



TTNC News

Volume 4, No. 3

Summer, July, 2015



Hospice Wellington, Guelph, Ontario

As an important sign of respect, when residents die they leave the way they came in - through the front door.

In the foyer area a candle is lit, and a special covering of the body is used.

The family and staff gather in a semi-circle as the body leaves the building.

A very touching ritual of farewell and one that family and staff appreciate.

Left: "Compassion" a sculpture at Hospice Wellington by Hanna Boos from Guelph.

<http://www.art-in-guelph.com/Pages/HBoos.html>

The focus of this issue is *Therapeutic Touch® At End of Life*

Therapeutic Touch as a complementary healing modality, integrates well anywhere along the continuum of palliative care, whether a person is receiving palliative interventions such as chemotherapy or radiation to help manage symptoms, or is truly in the last moments of life.

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Every single Network member is supporting the growth and acceptance of Therapeutic Touch® throughout the world! Thank you for being a member!

Musings from the Editor . . .

First of all, some corrections to the last (Spring/15) issue.

- Please see the corrected TTNC Mission Statement on Page 3 - and its wonderful "Vision"!
- Lin Bauer's photo mistakenly had Lynn Brailer's name - on page 8.

About this issue: each newsletter is delightful - if challenging! This one, frankly, required a box of tissues to be handy. I am so grateful to all the contributors for giving us such valuable experiences and insights . . . *and such love!*

We hope this special newsletter:

- will honour the work of those currently involved in end-of-life care;
- will help all TTers to be more comfortable - and thus feel free to be with those at end-of-life, knowing that this wonderful modality can be so valuable in easing the final rite of passage for all concerned.

Grammar bits . . .

When I'm challenged about the details of writing, I consult the TTNO's Writing Tips. There are 2 specifics I follow that may be of help to you.

- Therapeutic Touch session (not treatment)
- Use *practice* and *practicing* - as both noun and verb.

These newsletters are often "Ontario-heavy" - partly because I know people in this area and ask them to write articles. In addition, Ontario TTers are familiar with contributing to their newsletter *inTouch*. It is important for me to receive the newsletters from other regions because they often have articles that would be of interest to members across Canada.

If you have any questions about making a submission, don't hesitate to contact your representative. They would love to hear from you - it lets them know they are appreciated!

About Newsletter Editing and Formatting . . .

I took over the 'e & f' of this newsletter when Bonita Summers became too busy to do it. We need to face the fact, however, that - although I have recently received a pacemaker which has added a lovely bit of energy to my life - I am happy to wake each day on the green side of the grass! At the age of 81, it's pretty obvious that I may suddenly need a replacement!

If you have any interest in editing this newsletter please let me know and you can join me as assistant editor.

On the same topic, the current editors of TTNO's *inTouch*, Evelyn MacKay and Mei-fei Elrick, are resigning as of the December issue. They have done a remarkable job. We thank them for their their dedication and generosity of time.



If you are a Group Leader, please print this newsletter to take it to your meetings. Mention it as a benefit of becoming a Network member!

TTNC News is the quarterly newsletter of the Therapeutic Touch Networks of Canada. It is emailed to Member (Regional) Networks and is distributed by them to their members.

The opinions and ideas expressed by the writers in this publication are their own and are not necessarily endorsed by Therapeutic Touch Networks of Canada.

Next Issue: Autumn, 2015

Publication date October 30/15.

Deadline for Submissions: October 8, 2015

Please send submissions to:

mary.simpson@cogeco.ca

Late submissions may be held for the following issue.

Written submissions may be in any format.

A one-page article is approximately 900 words.

Writers are requested to include a bio of up to 100 words.

→ **Pictures in "jpg" format only please.**

Contributors to this issue . . .

Cover banner picture - Lake Ontario at Bronte Harbour

Cover picture from Hospice Wellington: Hanna Boos

In addition to those who contributed articles (listed on the front cover) many thanks to those who shared their

"Experiences"; Peter Cheshire, Yvonne Browning,

Evelyn MacKay and Linda Terra

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The Therapeutic Touch Networks Canada

Mission: *Therapeutic Touch Networks of Canada (TTNC) is the national voice for Therapeutic Touch®. TTNC provides support for its Member Networks. It also encourages the sharing of information so as to create a sense of unity and belonging across the country.*

Vision: *Our vision is that: Therapeutic Touch will be the first choice for energy-based healing in Canada; teachers and practitioners will be easily accessible to all; and a harmonious Therapeutic Touch community will have a positive influence on the well-being of people across the country.*

Values: *Our values are consistent with those of Therapeutic Touch practice. We conduct all our business with respect, compassion and integrity. We encourage open communication, a sense of community and collaboration among Member Networks.*

Update from the Therapeutic Touch Networks Canada

We welcome Peter Cheshire as the rep from TTNO to complete the roster on the TTNC Board of directors.

With the approval of all the Member Networks (MN's), TTNC has applied for full membership in the Quality End-of-life Care Coalition of Canada (QELCCC). We await approval of that application. www.qelccc.ca.

Paulette Deveau represented TTNC at the TTIA Congress in Seattle, Wash. As a result of her networking efforts, she made connections with Canadian and International participants.

Website: Someone hacked into the TTNC website disabling it but thankfully did not destroy its contents. Thanks to Bonita Summers who expertly and quickly restored it with a new look. To access pages on the website, www.ttncc.ca, click on the symbol in the upper left-hand corner on the home page.

TTNC Committees

Thanks to all the committees for their time and expertise.

Newsletter: Once again the committee has produced an edition full of information for Canadian TTers.

Brochure: The TTNC brochure has been updated and is available on the TTNC website as well as the TTNC MS brochure. The password is: brochure.

See Conferences on page 14

National Curriculum on Teaching Therapeutic Touch: Three of the committee members attended the Teacher's Day at TTIA Congress where they also had discussions about the way forward for the Canadian Curriculum. Chery Ann Hoffmeyer, TTNA is spearheading the committee which is reviewing the format of the TTIA curriculum to eventually incorporate those parts of the TTIA framework which will facilitate reciprocity with TTIA and the Canadian Networks in the future.

Extended Health coverage for Therapeutic Touch sessions: The lobbying strategy in this project is driven by requests from clients. The committee has drafted a letter to be used as a guide by the Therapeutic Touch practitioner to present to their clients who forward it to the provider of their health benefits package to request that Therapeutic Touch be included. This letter was distributed to the MNs. More research as to the benefits of Therapeutic Touch can be provided by the committee. Other modalities have been successful with this strategy.

I believe that the distance between our dreams and reality is called action. Let us act wisely and with sincerity.

Marion Cameron, President, TTNC Board

Meet Your TTNC Board!

From MTTN, Steele Pruden. "I have always had some interest in healing. My introduction to energy work came at a time of crisis in my life when I was introduced to Healing Touch and subsequently to Therapeutic Touch. I have been a part of both groups for the last dozen years. One special blessing for me occurred in Winnipeg's Health Science Centre. For several years, I was able to offer sessions there to staff and in time I had registered over 1000 hours. I add this not to say 'Look at me' but to say - *look at what I was invited to do!* In the last five years due to work scheduling, I have not been able to continue, but I attend HT or TT practice groups when I can, and I try to support this beautiful work. I have been happily married for over five years to my wife, Sid Wittmann, whom I met through Therapeutic Touch. Sid works as a private practice Intuitive, Counselor and Holistic Practitioner".

More Board members on Page 4

Meet Your TTNC Board, continued



From TTNO, Peter Cheshire

I completed all three levels of Therapeutic Touch study twice and have given many Therapeutic Touch sessions during the past five years. I regularly attend the local practice group. I have trained as a hospice volunteer, am a member of the Hospice Board of Directors and visit patients in the palliative care facility where I provide TT sessions. I serve my church as an Elder, looking after the spiritual side of church life, including visiting members of the congregation who are unable to leave their homes or are unwell. Qualified as a mechanical engineer, I have many years of experience in world-wide sales and marketing. Expertise includes the preparation of sales plans, budgets, PowerPoint presentations and brochures.



From BCTTNS, Paulette Deveau This is my 2nd year term as the Secretary and my intention is to continue representing B.C. next year. My enjoyment of being on the board continues to grow as I build working relations with my fellow board members. I also am a proud member of one of its committees, looking at having Therapeutic Touch covered under Extended Health benefits. I've been doing Therapeutic Touch since 2009. My background is that I worked for Vancouver Coastal Health for 24 years as a social worker in the community. I left that position in 2014 to pursue my own business in doing Therapeutic Touch and spiritual/intuitive counseling. Both complement one another. Since last June, integrating the principles of Therapeutic Touch in my life assisted me deeply both in being at complete peace with my mother's passing in Nova Scotia and with releasing all my limiting beliefs/thoughts of my own life. I'm passionately looking forward to continuing to build my business as a Therapeutic Touch practitioner and spiritual intuitive.

Please refer to the Spring, 2015 newsletter for introductions to Marion Cameron of TTNA and Cecilia Csima of TTNQ

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*We can't always change the outcome, but
the possibility always exists to change the journey.*

Diane May, RN, TTNO RT, QTT

Reports from Member Networks Across Canada

The Therapeutic Touch Network of Alberta

With gardens flowering and the sun shining, it must mean summer is here in Alberta!

TTNA's AGM and Practice Day in April was an enjoyable experience. Thank you to Linda Terra for facilitating the PD. There were 12 participants and while the weather was not cooperating for us to wander the walking paths at break times, we all learned more about Intention in Therapeutic Touch and in our everyday lives. Our sessions were richer for this learning opportunity.

We have a website! www.therapeutictouchalberta.com

Thank you to Sheila Camp – who took over the website from Roberta King – and has done a great job of completing it.

We look forward to our September Retreat. Information for this can be found on our website:

In June, Linda Terra and Sheila Camp gave a presentation on Therapeutic Touch at Wellspring in Calgary, Alberta. There were 14 participants and a few were interested to learn of our Practice Group.

Preparations continue for TTNA's participation in the Kinesiology Conference in Banff, AB on Sept. 23-27/15. The conference theme is 'Confluence'.

Complementary therapies have been invited to attend. TTNA's Dr. CheryAnn Hoffmeyer is preparing to present on Therapeutic Touch.

After a glitch with PayPal, we are learning as we go along and pooling our resources and experience. Our membership have volunteered for booth attendance; a TTNA banner is being designed by Karen Komanac's daughter, Kelly Loelfelmann, and we have T-shirts and pins for our volunteers.

If any of you are in Banff on these dates, please stop by our booth at the Banff centre and say hello. The keynote speaker at this conference is Dr. William Tiller. (See right column)

Enjoy the season!

Sherry Crann-Adair, Coordinator, TTNA



TTNA's Joy Baxter with Linda Terra, who teach TT together

British Columbia Therapeutic Touch Network Society

Despite the long stretch of hot weather we have been feeling, it has been a busy year so far and we are making plans for our 2016 Spring Conference, so set aside April 22 to 24, 2016. It will be held again at Springbrooke Retreat in Langley.

There have been changes to the board. I have taken over the role of President and welcome as new board members, Secretary Marjorie Perzow, and Treasurer Susan Rutherford.

I would like to thank Cheryl Larden and Jeri-Lyn Munro for their valuable contributions over the years.

We have been holding regular Practitioner Days for those working towards their certification as Recognized Practitioner. Our next Practice Day is set for September 19, 2015.

We have participated in health fairs, relays, implemented a Paypal as a way of paying and we are now on Facebook.

We are pleased to announce that Marie Priessl and Judith Schweers will be guest speakers at the 17th Annual Canadian Energy Psychology Conference which will be held October 2 to 4, 2015 in Victoria, BC.

I look forward to working with the board in my new capacity and for all our valued members. Together Therapeutic Touch can have an integrative involvement with the health and healing of ourselves.

Tarja Oostendarp, BCTTNS President

"For the last four hundred years, an unstated assumption of science is that human intention cannot affect what we call 'physical reality. Our experimental research of the past decade shows that, for today's world and under the right conditions, this assumption is no longer correct.

We humans are much more than we think we are and Psychoenergetic Science continues to expand the proof of it."

William A Tiller, PhD, Founder

*The Institute for Psychoenergetic Science
<http://www.tillerinstitute.com/index.html>*

Atlantic Therapeutic Touch Network

Greetings from East to West and all in-between! ATTN has 129 members, with over half holding RP status. If you're visiting the Atlantic area we invite you to visit any of the 16 Practice Groups! (P. 21) Meeting times can vary from closing for the summer to alternating weeks and we'd be so sorry to miss connecting with you!

The ATTN Conference, held the end of May in Halifax, NS, received positive feedback from participants. At the AGM Practitioner Liaison Barbara Stone recognized Sharon Grinsell and Susan Miller for achieving RP status. Education Chair Cherry Whitaker congratulated new ATTN teachers Geraldine Cooper and Judy Donovan Whitty, bringing the total number of ATTN teachers to six, and one student teacher, Sandra Fraser, RN. A moment of silence was held for the late Charlotte Quirk, ATTN teacher/author who launched her book at the 2014 Conference.

Presenters provided Conference attendees with a broad, yet intimate perspective on ways of integrating other energy modalities within the healing domain. They included Rev. David Maginley, Harp Therapy, Feet First System™, Figure 8 Energy, Dowsing, Refining Technique to Enhance TT, TT and Spirituality, and Sliding into Change. All but one of the presenters are members of ATTN.

Along with annual dues, the Conference is the fund raiser for ATTN. It was designed to be a Continuing Education opportunity for all members and for maintaining RP status. Again the Conference was open to anyone from the public interested in energy work. A bursary fund started years ago by Honourary ATTN member Evelyn MacKay (TTNO), assists in defraying expenses for ATTN sponsored events to members who request it. Michelle Greenwell and Natascha Polomski provided the prize for the raffle tickets for this fund - the Bertha Ellis Fund. Sandra Fraser was delighted to win two spots at the June week end Retreat in Mabou, N.S.

For 5 years, the ATTN Board has met for a week end in September with Policy Committee Chair Kathy Putnam. They review the past year's accomplishments and what actions remain undone. It's an opportunity for the board to get to know one another and bring creative ideas from the membership gathered through dialogue within the Practice Groups, "Monkey Surveys", and appeals via the Newsletter. ATTN has arranged that renewals/registrations can now be paid on-line as requested by many of the membership. Due to the hardworking volunteers – especially the PG facilitators – ATTN continues to grow, sharing this wonderful modality Therapeutic Touch.

Smiling, and very best wishes, Judy Donovan Whitty

Therapeutic Touch Network of Québec

We are trying something new to accommodate our members with the hope of increasing attendance. The results will help us make plans for next year as to offer bilingual sessions or two uni-lingual ones.

We offered a one day workshop "Treating the Phantom Limb" in French in April and will offer it in English in October.

Atelier sur les Membres Fantômes – Avril 2015

Passionnant est la seule façon de décrire l'atelier sur les membres fantômes qui a été animé par notre invité spécial, Bernard Dubreuil, et offert par le réseau du toucher thérapeutique.

Les expériences personnelles des amputés en lien avec leurs membres fantômes furent expliqués par le biais d'une présentation powerpoint avec des photos représentant les amputés et les sensibilités face à leurs membres fantômes: leurs douleurs, leurs sentiments et leurs émotions. Bernard Dubreuil, un chercheur du membre fantôme a montré aux participants sa technique pour diminuer la douleur tout en expliquant les champs énergétiques entourant les membres.

Workshop on the Phantom Limb in French – April/15

Exciting is the only way to describe the Therapeutic Touch Network's "Treating the Phantom Limb" workshop with Bernard Dubreuil, a massage therapist with the Guijek Institute and Therapeutic Touch practitioner who has researched the Phantom Limb pain with good results. He showed the attendees his technique of modulating the energy field to minimize the phantom pain and ways he teaches it to the amputee. A well-documented Power Point presentation explained the different experiences of amputees with their phantom limb pain and the results after treatment.

In the afternoon session, Mr. Dubreuil led the attendees in healing techniques with overtone chanting. He mentioned the benefits possible to Therapeutic Touch practitioners using "sound" during healing sessions.

As always, the hands on demonstrations on various participants were enjoyed by all. Seekers around the world have observed the benefits of chanting on medical, psychological and spiritual levels. Thank you Bernard!

Submitted by Dolores MacKenzie

... in the vibrational/energetic model spirit is seen as the motivating force that animates the physical form. At the time of death, our spirit moves on, leaving behind only a lifeless shell. In the vibrational-medicine model it is the beingness of our spirit and its experiential journey through the physical world that creates the real adventure and mystery in a person's life.

*Richard Gerber, MD
Vibrational Medicine in the 21st Century*

The Therapeutic Touch Network of Ontario

Flo Hartleib, Teacher Liaison, reports "In our Ontario Network we have more members, teachers and student teachers than any other Therapeutic Touch Network in the world." We are happy to single out one such member, Peter Cheshire from Penetanguishine, ON. He has volunteered to be the TTNO representative on the TTNC Board. Bringing with him a strong background in finance, public relations and volunteering, he has much to offer in his new position. Congratulations and best wishes Peter!

The 2015 TTNO AGM and Annual Event will include a Teachers Day on Monday October 26. Arlene Cugelman, Mary Simpson, Helen Will and Evelyn McKay will be facilitating the day. As always, our TTNO website is a wonderful reference and guide for this Event.

As of July 2015, all TTNO sponsored events and membership renewals can be done on-line. The TTNO is adding a Virtual Debit Machine. As members, we are grateful for this service, and the TTNO is happy to be able to streamline registrations and work at the TTNO office.

We have 'Network altering' news to report:

Evelyn and Mei-fei will be stepping down as editors of the TTNO newsletter, *inTouch*. They have done a remarkable job in bringing us a unifying, informative and interesting newsletter. They are not deserting us ... simply honouring the fact that it is time to move on.

After eight years as TTNO's Office Manager, Hala Riad will be leaving us at the end of July. We thank her for her long and valuable service. She will be missed.

Our Board Chair, Sharron Parrott, comments that so many Practice Groups and practitioners have been supporting and promoting the TTNO vision of "having Therapeutic Touch widely recognized and practiced in Ontario, promoting and enhancing health and wellbeing within our communities". The Canadian Hospice and Palliative Care Conference in Ottawa in October, will see the Ottawa Practice Group distributing brochures and offering mini sessions. Sharron and the TTNO are truly grateful to them and all Practice Groups who are 'spreading the word'.

Dr. Krieger sees Therapeutic Touch practitioners as 'technicians of compassion'. What a wonderful job description and reminder, to carry with us as we enjoy the summer a perfect time of year for self-care and replenishment.

Perhaps the words of Jane Austen (1814) still hold true:

"To sit in the shade on a fine day, and look upon verdure is the most perfect refreshment."

from Deborah Simone, RP, Windsor

TTNC News, Summer, 2015

Resources for Information on End-of-Life Care



A Model to Guide Hospice/Palliative Care: Based on National Principles and Norms of Practice.

Produced by the Canadian Hospice Palliative Care Assoc.

A 30 page pdf document you can download.

www.chpca.net/media/319547/norms-of-practice-eng-web.pdf

This document is organized into four sections:

- I. The underlying understanding of health and illness
- II. The definition of hospice palliative care and the values, principles and foundational concepts that drive all aspects of hospice palliative care
- III. A guide to the delivery of person and family-centred hospice palliative care to, including a conceptual framework – the "Square of Care"
- IV. A guide to organizational development and function, including a conceptual framework – the "Square of Organization" – which identifies:
 - the resources required to operate a hospice palliative care organization;
 - the principal functions of an organization;
 - the principles and norms of practice related to each aspect of organizational function.

~ ~ ~

From Judy Donovan Whitty, ATTN

A 30 minute video done at St. James Hospital in Dublin, Ireland, which discusses various aspects of Palliative Care.

<http://vimeo.com/user8730137/review/39839426/3216df1429>

Therapeutic Touch has helped people to die peacefully, because they have been sent thoughts of peace and letting go. This is very different from the terrible anxiety, projected in some instances by family members, which tries to keep them alive till the last minute. I think that to allow someone to die is very unselfish and a real test of love.

Dora Kunz

from Spiritual Dimensions of Therapeutic Touch

by Dora Kunz with Dolores Krieger, PhD, RN.

Nurturing and Challenging ~ Therapeutic Touch in Palliative Care

By Nancy Hall, BA, RN, TTNO, RT

My passion with palliative care began as a Palliative Care Resource Nurse with the Victorian Order of Nurses (VON) Peel in the late 1980's. About the same time I connected with Therapeutic Touch®. Both practices have nurtured and challenged me.

Carlo

Carlo's lung cancer caused shortness of breath with even minimal exertion. Along with medication, radiation and suggestions of energy conservation we were offering Therapeutic Touch. He appreciated and responded to this with deep relaxation and an ease in breathing. His goal was to die at home and his family supported him. One morning the family called stating that he was struggling for breath. At his request they called 911. Since I was close by I arrived before the ambulance. We could hear the sirens of the ambulance as I started Therapeutic Touch. When the attendants reached the head of the stairs Carlo waved his hand towards them and said, "You can carry on, I'm staying right here." As a follow up I taught basic Therapeutic Touch to his family which they used to settle his anxiety.

Marlene

Marlene had advanced metastatic breast cancer and followed a chemotherapy regime. We were involved because of an open wound on her chest and side effects from the chemo. About 10 days after each treatment she would have to return to hospital due to an infection requiring intravenous antibiotics. A short session of Therapeutic Touch became a part of every visit. The client learned imagery and Therapeutic Touch for herself. For the next several chemo's it was only necessary for one course of antibiotics which we were able to administer in the home. Both daughters took all 3 levels of Therapeutic Touch and were involved in their mother's comfort and care until her death. They both credit TT as a way of reconnecting with their Mom in a very special way.

Ted

Ted's advanced pancreatic cancer caused severe pain that was not responding to medications that were available in the home in the 1980's. He had an adversarial relationship with the health care system and was very demanding of his family and his nurses. Very skeptical of my role – especially when I suggested Therapeutic Touch – he referred to me as his "voodoo lady", but would allow me to "try if you want". Despite telling me at the next four visits that it was useless he continued to invite me "to try again". His wife thanked me at each visit, telling me he was sleeping better and was more reasonable in his expectations of her. As the disease progressed he told me quietly one day that he was sorry he couldn't tell me that his pain was less because, "I know that's

what you would like to hear". What he was able to say was that he was OK with his pain now, "I guess I have made peace with it." His last few weeks were not the tirade of demands family had feared but a reflective, sharing time.

Clara

We visited Clara, an elderly Italian woman who spoke very little English. We met early in her palliative journey and she loved to laugh at our attempts to communicate. She giggled as I offered Therapeutic Touch, but usually fell comfortably asleep. Both Clara and her family knew her death was close. When I arrived one morning about 10 people were gathered at her bedside distressed and crying as they witnessed her agitation. No longer conscious, she was distressed and moaning. The family was doing most of her care so I offered Therapeutic Touch reminding the daughter-in-law of some of the basics of TT we had taught earlier, as well as the Hand Heart Connection®. Soon Clara settled and was peaceful. On my return six hours later, more family members had gathered and were in the kitchen. They shared that Clara had been resting and snoring most of the day with one or two people sitting with her at a time and the rest sharing stories around the kitchen table. Whenever she began to become agitated someone would go in and "top her up" with a few strokes of TT. Clara died that evening listening—from her quietness—to the sweet sounds of love and laughter.

Determining the Greatest Need

One of the deepest things Therapeutic Touch has added to my nursing practice has been the concept of "centering". Whether or not I have the opportunity to offer a session to any of the palliative care patients I visit, I know that by being centered I am bringing into that person's home my peacefulness, my full attention and my intuition. It helps me determine what is the greatest need in that household at that moment. Does someone need quieting, settling, or some practical hands on care; maybe a sit down and listen or to mediate some communication between family members, a joke and laughter or a shared tear. There is no such thing as entering into a visit with a preset agenda. It doesn't fit with principle of patient and family centred care, a core value in hospice palliative care. Therapeutic Touch and our practice of being in the moment allows us to respond with compassion, fluidity, open to hear/feel the needs of our patients/clients, friends and their caregivers.

Nancy Hall RN BScN CHPCN(C), a retired TTNO teacher, was the founding Manager of Resident Care of Bethell House a residential hospice in Inglewood ON. She is currently practising as a casual RN at three local residential hospices and co-facilitates the Therapeutic Touch practice group at Bethell Hospice.

Witnessing Love: Therapeutic Touch at Life's End:

by Rev. David Maginley, ATTN, RT

A young wife was in despair as machines breathed for her husband in ICU. It was midnight when I arrived and introduced myself to her. Her response was awkward but honest: "I don't think you'll be able to help us. We're Wiccan."

Chaplains are ethically bound to honour each person's spirituality, and not impose our own. I noticed her pendant, a five pointed star representing earth, air, fire, water and spirit. Recognizing this helped start a conversation about the connection between spirituality and hope, while demonstrating respect for her faith. We discussed the situation, the story stumbling from her heart of how this wonderful young man succumbed to a severe infection, how hope unraveled with each unsuccessful antibiotic, and then cancer was discovered.

She broke with grief, then produced a small pouch from her pocket containing seven stones, each of different material and colour. "I wanted to perform the prayers", she said through her tears, "but now I don't know what to do." These prayers involve placing a stone over each chakra, the energetic centres of consciousness. Collectively they form the interface between body and spirit, between biology and experience. Through the prayers an aspect of each chakra's energy is written upon the stones - the life of the person resonates in them.

"I would be honoured to do that with you, if you like."
"Really?" She was confused and touched that a Christian minister would be aware, let alone encourage a 'pagan' rite. "Sure", I said. "Let's go in, I'll tell the nurse what we're doing and pull the curtain for privacy. This is important."

The columns of instruments rose about him like a technological forest, lines, hoses and tubes rooting him to this temporary tree of life. The dim light of the room filtered through the drawn curtain, while the glow of LED displays cast a cool, moon-like glow upon his face. Taking a moment by his side, we simply breathed, the chirping of the monitor fading to the background of awareness. Our fields connected, we placed the stones and said the prayers, giving thanks for his body, which had served him in this journey.

Therapeutic Touch also assisted in the ritual, a practice similar to her own understanding of energy fields and consciousness. Smoothing and grounding the flow of his energy, the key here was to compassionately connect and impart full presence. The body and spirit are wise in the ways of dying, and I did not have to direct his in any way. In fact, as always, the recipient leads the treatment, not the practitioner. This is all the more true for the dying patient.

Soon afterwards, their 14 year old son and the patient's mother arrived. Support was provided for them, and together we stood at the bed as life support was removed. This young man demonstrated keen awareness of their beliefs, and embraced his mother as his father breathed his last. Then, coming to the opposite side of his bed, he kissed his father's forehead and thanked him for his love. Silence and admiration filled his mother's eyes as she gazed through tears at this young man. And then, his eyes filled and a smile broke out as he looked back at his mother.

"I can see him! He's right beside you!" Their son's face shone with the vision, his mother's with astonishment as she was held by that moment, not daring to glance over her shoulder. As they embraced, as I stood by, witnessing love.



A native of Halifax, Rev. David Maginley is the Staff Chaplain for cancer patients at the QE11 Health Sciences Center, and has been researching healing and energy since 1993. His personal journey through cancer led to investigations into mind/body awareness and the wonder of life. The privilege of working with people in life and death struggles is balanced with celebrating life with his son through play, chocolate and photography. David has been practicing Therapeutic Touch for over ten years, and teaches Level One with the

Atlantic Therapeutic Touch Network.

Please see "Turning Darkness into Light", Page 18

Rev. Maginley, has been invited to do a webinar on Spirituality at the Canadian Hospice and Palliative Care Conference on Oct. 29 to Nov.1 in Ottawa.

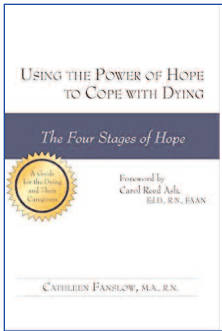
Go to <http://conference.chpca.net>

... in the presence of dark despair, pain and fear, where does the the Therapeutic Touch practitioner find the power of soul? S/he derives strength from the act of deep, sustained centering, that ability each of us harbours to commune with our own depths for the insight to help those in need. It is the power of his/her own spirit from which flows that inner strength to compassionately help others and yet not falter one's self. It is the true expression of the Warrior-Healer.

*Dolores Krieger, PhD, RN,
Therapeutic Touch as Transpersonal Healing*

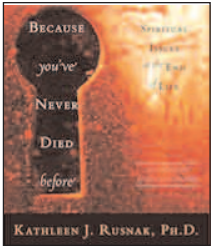


Bookworm's Food for Thought . . .



Cathleen Fanslow's "**Hope System**," incorporates the **Four Stages of Hope** (hope for cure, for treatment, for prolongation of life, and for peaceful death), this book shows both the living and the dying how to use the power of hope to cope with the inevitable. This powerful and simple system enables families, friends, and professional caregivers to understand and assist the dying on their journey--regardless of their beliefs--by addressing all levels of the experience: physical, emotional, psychological, and spiritual. Concentrating on solutions for the day-to-day emotional needs of the dying, this practical guide also features examples and stories from families that have experienced loss, as well as helpful passages that provide hope throughout the ordeal. Cathy developed the valued "Hand-Heart Connection©" used in Therapeutic Touch®. **Anyone involved in palliative care should have this book.** Available from Amazon

From Hospice Volunteer, Judy Donovan Whitty, ATTN - A workshop I attended for Hospice volunteers, May 2015 was inspirational.



The presenter has a CD and companion guide entitled *A Spiritual Self Assessment Journal*. It is intended for both the person with an advanced progressive illness and for their significant other who accompanies them . . . a spiritual journey for both. Her presentation was interactive with opportunity for observations/questions. Hospice PEI provides this Retreat/Education Day annually for Hospice/staff volunteer

Because You've Never Died Before: Spiritual Issues at the End of Life By Kathleen J. Rusnak, PhD

Once individuals receive a terminal prognosis, they embark upon an unexpected new journey. Their worldview is forever changed, an amazing journey into a previously unimaginable spiritual terrain is automatically set into motion and discoveries into the meaning of life and the essence of the self, the other and God emerge. What the dying learn about living at the end of life is their gift to us in the midst of life.

Available through: <http://www.thebrickwall2.com/topics.html>



Death Makes Life Possible

by Marilyn Schlitz, PhD, president emeritus and senior fellow at the Institute of Noetic Sciences (IONS)

In this book and accompanying hour-long film Marilyn discusses science and spirituality in her cross-cultural exploration of death. She includes a myriad of stories, interviews and insights from an impressive array of professionals across the spectrum of disciplines to move us beyond the fear of death.

Marilyn "describes how our ideas about death define the way we live our life". We learn about some of the tools which can help transform our relationship to death so we can have peace with the dying process and consider new possibilities about our own mortality. It is "an inspiration for living and dying well".

An important read for healthcare and hospice workers.

To learn more and/or to order, go to the official website: www.deathmakeslifepossible.com

Submitted by Marion Cameron

We get Letters ...

Just wanted to say: Great Job! The newsletter is well laid out and very informative. I think the articles from our own TT'ers dealing with MS and Parkinsons are powerful.

Lynda Hill, TTNO

Greetings from Germany

I really enjoyed reading the newsletter. My approach is to read the news I am interested in and print the articles I like to read later. That way, it is not too much paper I am using and still get all the information from it.

After 6 years, I have now passed my position as the International Ambassador for TTIA on to Serbulent from Turkey.

Heike Rahn, QTTT

Our Experiences with Therapeutic Touch® in End of Life Care

Peter Cheshire, TTNO

Therapeutic Touch Practitioner and Hospice Volunteer

As a hospice volunteer, I spent 2 or 3 afternoons a week in the palliative care wing in our local rural hospital. I helped where possible and talked with the patients, their friends and families. I gave Therapeutic Touch sessions whenever I could, but neither the hospital or the staff understood or recognized it as a complementary therapy. The patients however, had their own view and the sessions I provided were well received. Many said, "Please do that relaxing thing again."

New patients were always arriving. One was Alan—a little younger than most—probably early 50's. I introduced myself and asked, "Is there anything that I can do to make the day better for you?" He looked up but said nothing. As I leaned over him a little more to make better eye contact, I noticed that his right fist began to firmly clench and his elbow bend back menacingly. I was a target and was about to get a right cross to the jaw! I did not draw back, but focused on holding my warm welcoming smile. Though it seemed much longer, it was probably only a few seconds before his muscles slowly relaxed and the threat passed.

Over the large growth in his neck where he had received radiation, the skin was bright red and raw and appeared to be very sore. I learned from the nurses, that it was going to be the growth of this tumor that would slowly obstruct Alan's windpipe and extinguish his life.

Of his three children, only one of his daughters visited him because she felt it was a duty, and not borne out of love. I learned that Alan was a very angry person and no one wanted anything to do with him.

One day, his daughter was with him. Her eyes were wide with fright, as Alan flailed uncontrollably about in a semi-conscious state. I started Therapeutic Touch immediately. Just minutes into the session, relaxation ensued, all was calm, and Alan slept. I explained the process to his daughter who had witnessed its effectiveness. Sessions were provided a few more times to calm Alan from his frenzied state, until one day when I went into the room, all was quiet. Alan had been administered tranquilizers by the medical staff. His daughters' comment was, "Where were these drugs 25 years ago when our family needed him to be on them and be calm like this? He is a different person."

A few days later Alan passed, peacefully and quietly. His death went largely unnoticed. I felt a loss as I had grown to know Alan over the time he had been in hospital and in my care.

More Experiences on Page 16

Yvonne Browning, TTNO

I have volunteered with Hospice Wellington for almost 20 years and now give Therapeutic Touch sessions in the Oncology Department at Groves Memorial Hospital in Fergus.

With Guidelines for Complementary Therapies (spearheaded by Evelyn MacKay), Hospice Wellington ensures that we are properly trained. It is often hard to instill this importance in new TTers, but the standards give us the respect required to work with clients.

My journey was done gradually. Through hospice I went into homes to give TT sessions. It has been a fulfilling and humbling experience and I am honored to do this work. The training provided by hospice has become an important part of personal growth, dispelling my fears of death as I realize the importance of treating everyone with dignity at this special time of their life. I come away from a TT session feeling honored to have been a part of the journey with the client.

Going into hospital and being around medical staff was intimidating at first, but now I find there has been so much Therapeutic Touch in our area that most staff has seen it and I have found encouragement by both doctors and staff.

In the hospital volunteer training makes us more confident. The clinic is small and TT is promoted to all clients by the nurse in charge. The hospice Therapeutic Touch hand-out for clients is clear and explains the treatment, research and benefits. The nurses and volunteers, hand this out to the clients.

There is openness with the nursing and pharmaceutical staff as they have all experienced sessions. At an open house for the hospital staff and community to see the oncology department, I gave mini treatments to anyone who wanted the experience.

In the clinic I have had no problems. We work around the doctor and nurse doing their treatments first. I follow the nurse's instructions as to the best time for each client.

My own father's cancer care was at home. This experience has helped me in being familiar with the hospital setting and home care with Hospice. In addition, Therapeutic Touch was part of my own cancer care seventeen years ago. It was not in the hospital at that time.

Finding people to engage in this community work is difficult. We have had clients outside Hospice who ask for Therapeutic Touch but practitioners are hard to find. Getting people interested in learning has been difficult. Many TTers who take the courses use it only for their own family. Yet the rewards for working in your own community are so gratifying. ❖

Our Role in a Complex Environment

Therapeutic Touch® at London's St. Joseph's Hospice

Jitka Malec, RN, TTNO, RT

For years, several London Practitioners have been offering Therapeutic Touch to Hospice clients in their homes. Since June, 2014, we also volunteer at the new 10-bed facility, offering treatments to the residents, visitors and staff. This line of volunteer work is not for everyone. One has to be at peace with one's own death and to perceive suffering and death as an opportunity for healing. These are very deep inquiries and each of us has to find our own answer.

What is our role in such a complex environment?

I think first we have to consider the needs of nursing staff. For them, the ever-repeating scenes may become familiar, medicating the patient to decrease level of visible suffering, a routine; handling the body a matter of habit. All the while, the stress and grief are insidiously accumulating. It is common to experience burnout.

For that very reason, I find teaching Therapeutic Touch to staff invaluable. Level 1 opens the door to the world of energy; for some it is utterly unknown and perhaps a bit of a strange world. They may enter it or, for the time being, avoid it. I teach them how to use principles of energy work in their job and personal life. I concentrate on self-care, on keeping self centered and grounded, on intentionally evoking feelings of compassion, goodwill and kindness. The Hand-Heart Connection® is a priceless skill in this setting. I suggest Level 1 students not treat residents until they have more practice and education.

For the residents, our role starts with utmost respect for the person's unique journey and acceptance of it's end. The person passing on is processing their own and family issues, letting go. and tying loose ends. Their state can vary from fully ambulatory to bedridden and heavily medicated. If the passing is imminent, relaxation and increased level of comfort may no longer be sought after.

For Visitors, a Unique Experience

Most visitors have never seen anyone dying. Therefore, being at the death bed is an unique experience in their life. There are matters to attend to, stress level is high. In addition, one is forced to face one's own mortality.

We work from a wholesome perspective, feel compassion for all involved and, from our hearts, share with them peace and love. *Our intent is to be the supporting agent.* The support may be given in a form of treatment or, it can be in a gracious departure.

Nurses advise us on whom to approach, depending on the state of the resident, presence of visitors and so on. We are still learning to accept that we may not have access to those

that seem to need the treatment most. We have to respect nurses' directions. The other common issue is the consent. Even though it has been signed on admission, it is rarely remembered. Because of ever-changing circumstances, the consent has to be current.

When we enter the suite, we need to instantly assess the situation and act accordingly. Both, the dying person and the family may be in a great need. They are not into listening to lengthy explanations. Saying that Therapeutic Touch may bringing more ease and comfort, can be done without touch, and asking "Would you like to try", is a good start. If there is interest, details can follow.

A very practical strategy is sending ahead peace, calm and comfort to the whole place. Then, continuing to keep that peace, moving around filled with it, breathing it in and out, sharing it with all present, walking and speaking quietly, smiling gently, looking into peoples' eyes, saying thanks and feeling grateful for both consent and decline.

Also helpful is a full realization of us being 'an instrument of healing' (Dora Kunz). An instrument is being used and then put to rest. That takes away the need to 'perform' and observe 'results'. Being present in the state of centering and detaching fully before leaving the place is a healthy habit useful in both healing work and personal life. We go back to attending to our own life, leaving the outcome in the hands of the Universal Power and Order. ❖



Plan to join us in Ontario for our
2015 TTNO ANNUAL EVENT
Friday to Sunday, October 23 to 25
Teachers Day Monday, Oct. 26
Kempfenfelt Conference Centre, Barrie

- Theme and Content -

We will explore the field, the flow of consciousness, by transcending into the expansive nature of the field to unify with one another and move beyond all sense of separation, individuality, personality and ego and into a space of pure LOVE.

We will practice the presence of consciousness that is always there, but is experienced when we have moved through what is personally ours and into what is universally ours.

For additional information: therapeutictouchontario.com

Many Therapeutic Touch practitioners include this technique within their practice and teach a simple version to the families.

The Hand Heart Connection[©]

By Cathleen Fanslow, M.A., R.N., C.S.

A technique which is both profoundly simple and simply profound! The Hand Heart Connection[©] came to be as a result of many years of working with dying persons and their families. Combining the knowledge gleaned from the dying process on both the physical and the energetic level with an understanding of the chakra system led me to the creation of this powerful healing approach. One of the most profound lessons that the dying have taught me, is that the letting go of life which is death, occurs primarily on the Heart level. This, as we humans are well aware, is certainly true of the letting go on the emotional and relationship level!

My teachers, the dying who are experiencing the process, have also taught me that the process of letting go is not always an easy one. It requires a special kind of energy interaction between the dying and those who are caring for them, both personally and professionally. This is particularly true of those closest to them, those who are bonded to them by love and need. How difficult it is to let go of those with whom we are so bonded.

The Method

The Hand Heart Connection[©] enables those caring for the dying to stay in touch with the dying person/patient physically, while letting go of them emotionally and energetically. If possible, the caregiver/helper sits at the left, heart side of the patient. After becoming quiet within, or centered, the helper places the left hand (if not able to reach the left hand use the right) of the patient in their left hand, palm to palm. The helper, after connecting to their personal source of healing energy and compassion, begins to consciously direct peace and love to the dying person's heart, with their left hands clasped gently as above. At this point the helper may place their right hand over the person's left hand. This is all that is needed to make the Hand Heart Connection if both patient/loved one and caregiver/helper are comfortable. This contact demonstrates something we see constantly when people are connected, i.e., when we are holding the hand of the other we are symbolically holding their heart! There is also a deeper meaning to this connection on the energetic level as the hand chakra has a direct connection to the heart chakra. In fact, using the hands to help or heal is the physical manifestation of the compassion of the heart, which is the first principle of healing.

Expanding the Method

If the helper/loved one and the patient are comfortable, the technique may be expanded to include the following: while continuing to hold the patient's left hand, the right hand may be moved up the arm, gently resting on the patient's left

shoulder. Then, the right hand is placed on or near the heart area, either on the chest or the back (determine person's preference and comfort level by asking them before placing your hand). You may also place your hand gently on the upper mid-chest just under the clavicle, as this may allay the anxiety some of the dying experience just before their death. It is important to always remember that the patient is a person, thus we respectfully ask permission at each step and follow their lead. Sometimes moving the right hand over the solar plexus (seat of the emotions) in a gentle clearing motion has proved calming to those who are facing their death. It is essential to consciously continue sending healing peace and love to the dying patient as we expand the technique to include any or all of the above.

Gentle Disconnecting

Since this is a deeply personal interaction, it is of great importance that we disconnect gently and respectfully from the dying. If you have expanded the technique, return the right hand to the left shoulder, then move slowly down the arm placing your right hand over the person's left hand as you did in the beginning. Pause here for a moment with your hands encircling the patient's to complete this profound interaction. Then gently remove your left hand from their grasp and place their hand in a comfortable position with your right hand before leaving them.

In the Hand Heart Connection[©], it is our intention to make energy available to the person who is dying, enabling them to facilitate and/or complete their process of separation and letting go on all levels. What makes this interaction so unique and special is that those helping the patient in this compassionate loving way are also helped. They become able to allow the dying person to complete their unique final journey in the way they need to. Staying in touch with the dying to the end in this way decreases feelings of helplessness of the loved one/caregiver throughout the dying process. They are not left with the thought that they abandoned the dying in their final hour. By accompanying the dying in this special way, they have given them a sense of peace, love and gentle presence as they leave this earth.

Cathleen Fanslow, RN, MA, has over 35 years experience in palliative care, hospice work and bereavement counselling. Her popular workshops, "The Hope System" and "Healing Cumulative Grief" have been presented in many countries. She resides in Washington State, USA. She is author of "Using the Power of Hope to Cope with Dying: The Four Stages of Hope".

ISBN 1-884956-80-7 Available through Amazon

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TTNO Member ~ A Therapeutic Harp Practitioner

Francesca Durham of Burlington, is a certified Therapeutic Harp Practitioner and clinical musician. She provides life-enriching experiences to residents with dementia, Alzheimer's, chronic pain, MS, and strokes in long term



health care facilities. She also serves in palliative care and Hospice.

Francesca enjoys balancing the day to day activities of running her profitable harp practice and teaching others to play. Following 20 years in the corporate world Francesca built a coaching/mentoring practice for women focusing on personal development.

Francesca is a writer and has published two books. She enjoys her 4 lb Yorkie, lots of play time and nature walks.

Her Personal Thoughts On Therapeutic Touch®

"Therapeutic Touch has enhanced my work by creating space within for a much calmer me, especially when approaching music. I have a greater sense of awareness and understanding of the importance of being 'present'.

"Everyone and everything has a resonant tone, what something feels like, in an esoteric sense. This 'energy' vibration is important to our happiness and health. As both a Therapeutic Touch practitioner and a clinical musician, I work in sacred spaces, seeking to restore a sense a balance and harmony to the patient. Ultimately we access a universal flow of positive energy and love. This is the essence of life and our experiences here on this earthly plane.

Trust and Hope

"A clinical musician is aware that TRUST is key between ourselves and the patient. As in Therapeutic Touch session, before we play our instrument we strive to establish trust taking cues from the environment energetically speaking, as well as the client's condition .

"We bring HOPE to a patient's circumstance with our music. This has deeply affected my work because our service is a way of communicating with people through music – as with touch – to calm a difficult situation, soothe the soul, lift the spirit and instill a sense of peace . Our music can →

Therapeutic Touch To Be Featured at Three Canadian Conferences in 2015

The Canadian Association of Specialized Kinesiology is hosting its International Conference in Banff, AB, on Sept. 23-27. TTNA members will have a booth to distribute information and give sessions. Dr. Chery Ann Hoffmeyer, PhD, TTNA teacher, QTTT(TTI) is presenting a major paper on "Therapeutic Touch and Confluence", which is the theme of the conference. www.celebrate2015.com

"Changing the Score the Body Keeps: The Power of Energy Psychology" is the theme of the 17th Annual Energy Psychology Conference in Victoria, BC, Oct. 2-5. Judith Schweers, BA, TTRT, QTTT and Marie Priesl, RN, TTRT of BCTTNS will present "Therapeutic Touch in Action: Embracing Your Potential to Heal". Both are members of the Canadian Association of Integrative and Energy Therapies (CAIET). BCTTNS practitioners will be there with Therapeutic Touch. www.epccnada.ca/presenters

Ottawa, ON, is the site for the **Canadian Hospice and Palliative Care Conference**, Oct. 29 to Nov. 1, with the theme 'New Challenges – New Horizons: Moving Forward'. Rev. David Maginley, chaplain and ATTN RT is doing a webinar on Spirituality. (See his article on page 9). The Ottawa Group will be there with brochures and offering sessions. <http://conference.chpca.net>

It is exciting to have Therapeutic Touch featured at these prominent venues. It highlights how Therapeutic Touch complements other modalities in the field of integrative therapies.

Thank you to the speakers and practitioners involved in these endeavours.

*Submitted by Marion Cameron,
President, TTNC*

be familiar or unfamiliar, often times reflecting the various modes of music to suit a patient's need in the moment.

"I am grateful to have found a wonderful Therapeutic Touch Group in my community of Burlington. I look forward to its continued growth spreading the word and bringing awareness that reaches far and wide for everyone's benefit."

Francesca recently brought several colourful harps and gave a delightful presentation to her Practice Group

*You can reach Francesca through her website:
<http://HaltonHarps.ca>*

Her book is available through: <http://www.amazon.com/My-Harpers-Journey-Diary-Inspiration-ebook/dp/B00ILJEJ5O>

Practice Groups

Therapeutic Touch Practice Groups are an integral part of the Therapeutic Touch® community. To attain Recognized Practitioner status, it is suggested one attend a Group on a regular basis. Attending a group after the introduction to the modality gives us the opportunity to experience and enhance our abilities as practitioners, as we 'give' and 'receive'. As we share and ask questions about our experiences with the energy, learning continues.

The purpose of this column is to share ideas for a Therapeutic Touch Practice Group.

Comments, suggestions and questions are welcome.

The article by Deborah Simone about the practice group in Windsor was so interesting and informative. I am the current leader of the practice group in Ottawa . We have a two hour meeting and find it challenging to give treatments, relaxation time, feedback to workbook people as well as our intro part. How do you manage the hour for news? Seems like what you have is really working. Thanks for taking the time to write about it.

Norah McMahon, TTNO

The Response . . .

Your email complimenting Debbie Simone and her article about the Windsor-Essex Practice group was sent to me. Thank you for your kind comments. It is indeed challenging to get everything covered especially when many from your group are working on their Practitioner workbooks. One of the things that we initiated (that you might want to consider) was that if a RP or RT were acting as supervisor they should finish the session and provide feedback to the practitioner before they return for closing. More often than not the supervisor, the client and the practitioner miss closing... but there was no interruption in the flow of the session. On occasion our meetings can go longer but those that have to leave, do leave.

Sometimes there is very little news to share ... but if we are tight for time, we encourage our Practice Group members to re-read the information that was included in their notice of meeting.

What our members seem to really appreciate is a review of one of the components of the Basic levels... in June we reviewed "How to work with a partner- two practitioners and one client" We distributed a handout and offered a demonstration, then our whole group offered sessions in triads to reinforce the review. We call these "teaching moments" and the topic requests come from the participants. They suggested that we review Distant Healing at another Practice Group meeting.

Remember: You do the very best you can...just complete what you can...the rest can wait for another time. Wishing you and your group continued success.

Flo Hartleib

~ Enhancing the Value of Your Practice Group ~

A description that fits most Therapeutic Touch practitioners is "modest". Originally designed to be used by nurses in their hospital practice so promotion/publicity was not a consideration. It was enough to try to get it accepted by the health care institutions and to have it included in the policies and procedures. Research was undertaken in order to achieve an MSN or PhD. Times have changed however, particularly now with the popular "social media". Perhaps change could/should be happening within our Practice Groups.

We might begin by changing the designation to "**Therapeutic Touch Groups**", with more of a view to being perceived as a functioning 'chapter' of its regional network. A Group is in fact, already the representative of Therapeutic Touch within its community.

Meeting the Needs of Group Members.

The Group could be responsible for setting the dates, finding a location, advertising the workshops and registering participants. The teacher would be delighted to be able to simply arrive and teach! In return the Group would receive a percentage of the income allowing it to have funds to assist members in attending conferences, or paying fees at local health fairs, printing of brochures, etc. Every workshop attendee would be a potential member for their group and for their Network.

The Therapeutic Touch Resource for the Community

The Therapeutic Touch Group could become the resource for community agencies and associations, who would receive information on the technique and possible speakers for their activities. It could have a referral list of practitioners willing to see clients in the community. Thus Groups could offer members the wonderful opportunity of becoming more actively involved in their community, rather than 'just' attending a monthly practice session.

What do you think of these ideas? If you put them in to practice, or have other ideas for activities, please let us know!

From Evelyn MacKay, RT, TTNO

I Hold Her Hand for All Who Love Her . . .

This is an condensed version of an article in TTNO's *inTouch*, Summer/15. We have a freestanding hospice in Guelph. Once a Presbyterian Church, it is now renovated with room for 10 clients in private spaces – a beautiful spot, efficient and well appointed. It sits on a busy corner in a residential area, but a protected outside area allows clients to enjoy the outdoors among the flowers. Our Therapeutic Touch® team members are daily visitors, offering Therapeutic Touch to any client or family member who wishes.

On one of my visits to the facility, the nurse said that one had a PPS* of 10. She was alone, breathing regularly and seemed asleep, yet, as I approached her bedside I could sense that her life was coming to an end. On a piece of paper taped to the rail of her bed were the words: "Please call me Lily". Pictures stood on the bedside table, family members who looked happy together and an anniversary picture of herself and her husband.

The assessment revealed that there was no field available to me except a bit around her head. I cleared her field and as I did this, her breathing changed slightly. I told her I would like to sit with her for a few moments. She did not respond and it was evident there was little life force left in Lily's body;

I sat beside her, took her hand and began the Hand Heart Connection© (HHC). Her hand was very quiet in my clasp; I followed the directives of the HHC, all the while sending thoughts of peace and goodwill to Lily's remaining awareness. Since she had no visitors I elected to stay with her. I continued the Hand Heart Connection until she raised her head slightly, opened her eyes very wide and, looking into the distance, she stared at something that I could not see. Then she closed her eyes and took her last breath.

It was so easy a passing, in an atmosphere so beautifully calm and unhurried. As I sat with Lily, I realized that I was honoured to sit in for all the people who loved her and valued her as a friend or acquaintance; I was there for everyone else who could not be present ... for sisters, children, parents-- for everyone who might have wanted to be there but could not.

I have been present, both as nurse and volunteer, with many people as they died yet I have never been in such peaceful, quiet, calm and nurturing atmosphere as I was that day with Lily and I felt it a great privilege.

*PPS: Palliative Performance Scale. 100 indicates a diagnosis of life-threatening illness yet able to cope with life quite well.

A PPS of 10 indicates a patient who is bedfast and comatose, not communicating, and near the end of life.

From Linda Terra, RN (Ret.), RT, TTNA

My Greatest Learning

Most of my 30 years of Therapeutic Touch experience has occurred in a nursing home setting. In reviewing it, I realize that the most profound sessions and my greatest learning happened with end-of-life and palliative care.

When the person in transition is settled and peaceful, so too is the family and the staff. Comments from families include, "She is so peaceful"; "I know she isn't suffering"; "I can communicate with him now and feel very close to him"; "I am more relaxed and know that what is happening is for the best"; "the staff has been so caring and compassionate".

In broaching the subject of Therapeutic Touch to relatives, I usually ask permission while they are sitting there, explaining briefly what it is, its benefits and safety. As I do a short session I allow them to watch. They are usually receptive and often seek me out on the ward when they feel their loved one could use another short session to reduce restlessness or pain.

I use Therapeutic Touch in a palliative care situation -

- For *me* – because I know that if I am centered, grounded, and peaceful, I have more to offer to everyone and I can be a catalyst for change.
- For care and comfort of the person in transition, especially in combination with pharmaceutical intervention to reduce pain, agitation, anxiety, shortness of breath, and fear.
- Before and during turning, dressing changes, all personal care, before subcutaneous needle insertions and injections, to promote relaxation and comfort.
- For evaluating the energy field when the person is unable to communicate emotions, needs, who they want to see and questions they need to have answered.
- Occasionally for discerning when death will occur so the family can be called.
- For staff - we all become very attached to our wonderful "old ones" and many staff need compassionate support.
- For family - I often teach the Hand Heart Connection® to at least one member of the family. It does wonders for their need to communicate and to bring forth their love and compassion in a tangible way.
- For the family having a difficult time sitting with their loved one – tense, tired, sad, anxious and need to talk.
- For doctors *before* and *as* I phone them for orders.
- For families *before* and *as* I phone them with sad news about their loved ones.
- When I have to inform the elderly room-mates and friends of the condition or death of their friend.
- When I want to be there at the moment of death, I make a request to the Universe and usually am given a message so that I get there in time for their passing. It is such an honour and a privilege.



An Afternoon at Hospice

By Arlene Cugelman, RN, TTNO, RT

As a Registered Nurse for 44 years – the bulk of which was worked in the Intensive Care unit and with dialysis – I was no stranger to the tender conversations with patients and family that followed a sudden severe illness or a difficult diagnosis. In Home Dialysis my role was to help patients find a way to live that worked for them. Many times I used Therapeutic Touch® to help calm the flood of emotions they might be experiencing and assist in bringing some degree of order so they could think again.

My nursing experience and focus had been with the living. I was short on experience with the dying and curious as to how Therapeutic Touch could be used in this setting. I had heard wonderful experiences at Therapeutic Touch conferences, listened to Cathy Fanslow¹ speak at Pumpkin Hollow invitationals, as well as a number of people telling how they had used Therapeutic Touch in hospice care.

On any afternoon that I volunteer at hospice, I am always aware that residents are at a profound time in their life's journey. Time with family, friends, spiritual supporters and care givers is all so precious – as is each moment. So I enter gently, yet with full awareness of what may be happening which will indicate a need and hence my role in that moment.

The need might be to talk about every day beauty such as the birds in the bird feeder or how industrious the squirrels are, the beautiful flowers or falling snow. It might be to form a connection with all who are there, providing a net for the patient to rest in without having to participate. They listen, are present and a part of what is happening in a way that takes no energy. Therapeutic Touch often fits perfectly into this venue, providing comfort and ease of being for the patient, a respite from all the “work” of dying, to rest more comfortably or drift off into a peaceful sleep.

It seems that for visiting loved ones Therapeutic Touch may often be valuable in easing the pending sense of loss. It seems to give them respite; for others, release in a safe way. This seems to allow a greater ease of presence in their part of the journey with one so dear to them.

The Hand-Heart Connection© has been a true gift to share with the family. It allows a way of being with the dying where words are not required.

As I was leaving hospice one day the nursing staff asked if I would check in on a new family as the daughters were showing the stress of their mothers admission. Following introductions and a brief explanation of Therapeutic Touch they asked for their mother to be treated first and they in turn

would take advantage of its benefits. Within minutes it was clear by the sensation in the palms of my hands that “mom” was in a lot of pain – something the daughters confirmed and that she had a tendency to downplay. This eased somewhat with the treatment. The information was relayed to nursing staff and I learned that the patient has refused medication on admission. Discussion had already taken place that their mom be medicated on a regular schedule to prevent exactly this scenario – mom in pain and not medicated.

Both daughters had a Therapeutic Touch session which seemed to create a great feeling of ease in the room and that comfort and ease seemed to come strongest “from Mom”. It was palpable. Even in her dying she was still their mother and it was as if she could rest more easily knowing her daughter (who also had cancer) was receiving a treatment. The session helped relieve the grief, fear and fatigue that both daughters were feeling.

As the treatments progressed I became aware of a rising sensation - it was as if the room was filling with people! The daughters confirmed their Dad had passed years earlier as well as several close relatives and they felt, then said “I’m sure they are getting ready to welcome Mom – they’re getting the party started”. This lightened the room even more!

Later as I drove home I reflected that the use of this wonderful modality, Therapeutic Touch, the whole experience for this family had changed. The atmosphere of the room had changed from one of fear, grief and anxiety to one of connection, love and – dare I say it – excitement.

When I returned a week later one daughter met me at the door and asked me to treat her mom once again while she called her sister to “come now” for another session. As I began Therapeutic Touch with their mom I was aware her field had changed significantly from the past week when she stoically and absolutely did *not* want to be in hospice. Now her field felt smooth, accepting and so very, very peaceful.

Once again both daughters were treated, following which they were receptive to learning the Hand-Heart Connection©. And so it was – with a daughter at each side – that later that day their mother passed gently from this world surrounded and supported by her daughters love. And that passing was easier for the daughters too, as they focused on sending their love and their acceptance to their mother.

Arlene Cugelman, RN, RT is a volunteer at Hospice Simcoe in Barrie, Ontario.

1. Cathleen Fanslow developed the Hand-Heart Connection©



*I am standing
upon the Seashore;
a ship at my side spreads
her white sails to the
morning breeze and starts
for the blue ocean.*

*She is an object of beauty
and strength, and I stand
and watch her until - at length -
she hangs like a speck of white cloud
just where the sea and sky
come down to mingle with each other.*

*Then someone at my side says,
"There! She's gone!"
Gone where?
Gone from my sight - that is all.*

*She is just as large in mast and hull
and spar as she was when she left
my side and is just as able to bear
her load of living freight
to the place of destination.*

*Her diminished size is in me,
not in her.*

*And just at the moment when someone
at my side says, "There! She's gone!",
there are other eyes watching
her coming and other voices
ready to take up the glad shout,
"Here she comes!"*

The Midrash

*Attributed to:
Henry Scott Holland (1847 - 1918)
Regius Professor of Divinity, University of Oxford,
and a canon of Christ Church, Oxford.*

Submitted by Mary Simpson, TTNO

QE11 Chaplains Accompany Patients Through Their Toughest Moment

by Jon Tattrie

Jenn Grant, PEI, Maritime singer/songwriter and her brother Daniel briefly left their mother, Heather, in her final stages of cancer, alone in her hospital room at the QE11.

"One day we went downstairs to get a coffee, and when we came back up she had this look of peace and serenity", Jenn commented. Jenn and Daniel exchanged puzzled looks. In their absence, their mother had been visited by David Maginley, one of six QE11 chaplains. Jenn says he quickly fit into their close-knit family and turned a frightening experience into something special.

"We were open to spiritual care, but we didn't know how invaluable it would be for us," Jenn says. "In our family, we look at it like our mother made a transition, and now she's a part of the universe, part of everything.

"David kept uniting us as a family", Jenn says. "There were moments when we would be falling apart, and he would give us a focus point, to focus on a positive - that we get to experience it with her, and that she's surrounded by people she loves."

David acknowledges that when cancer patients see a chaplain walk in, they think the worst "Oh, I'm dying. It must be really bad," he says. "While chaplains are there to support people during the dying process, we fundamentally function to help people connect to their inner strength and wisdom, to help them cope with their emotions and connect them to their hope and faith."

David sees about 10 patients every day and is one of four staff chaplains who work together with denominational chaplains to provide spiritual care to patients and families of all faiths or none.

Patients talk, and chaplains listen, guiding them gently to see the value in their life and to face their fears for the future. "I have no expectations and desired outcome. I'm not even hoping they'll feel better after my visit. I simply want to go with them into their own experience, so they can encounter themselves with full authenticity. Your spiritual health is not determined by what you believe; it's determined by the quality of your love," says David.

David worked as a Lutheran parish minister for 10 years and as a chaplain for the last decade, specializing in cancer care. He's survived life-threatening tumours throughout his life so he often draws on his own experience to connect with patients. He calls the work "astounding; the coolest, greatest privilege." Jon Tattrie is an award winning freelance journalist and writer based in Halifax, Canada.

The Value of Hospice Staff Learning Therapeutic Touch

By Nancy Hall RN BScN CHPCN(C)

Learning Therapeutic Touch® has the potential of enhancing the skills and abilities of nurses in offering an enriched palliative care experience. That experience can be anywhere along the illness trajectory from the time of diagnosis, through treatment, during end of life care and including bereavement.

Most valuable with symptom management, after receiving Therapeutic Touch terminally ill patients often need less narcotic analgesia to maintain the same level of pain control. It also assists in settling the restlessness that besets patients who are close to death and facilitates a state of quiet connectedness between loved ones and caregivers alike. Thus it can be a strong ally for everyone affected by the dying process¹.

It reduces stress levels and potential burnout in the practitioner. Even when offering a session is not a possibility, applying the steps of the Therapeutic Touch process can guide our every interaction with both residents receiving palliative care, and their families .

Centering

This allows us to quiet ourselves and sense our own inner peace and strength, so that we are present to whatever is happening in the moment for that individual / family.

Assessment

We have no preconceived notion of what we might find in the field or where the treatment may go. As nurses we are freshly assessing and being aware of the current need. Residents need to trust that we, as caregivers, are responding to

their needs – not trying to direct their care based on what we may think will be the best experience for them... that we are being present in their journey.

Rebalancing;

Balancing of the overall field is often a good starting point. As nurses, we can consider this as our responsiveness to patient's and families' most obvious needs and requests allowing them to develop a feeling that this is their journey and we are there for them. Often, as those needs are met, more subtle, intimate issues are revealed, and as the interaction deepens those issues that may be of more consequence are addressed in a space of trust.

The ability to be present with another while they are suffering and trying to find meaning is essential for each of us in the work of hospice palliative care. By adding our centredness and our intention to our "being present" we deepen the experience for both of us, and we are actively engaged in that moment of relationship.

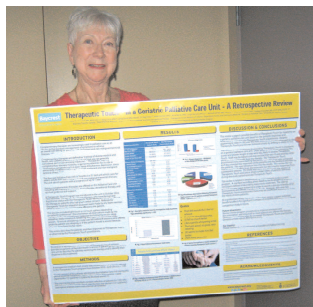
Dr. Balfour Mount, considered the father of palliative care in North America, states, "No human interaction is neutral; it is either healing or wounding." By practicing hospice palliative care with a Therapeutic Touch intention we will ensure that the interaction is indeed a healing one.

Please see Nancy's bibliography on page 8

1. May, D. Therapeutic Touch® in Palliative Care: Comfort for the Patient "Beyond Cure". The Use of Therapeutic Touch in Hospice and Palliative Care. TTNO, 2008 Hospital News Article published in April 2001.

Baycrest Innovations in Aging

Therapeutic Touch® in a Geriatric Palliative Care Unit - A Retrospective Review



Lynda Hill of the Burlington Group holds the Baycrest poster

This well-designed poster describes a study, "Therapeutic Touch in a Geriatric Palliative Care Unit - a Retrospective Review". The review suggests possible benefits of Therapeutic Touch for inpatients on a geriatric palliative care unit. Patients appearing to relax was the most common behaviour witnessed, followed closely by drifting to sleep.

We received permission from Dr. Helen Senderovich to reproduce the poster. We had it produced at a copy shop into a 3 ft. x 2 ft. poster on glossy heavy paper for about \$25.00. It can be mounted on standard display boards.

It is an excellent addition to any Therapeutic Touch presentation.

**If you wish to receive this poster in "jpeg format"
please contact your regional TTNC representative.**

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** indicates a teacher of all levels.*

"QT" - Qualified Teacher with Therapeutic Touch International

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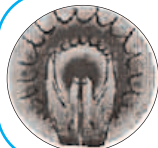


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