

THERAPEUTIC TOUCH RESEARCH™ 2004-2010

The following bibliography lists the most recent Therapeutic Touch research. The links lead either to the article itself, or, more often, to the abstract. From the abstract there are links to the instructions for purchasing the full-text article. For more information please go to www.therapeutictouchontario.org

If you are a recently published author of Therapeutic Touch research, and would like to have your article listed in this bibliography, please send the relevant information to the Therapeutic Touch Network of Ontario Research Chair, Mei-fei Elrick, delrick@uoguelph.ca

Aghabati, Nahid, Eesa Mohammadi and Zahra Esmail. "The Effect of Therapeutic Touch on Pain and Fatigue of Cancer Patients Undergoing Chemotherapy." *eCAM* 7. 3 (2010): 375-381.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2887328/?tool=pubmed>

"To examine the effect of therapeutic touch (TT) on the pain and fatigue of the cancer patients undergoing chemotherapy, a randomized and three- groups experimental study-experimental (TT) , placebo (placebo TT) and control (usual care) –was carried out...The TT(significant) was more effective in decreasing pain and fatigue of the cancer patients undergoing chemotherapy than the usual care group, while the placebo group indicated a decreasing trend in pain and fatigue scores compared with the usual care group"(375).

Coakley, Amanda and Mary Duffy. "The Effect of Therapeutic Touch on Postoperative Patients." *Journal of Holistic Nursing* 28.3 (2010): 193-200.

<http://jhn.sagepub.com/content/early/2010/06/26/0898010110368861.abstract>

"Compared with those who received usual care, participants who received TT had significantly lower level of pain, lower cortisol level, and higher NKC [natural killer cells] level. Evidence supports TT as a beneficial intervention with patients. Future research on TT is still needed to learn more about how it functions. However, there is evidence to support incorporating TT into nursing practice" (193).

Coppa, Denise. "The Internal Process of Therapeutic Touch." *Journal of Holistic Nursing* 26.1 (2008): 17-24. <http://jhn.sagepub.com/content/26/1/17.long>

"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 adult and one infant. Analysis of data obtained from 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" (17).

Doherty, Donna, Stephen Wright, Barry Aveyard and Meg Sykes. "Therapeutic touch and dementia care: an ongoing journey." *Nursing Older People* 18.11 (2006): 27-30.

<http://www.ncbi.nlm.nih.gov/pubmed/17260598>

"Touch is considered a core aspect of care provision and therapeutic relationships. Therapeutic touch allows nurses to facilitate healing and forge therapeutic relationship through touch or non-touch and maintain channels of communication often lost in dementia as the disease progresses"(27).

Gronowicz, Gloria, Ankur Jhaveri, Libbe Clarke, Michael Aronow and Theresa Smith. "Therapeutic Touch Stimulates the Proliferation of Human Cells in Culture." *The Journal of Alternative and Complementary Medicine* 14. 3 (2008): 233-239. <http://www.ncbi.nlm.nih.gov/pubmed/18370579>

To control for the mind-body connection in studying complementary modalities, Dr. Gronowicz and her colleagues (see below Ankur Jhaveri, et al.) conducted experiments using osteoblasts, fibroblasts, and

tenocytes in culture dishes. Jhaveri and his colleagues also used an osteosarcoma-derived cell line. The researchers chose the biofield therapy, Therapeutic Touch, for these experiments "... because it is a highly disciplined method, and requires extensive training to become an advanced practitioner" (233). "A specific pattern of TT treatment produced a significant increase in proliferation of fibroblasts, osteoblasts, and tenocytes in culture. Therefore, TT may affect normal cells by stimulating cell proliferation" (233).

Hanley, MA. "Therapeutic Touch with Preterm Infants: Composing a Treatment." *EXPLORE: The Journal of Science and Healing*. 4:4 (2008):249-58. <http://www.ncbi.nlm.nih.gov/pubmed/18602618>
"Narrative inquiry and qualitative descriptive methods were used to discover knowledge about how TT is used with preterm infants...The description that emerged from the practitioners' narratives of the TT treatment process for preterm infants provides preliminary data for the systematic use and evaluation of TT as an adjunct to facilitating preterm infants' physiological, behavioral, energy field development and well-being" (249).

Hawranik, Pamela, Pat Johnston and Judith Deatrich. "Therapeutic Touch and Agitation in Individuals With Alzheimer's Disease." *Western Journal of Nursing Research* 30.4 (2008): 417-434. <http://wjn.sagepub.com/content/30/4/417.long>
"This study provided preliminary evidence for the potential of TT in dealing with agitated behaviors by people with dementia. Researchers and practitioners must consider a broad array of strategies to deal with these behaviors. TT may be an important intervention that is not costly, can be implemented by family or staff and may prevent or delay the use of pharmacotherapy and other strategies that may decrease the quality of life of the resident" (432).

Jhaveri, Ankur, Stephen Walsh, Yatzen Wang, MaryBeth McCarthy, Gloria Gronowicz. "Therapeutic Touch Affects DNA Synthesis and Mineralization of Human Osteoblasts in Culture." *Journal of Orthopaedic Research* 26.11 (2008): 1541-1546. <http://www.ncbi.nlm.nih.gov/pubmed/18524012>
"Therapeutic Touch appears to increase human osteoblast DNA synthesis, differentiation and mineralization, and decrease differentiation and mineralization in a human osteosarcoma-derived cell line" (1541).

Madrid, Mary Elizabeth Barrett, and Patricia Winstead-Fry. "A Study of the Feasibility of Introducing Therapeutic Touch into the Operative Environment With Patients Undergoing Cerebral Angiography." *Journal of Holistic Nursing* 28.4 (2010) 168-174. <http://jhn.sagepub.com/content/28/3/168.abstract>
"The study is conceptualized within Rogers's conceptual model of unitary human beings. The purpose of this pilot study was to determine whether Therapeutic touch (TT) can be effectively used in the operative setting and whether it could produce positive outcomes in the period from cerebral angiography to discharge.... The efficacy of TT on blood pressure, respirations, and pulse of the experimental groups was not statistically significant. The reasons for this finding are explored, and suggestions are made for future research" 168).

Monroe, Carolyn. "The Effects of Therapeutic Touch on Pain." *Journal of Holistic Nursing* 27. 2 (2009): 85-92. http://www.ispub.com/journal/the_internet_journal_of_advanced_nursing_practice/volume_10_number_2_11/article/effects-of-therapeutic-touch-on-pain-function-and-well-being-in-persons-with-osteo-arthritis-of-the-knee-a-pilot-study.html
"Findings: Seven studies conducted between 1999 and-2004 were found and only five of the seven were included as pertinent evidence to answer whether Therapeutic Touch could significantly reduce pain revealed a majority of statistically significant positive results for implementing this intervention.
Conclusion: Because there are no identified risks to Therapeutic Touch as a pain relief measure, it is

safe to recommend despite the limitations of current research. **Implications:** *Therapeutic Touch should be considered among the many possible nursing interventions for the treatment of pain*” (85).

Movaffaghi, Zahra, Morteza Hasanpoor, Mohammad Farsi, Poory Hooshmand and Fatemeh Abrishami. “Effects of Therapeutic Touch on Blood Hemoglobin and Hematocrit Level.” *Journal of Holistic Nursing* 24. 1 (2006): 41-48. <http://www.ncbi.nlm.nih.gov/pubmed/16449745>

“Significant changes of both variables in TT [Therapeutic Touch] and MT [Mimic Therapeutic Touch] groups suggest that more careful precision might be needed while selecting individuals as sham therapies in further experiments ($p < .05$) ... There were no significant changes in the control group (44). Background: In the article the two people offering MT “admitted that their thoughts had strayed at times from the task of counting backwards from 1,000” and one said she felt “severely sinful” mimicking TT (46).

Smith, Ann, Sanford Kimmel and Sheryl Milz. ‘Effects of Therapeutic Touch on Pain, Function and Well Being in Persons with Osteo-Arthritis of the Knee: A Pilot Study.’ *The Internet Journal of Advanced Nursing Practice* 10.2 (2009): 1-25.

<http://www.ispub.com/journal/the-internet-journal-of-advanced-nursing-practice/volume-10-number-2-11/article/effects-of-therapeutic-touch-on-pain-function-and-well-being-in-persons-with-osteo-arthritis-of-the-knee-a-pilot-study.html>

“Findings in this study indicate that therapeutic touch applied twice a week for eight weeks decreases pain and stiffness of osteoarthritis in the knee. Therapeutic touch does not appear to affect range of motion or stability of the knee as indicated by the examination results of the KSS [Knee Society Score]” (2-3)

Smith, Dorothy and John Broida “Pandimensional Field Pattern Changes in Healers and Healees” *Journal of Holistic Nursing* 25 (2007): 217-225.

<http://jhn.sagepub.com/content/25/4/217.short?rss=1&ssource=mfc>

“Roger’s 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. Comparison 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’s conceptual framework. Healers and healees showed parallel changes after the TT series” (217)

Stephen, Joanna, Gina Mackenzie, Sarah Sample and Jennifer Macdonald. “Twenty years of therapeutic touch in a Canadian cancer agency: lessons learned from a case study of integrative oncology practice.” *Support Care Cancer* 15 (2007): 993-998. <http://www.ncbi.nlm.nih.gov/pubmed/17609994>

“TT is a 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 and evidence-based practice, (2) developing and adhering to standards of practice and professional, and (3) maintaining a nonpartisan attitude and communicating a plausible rationale” (993).

Whitley, Julie Anne and Bonnie Rich. “A Double-Blind Randomized Controlled Pilot Trial Examining the Safety and Efficacy of Therapeutic Touch in Premature Infants.” *Advances in Neonatal Care* 8.6 (2008): 2-19.

http://journals.lww.com/advancesinneonatalcare/Abstract/2008/12000/A_Double_Blind_Randomized_Controlled_Pilot_Trial.13.aspx

“In this pilot trial, HPV [Heart Period Variability] showed an increase for the TT group compared with the NTT [Non-TT] group. The study reveals no adverse effects of TT in preterm infants” (2).

Background: Prior research indicated that “As a comfort strategy, touch does not hold the same pleasure for infants less than 32 weeks’ gestation. These infants are not as neurophysiologically prepared to integrate and organize behavior as their older counterparts. Negative behavioral response to touch and handling may range from startle reflex and agitation to blood pressure, heart rate, oxygen desaturation respiratory and endocrinal changes. Research suggests that these infants are more physiologically fragile and may not be able to tolerate such comfort strategies. A complementary therapy, such as therapeutic touch (TT), that does not require physical touch presents a potential approach to the dilemma of comfort and stress reduction in the extremely premature infant” (2).

Woods, C.G., C.G. Rapp, and C. Beck.” Escalation/de-escalation patterns of behavioral symptoms of person with dementia.” *Aging and Mental Health* 8.2 (2004): 126-132.

<http://www.ncbi.nlm.nih.gov/pubmed/14982717>

“This study supports the use of therapeutic touch as a preventive intervention that when administered twice daily to persons with ADRD [Alzheimer’s disease or a related dementia] at risk for disruptive vocalization, can decrease the probability of this behavior” (131).

Woods, DL, RF Craven and J. Whitney. “The effect of therapeutic touch on behavioral symptoms of persons with dementia.” *Alternative Therapies in Health and Medicine* 11.1 (2005): 66-74.

<http://www.informaworld.com/smpp/content~db=all?content=10.1080/13607860410001649635>

“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” (66).

Other Articles of Interest 2004-2009

Jain, Shamini and Paul Mills. “Biofield Therapies: Helpful or Full of Hype? A Best Evidence Synthesis” *International Journal of Behavioral Medicine* Published online: 24 October 2009

<http://www.springerlink.com/content/n772q20j61180nj0/fulltext.pdf>

“Studies overall are of medium quality, and generally meet minimum standards for validity of inferences. Biofield therapies [Reiki, therapeutic touch and healing touch] show strong evidence for reducing pain intensity in pain populations, and moderate evidence for reducing pain intensity in hospitalized and cancer populations. There is moderate evidence for decreasing negative behavior symptoms in dementia and moderate evidence for decreasing anxiety for hospitalized population. There is equivocal evidence for biofield therapies’ effects on fatigue and quality of life for cancer patients as well as for comprehensive pain outcomes and affect in pain patients , and for decreasing anxiety in cardiovascular patients” (np).

Elrick emailed the first author and asked why Gronowicz and her colleagues’ work was not included. Jain said she had been unaware of their research when conducting the synthesis. Subsequently she has heard Dr. Gronowicz speak at a conference and is interested in the research.

Lau, Hakwan, Robert Rogers, Patrick Haggard, and Richard Passingham.

“Attention to Intention.” *Science* 303. 561 (2004): 1208-1210

<http://www.sciencemag.org/content/303/5661/1208.abstract>

This article is included because of the importance of intention in Therapeutic Touch.

“Intention is central to the concept of voluntary action. Using functional magnetic resonance imaging, we compared conditions in which participants made self-paced actions and attended either to their intention to move or the actual movement. When they attended to their intention rather than their movement, there was an enhancement of activity in the pre-supplementary motor area (pre-SMA). We also found activation in the right dorsal prefrontal cortex and left intraparietal cortex. Prefrontal activity but not parietal activity was more strongly coupled with activity in the pre-SMA. We conclude that activity in the pre-SMA reflects the representation of intention” (1208).

Article published in 2003 which includes the use of the Patient Satisfaction Survey and TT Performance Improvement Tool. These two instruments could be useful if you were to conduct research/continuous quality improvement on the use of Therapeutic Touch.

Newshan, Gayle and Dona Schuller-Civitella. "Large Clinical Study Shows Value of Therapeutic Touch Programs." *Holistic Nursing Practice* 17. 4 (2003): 189-192.

<http://www.ncbi.nlm.nih.gov/pubmed/12889546>

"Representing the largest published sample size of therapeutic touch (TT) outcome to date, data from this continuous quality improvement (CQI) clinical study suggests that TT, when provided in the clinical setting promotes comfort, calmness, and well-being among hospitalized patients. In addition, patients are highly satisfied with TT. The newly developed Patient Satisfaction Survey and TT Performance Improvement Tool provide an effective means by which to evaluate a TT program" (189).

Prepared by

Mei-fei Elrick PhD

Chair, Research Committee, The Therapeutic Touch Network of Ontario (TTNO)

delrick@uoguelph.ca

519-822-1295