and Dora had been acquaintances for years through the Theosophical Society and shared Dora’s interest in healing practices, especially those of native American and Eastern origins.
- They devised a technique, based on their observation of healers, and began teaching it to nursing students. Dora said, “I believed that nurses were good candidates to learn TT because they were open to the idea of healing. In addition, their technical training gave them some basis for understanding whether or not their use of TT was effective. I also felt that health professionals could be trained to use this healing technique because they have a sense of compassion for the sick, and a desire to help others. Equally important, I believed that health professionals would take a scientific and realistic approach to TT, so that we could begin to gather reliable information about its effects.”
- The first nurses to learn TT have been called “Krieger’s Krazy’s”. One of those first nurses is Janet Macrae, who is currently a nursing professor at NYU, and author of A Practical Guide to Therapeutic Touch and most recently Nursing as a Spiritual Practice: A Contemporary Application of Florence Nightengale’s Views. She and others feel that we no longer need to hide when we do TT; this is owing to the substantial amount of research that has been done on the modality.
The bibliography I have passed out has several articles describing research in detail, but I would like to highlight a few of the studies done. Many of the studies have been double blind, these consist of three relatively equal groups, one which receives TT, one which receives a mimic form of TT and the third that receives nothing. Several of the studies done could have been more significant if the samples used were larger.

A study by the US Army of Burn patient at the University of Alabama; the study used TT practitioners with at least 5 years of experience; the mimic TX were done by people with no knowledge of TT, hand motions and counting down by 7’s.

Results:
- Found no change in medications used but in TT group they worked better
- They found a significant difference in the level of anxiety in that the group treated with TT were much less anxious
- They found a possible connection to an increase in the immune response but this would need more study

Another study was done by Daniel Worth, a lawyer, to support the idea of wound healing; a group of young men were each given a punch biopsy in their upper deltoid; they would come each day and put their arm through a hole. They were told that a specialized camera was taking pictures of the healing. In fact a TT practitioner was on the other side of the wall. In half the cases, TT was done and the other half nothing was done.

Results:
- In the TT group the wounds healed in About 2/3’s the time compared to the non-TT group

Many nurses have done research on TT for their Doctoral Dissertations; among these are Janet Quinn, Patricia Heidt, and Teresa Meehan.
- Heidt - Effect of TT on the anxiety level of hospitalized patients
- Meehan – TT and its affect on postoperative pain, patients with TT went twice as long in-between requests for medication
The Method:

Basic Assumptions underlying the practice of therapeutic touch

1. Human beings are open, complex, and pandimensional energy systems. (Rogers)

2. In a state of health, life energy flows freely through the organism in a balanced, symmetrical manner. (Kunz) (and conversely, in a state of illness or dis-ease, energy is not balanced and freely flowing).

3. Human beings are capable of both transformation and transcendence. (Krieger)

4. Healing is an intrinsic movement towards order that occurs in living organisms and can be facilitated by practitioners. Life energy follows the intent to heal. (Kunz)

Anticipated outcomes of TT

- Relaxation
- Decrease Anxiety
- Decrease discomfort
- Improved feeling of well being (= increased flow of energy)
- Enhances wound healing

Steps of TT

- Centering-
  - DEFINITION: Bringing body, mind and emotions to a quiet, focused state of consciousness
  - CHARACTERISTICS INCLUDE: Finding an inner sense of equilibrium; a personal reference of physical, emotional, and intellectual stability; quieting the mind, body and emotions; connecting with the inner core of wholeness and stillness; feeling integrated; inner strength and peace; non-judgementalness and complete acceptance.
• **TECHNIQUE:** use of breath, imagery, meditation and/or visualization to become centered

• **Assessment-**
  
  • **DEFINITION:** using the hands to determine the nature of the dynamic energy field. Sensory cues are intuitive as well as cognitive and vary for each practitioner. For instance, many practitioners report warmth, static, coolness, blockage, pulling or drawing, pressure, tingling.
  
  • **TECHNIQUE:** Holding the hands 2 to 4 inches away from the person’s body while moving the hands from the head to the feet in a rhythmical, symmetrical manner.
  
  • **LISTENING VS SENDING:** Discuss that during assessment we are “listening” with our hands; information will be coming into our field via the hand chakras and other doorways. It is important to not be sending energy during this phase, just receiving. Information may come to you in more than one way, notice the ways.

• **Treatment or Balancing** (may include smoothing, directing, modulating, balancing for symmetry)
  
  • **DEFINITION:** Projecting, directing and modulating energy based on the nature of the living energy field; assisting to reestablish order in the field.
  
  • **TECHNIQUE:** Because each practitioner experiences the living (or vital) energy field differently, the law of opposites serves as the guideline for intervening. For instance, if an area feels cool or empty, then direct energy by holding the hands over that area and imagine sending a slightly warm flow of energy. If a pulling or drawing sensation is felt, then direct energy to the depleted area until it feels replenished or full. Continue to assess, clear, and balance the field while remaining centered.

• **Smoothing or unruffling**
  
  • **DEFINITION:** Facilitating the symmetrical and rhythmical flow of energy through the field.
  
  • **TECHNIQUE:** Using slightly more vigorous hand movements from midline while continuing to move in a rhythmical and symmetrical manner from the head to the feet. The speed of this phase will vary depending on the information assessed.

• **Evaluation and Closure -**
  
  • **DEFINITION:** Reassessing field to evaluate client’s response to treatment; Using your intuitive judgement to determine the end of the session.
• **TECHNIQUE:** Reassessing the field and eliciting feedback from the recipient. Giving the person an opportunity to rest and integrate the work.

**Personal Experience:**

- Learned TT when began HH and Hospice
- TT is a tool, a skill, can be a whole treatment, it can be first aide
- Use with amputee’s or strokes
- Use with Hospice
- Use as “therapeutic presence” or as Janet Quinn says “sacred space” – the nurse as the healing environment.
- Use to relax aides in decreasing anxiety, lowering BP, helps until the medication takes hold, lower temps, assist with respiratory distress.

**REFERENCES**