

Therapeutic Touch Canada News/Nouvelles

Volume 8, No. 1

Winter/February, 2018



Therapeutic Touch®

is a holistic, evidence-based therapy that incorporates the intentional and compassionate use of universal energy to promote balance and well-being in all aspects of the individual: body, mind, and spirit.

TTIA Definition

- Content -

Therapeutic Touch® Spring/Summer Workshops and Retreats	7	Simple Compassion by John McCurdy	13
“Imbalanced Energy Field” in NANDA Nursing Diagnosis List 20118/2020	8	Therapeutic Touch® in Hospice -Practitioners Share Experiences	14
A Practice-Based Theory of Healing Through TT Advancing Holistic Nursing Practice from <i>Journal of Holistic Nursing</i>	9	Ideas for Advertising and Promotion and <i>Care 150</i> , 2018	17
Come Together-To Create Standards for Our Field by Melinda Connor	11	Pioneers of Energy Healing: Dr Wilhelm Reich By René Dosen	18
		Keeping Safe With Cell Phones! Protecting Our Own “HEF’s”	20

*Index: Therapeutic Touch Canada News/Nouvelles, Volume 7/2017, Issues 1 to 4, Page 21

Therapeutic Touch® is a registered trademark in Canada

Thoughts from your editor . . .

After much consideration about the amount of reading/newsletters sent to TT'ers across Canada, it has been decided to have three issue per year. These will be in: **February, June and October**

In this issue you will find several conferences and activities that will enhance your understanding of energy and consciousness. If you plan to attend from a distance, why not contact a TT'er in that area to see if s/he can 'billet' you?

We try to make this publication of interest from a variety of directions. Some articles are reprinted (with permission) from various magazines, which come 'across my desk'. An excellent source is the variety of publications through the ISSSEEM <http://issseem.org/home.html> and through the Institute of Noetic Sciences (IONS) at noetic.org.

We would however, like to hear more of your activities and experiences. At times I reprint articles from the various TT Canada regions publications - but we'd love to have you write on specific topics - which can be used to promote Therapeutic Touch. These can be copied as handouts for presentations. In this issue we have reprinted an excellent article from TTNO's **in Touch** on the experiences of Hospice volunteers.

We have included – as a 'taste' – 2 pages of a 10 page article reprinted from the *Journal of Holistic Nursing*. It's a bit of a 'tough read' for those not familiar with nursing research, but please give it a try. If wish to read more please request it from your Regional Newsletter Rep. - or the editor.

Be sure to read Dr. Connor's article on page 11 where she says, "It is time for the energy practitioner community to come together to create standards for our field, including ethical behavior, standards of practice and cohesion as a community." What is helpful to one, is helpful to us all.

René Dosan has written several articles on pioneers in health and their struggles for recognition. It help us to understand that we are *not* alone in our efforts to be accepted. Because it comes from a 'nursing model' which lends itself to research, Therapeutic Touch® is in unique place in this challenge.



On a personal note:

At the tender age of 84, I would like to retire while I'm still on the 'green side of the grass'! So, I'm looking for people who are interested in editing and formatting this newsletter. It can be two different jobs, and I will be happy to assist you in taking them on. *Let's talk!*

Mary Simpson

It is the policy of this editor . . .

to use the term 'session' in preference to 'treatment' – which may imply - or be perceived as having - a medical aspect.

Therapeutic Touch® Canada News/Nouvelles

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: Vol. 8, #2, June, 2018

Deadline for Submissions: May 15, 2018

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.**

The front cover picture was taken by **Liz Corbett** of TTNO whose passion is photography! We think it shows 'orbs' - Liz says they were snowflakes when she took the picture!

<http://www.circleofinnerwisdom.ca/naturally>

For their contributions to this issue we thank,

Lynn Carscallen, Lynda Hill, René Dosen, and for permission to reprint: Melinda Connor, John McCurdy, the hospice volunteers *and all the Regional Chairs!*

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Therapeutic Touch® has been a Registered Trademark in Canada since 2003. The symbol ® is used.

In written articles ® needs to only be used once per page.

Your TTNC Newsletter Committee

If you have any questions, ideas or concerns . . . or need passwords

(which are not published because of web site hackers) please contact your local representative.

Interim Chair Marion Cameron, mumcam@telus.net

ATTN: Judy Donovan Whitty, judydw@eastlink.ca

TTNQ: Dolores MacKenzie, doloresmack@hotmail.com

TTNO: Vacant (use editor) mary.simpson@cogeco.ca

TTNA: Marion Cameron, mumcam@telus.net

BCTTNS: Vacant (use editor) mary.simpson@cogeco.ca

Editing & Formatting: Mary Simpson, RT, TTNO

mary.simpson@cogeco.ca 905-825-0836

Every Network member supports the growth & acceptance of Therapeutic Touch®

Thank you for being a member!



The Therapeutic Touch Networks Canada

Update from the Therapeutic Touch Networks Canada



I hope the Holiday Season has left many pleasant lingering memories with you.

The TTNC AGM held on Nov. 19, 2017 via teleconferencing was attended by 12 people from the TT community across Canada. Each Member Network was represented. All yearly reports were forwarded to each Board so if you would like to read any or all of them please contact your Network Board.

As of May 15, 2017, TTNC – as owner of the trademark – has been responsible for the use of the trademarked words Therapeutic Touch. In the last few months TTNC with the help of TTNO have been negotiating a settlement to an Infringement challenge involving a publishing house using the words Therapeutic Touch as the title of a book. We are having to defend our rights to those trademarked words. Thankfully we have the help of a lawyer to interpret the law and represent TTNC in this matter.

Authorization for the use of the words has been given to the Member Networks and their membership. It has become apparent that it is important for the public to know that Therapeutic Touch is trademarked as indicated by the symbol ®. To that end we ask that the TT community when using the words Therapeutic Touch do so appropriately and with the ® symbol. Please use the footer “*Therapeutic Touch® is a registered trademark in Canada*” on all documents and promotional material seen by the public.

The Board/Newsletter Committee are discussing reducing the number of publications from 4 a year to 3 a year - stay tuned.

I hope the Networks are starting their plans for activities during the 'Therapeutic Touch® Awareness Week' in May.

On behalf of the TTNC Board, I thank the volunteers, teachers, and practitioners in the TT community for all their valuable time and energy to increase the awareness of, and maintain the integrity of Therapeutic Touch.

Best Wishes to all for a renewed energy for peace in 2018.

Marion Cameron, President, TTNC

Meet Your TTNC Canada Board!

We are introducing three here - to be continued in the next issue.



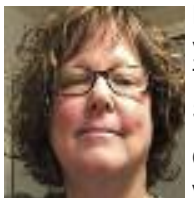
Peter Cheshire, Vice President. A member of the TTNO for eight years, I have completed my “Practitioner Workbook”. I attend our local Branch meetings in Midland. I have served as the representative of the TTNO on the board of the TTNC.

I spent a year as a volunteer with the local Hospice organisation and was a Director on their Board. I visited patients at least twice a week in the palliative care facility in my local hospital and offered many TT sessions until the closure of the hospital. As an Elder in my church, some of my duties includes visiting members of the congregation who are unable to leave their homes or are unwell.

Many years in engineering sales and marketing, preparing PowerPoint presentations and using them in sales around the world. I have prepared 5-year sales plans, prepared yearly budgets and designed product brochures.



Mariann Canning, RP, TTNO Rep. I am certified as a Life Tribute Professional, a Creative Grief Coach, in Multidisciplinary Palliative Care, and a Yoga Teacher. I am a facilitator, speaker, coach, grief educator, and guide and companion to the dying, with experience on many boards at the local, national, and international levels. Being part of the Therapeutic Touch Community enriches my life, and in gratitude I hope to be able to pay it forward in my role of TTNO liaison to the TTNC.



Heather McCurdy, BCTTNS Rep. I am secretary for the BCTTNS board. I joined the board in May this year. I have just completed my Therapeutic Touch Certificate through Langara College and completing my TTRP. Although I am a relative newbie in the group. I have previous experience with boards, 15 years on Strata Council, Police Victim Services, and Emergency Management.

Originally from the Maritimes I have spent the same amount of years in BC. I go back to Nova Scotia to visit my family.

Reports from Member Networks Across Canada

Therapeutic Touch Network of Quebec

Monique Gregory RP - Our TT Friend Retires

When I first met Monique (around 2002), I knew that she was a special person. She came to my TT practice night with her friend, Suzanne. My mind was scheming... I wanted her on the TT board of directors, but not wanting to scare her too much, I asked her to come to a board meeting just as an "observer" She agreed. It didn't take long before we seduced her into joining the board. I was happy and she has since enriched the Network in many, many ways with her arduous work and great organizational skills.

Some of her accomplishments are:

- 2003 - agreed to be co-treasurer;
- 2004 - elected to work on membership;
- served 5 years as president and set-up "goal-setting" for each year she served;
- helped create our TTNQ pamphlet;
- helped to set up our incorporation and our non-profit status with the government;
- helped set-up our workbook, layout, design etc.;
- created our TTNQ logo;
- visited various nursing homes, residences and St. Anne's Veterans Hospital to promote TT.
- helped initiate our TT teaching at John Abbott College;
- created and revised our "Code of Ethics" based on the Ontario Code of Ethics;
- with the help of her husband Leo, and Marie-Claude Poupart, set up our TTNQ website (2010), paypal and drop-box.
- has been holding a TT practice group in her home for over 4 years, setting up themes for each meeting.

Monique has been through countless challenges during her time with the network – the death of her mother and a serious attack of the shingles. She stubbornly continued with us not to let us down and not to disappoint me or her Network friends.

Once again she is a happy grandmother. She has wanted to retire many times but never succeeded. But now she is ready! She deserves it more than anyone. She has helped create a structure to our network which will remain and evolve; and for that we are eternally grateful.

**Thank you dear friend. Your light shines always
the heart of our Network. Aurevoir!**

Susan Hamilton, President, TTNQ

Toucher Thérapeutique du Québec

Monique Gregory PR – Notre amie en TT se retire

Lors de ma première rencontre avec Monique (vers 2002), j'ai su qu'elle était quelqu'un de spécial. Elle a participé à mon groupe de pratique avec son amie Suzanne. Je voulais qu'elle se joigne à notre conseil d'administration, sans trop lui donner la frousse. Je lui ai donc demandé de participer à une des rencontres en tant qu'observatrice. Elle était consentante. Ce n'était pas très long qu'elle a été séduite et s'est joint au conseil. J'étais très contente et depuis elle a contribué de façon très enrichissante au réseau de diverses façons grâce à son travail ardu et ses compétences organisationnelles.



Certains de ses accomplissements sont les suivants :

- 2003 –deviant co-trésorière;
- 2004 –élue pour travail sur les cotisations des membres;
- présidente pour 5 année pendant les quelles elle a établi des objectifs à atteindre;
- a aidé à créer notre dépliant RTTQ;
- a aidé à mettre en place notre incorporation et notre status d'organisme à but non-lucratif avec le gouvernement;
- a aidé à mettre en place notre cahier d'exercice, la disposition et le design etc.;
- a créé notre logo RTTQ;
- a visité divers établissement en soins de longue durée et l'Hôpital Ste-Anne pour les Vétérans afin de promouvoir le TT. Aider à introduire l'enseignement du TT au Collège John Abbott;
- a créé et révisé notre Code d'éthique en se basant sur celui de l'Ontario;
- avec l'aide de son conjoint Léo et Marie-Claude Poupart, a monté le site web du RTTQ, paypal et dropbox. Le site web est devenu fonctionnel en 2010;
- animé un groupe de pratique en TT à son domicile depuis plus de 4 ans.

Chaque rencontre a un thème (ex. Intuition, guérison à distance, etc.).

Monique a eu divers défis lors de son séjour avec le réseau: le décès de sa mère et le zona. Toutefois, elle a continué avec nous afin de ne pas nous laissé tomber, ne pas me décevoir ainsi que ses amies dans le réseau.

Maintenant elle est à nouveau grand-maman. Elle a souhaité se retirer à plusieurs reprises mais n'a jamais réussi à le faire. Le temps est arrivé, elle est prête et elle le mérite! Elle a aidé à créer une structure pour le réseau qui va demeurer et continuer à évoluer et pour ceci nous sommes éternellement reconnaissants.

**Merci chère amie. Ta lumière continuera à nous
éclairer au cœur du réseau. Aurevoir!**

Susan Hamilton, Présidente, RTTQ

The Therapeutic Touch Network of Alberta

Hello everyone! Hope your Holidays were happy!

Goodness what an up and down winter we've all had. I wonder if there is any way to use Therapeutic Touch® to balance out our weather patterns?!

This past fall teachers Sheila Camp and Linda Terra have had two 'Introduction to Therapeutic Touch®' workshops at Wellspring in Calgary. Beginner Therapeutic Touch courses were offered this past fall in both Edmonton by Chery Ann Hoffmeyer and in Calgary by Joy Baxter and Linda Terra.

Thank you Marion for organizing our annual Fall Retreat these past many years. We all look forward to it each year and we will try to keep it as educational, reflective and rejuvenating.

We look forward to our Practice Day and AGM this April. For more information on this activity, should you wish to join us, please go to our website; www.therapeutictouchalberta.com.

Thank you to Casey MacDonald for taking on webmaster for the TTNA website.

Sherry Crann-Adair, Coordinator, TTNA

British Columbia Therapeutic Touch Network Society

Happy New Year and best wishes for 2018 to all our fellow Networks across Canada. I'm sure we are all looking forward to another busy and eventful year of Therapeutic Touch.

Our bi-annual Conference/Retreat is scheduled for 25,26,27 May – a different date to that reported in the last TTNC report due to a booking error by Springbrooke Retreat. Fortunately the last weekend in May has worked out for us, and it will leave the first week in May free for the TT Awareness week.

The theme of our Retreat is "You, Me and Therapeutic Touch". We decided this year we would like to have our own members share their years of experience with TT. We are lucky to have Anne Walker presenting two subjects, *Meditation and Mindfulness*. She will also touch on research in neuroscience and meditation. Judith Schweers will share her personal experiences, activities and connection with the First Nations people. Cheryl Larden will present on how you can incorporate Therapeutic Touch into your everyday life. We will also have a workshop to share and learn from our TT experiences and a "soul art" creativity session which is always inspiring and fun. There will be plenty of time set aside to give and receive TT and receive supervised sessions. Registration forms and posters will soon be available on our website

We have another of our successful Practitioner Days on 24 February in Richmond whereby people working towards their TTRP can have up to 3 supervised sessions. This has enabled many of our members to work towards their TTRP.

We have updated our website to include "Therapeutic Touch is a registered trademark in Canada" as a footer on each page and will be ensuring it is added to any public notifications.

We welcome Jean Ruttan to our Board as a second Member at Large - Jean has been on our Strategic Game Planning Committee for 5 years and a previous Board member - so her experience is certainly welcomed. We have dissolved our SGP Committee for the foreseeable future.

Weaving for a cause: The Sooke weaving group donated blankets to cancer patients in memory of Audrey Phillips who had been part of the group for around three years.

After Audrey died in April from cancer, the Sooke Spinners and Weavers Group wanted to do something special in her honour. She had asked that when she died, the group would create blankets from her leftover yarn and donate them to others with cancer. This is exactly what the group did.

Lynda Slater, a member of the weavers for more than 10 years, said about 12 women helped make three woven blankets from Phillips' yarn, and it only took them about two months to complete. The blankets were then donated to the Therapeutic Touch Program of the B.C. Cancer Society in Victoria, with hopes of comforting people battling with cancer.

"I hope the blankets bring warmth, peace and comfort to people going through their problems," said Slater, adding "The monthly group is a great way to socialize, and all of the members are very bonded.

Best wishes to everyone in this wonderful community.

Jacqui Saran, President, BCTTNS



Atlantic Therapeutic Touch Network



Judy stays warm!

Happy New Year to all of you in Therapeutic Touch Networks of Canada!

Frigid temps don't stop us!! May 2018 be as wrinkle free and peaceful as possible...

Sincere condolences to TTNC Chair Marion Cameron on the death of her sister. Marion has been so kind to be the interim Chair and remains loyal and busy!

ATTN's membership Chair Barbara Williams reports that changing the renewal date to the last of November has resulted in reducing her work load from winding up being all of December and January, as many renewed earlier in October or early November. With no paid staff it amazes me that the essential work does get processed in a most professional manner. Barbara would like to mentor a replacement so that she can "retire" from the Board of Directors by 2019. So, that intention has been set and we expect that to happen (in addition to Treasurer). They are the two most important roles on the board in my view, and we all remain grateful for Barbara's work AND all the board members, Practice Group Leaders (?Chapters) presenters, and so on.

One of ATTN's earliest TT'ers Carol Evans of Kensington, PEI has donated to ATTN for a fund raising raffle: a double sized quilt 78 x 90, she hand made; taking over 200 hours to make and pattern is called Railed Fence in pink and blues. Tickets are \$2.00 each or 3 for \$5.00. The draw will be at our May 27th, 2018 Conference

Cherry Whitaker, ATTN Education Chair, will be sharing more information as time goes on about our May annual Conference being held this year in Stratford, PEI. It's Exciting to know that Rev. David Maginley will present on Friday evening component. Sue Conlin, former President of Therapeutic Touch International, will present on the Saturday and Sunday side kicked with Cherry. These three wonderful teachers of Therapeutic Touch® will inspire, motivate, and nurture...



"Rail Fence quilt

We're happy to say that David's book, "Beyond Surviving", is in second printing and now available at most book stores: Chapters, Indigo, as well as Amazon It is an amazing book with Chapter 12 devoted to his work in Therapeutic Touch.

Judy Donovan Whitty, Chair, ATTN (seen in the picture above left - ready for the great outdoors!)

The Therapeutic Touch Network of Ontario

I hope everyone is keeping warm this frosty winter. We, in Ontario, have been experiencing extreme cold temperatures and I understand it is pretty much all across the country.

The 2018 TTNO Professional Development Day (formerly Practice Day) is now ready for distribution to any Therapeutic Touch teacher who would like to facilitate it. The theme this year is "The Healing Journey Continues: Deepening Our Understanding of Reflective Practice and Therapeutic Touch®". Contact Miranda at the TTNO office to have your 2018 PDD package emailed to you.

Plans are under way for the **2018 TTNO CARE 150**

Therapeutic Touch® Awareness Week, May 7th to 13th.

Julia von Flotow is heading up the CARE150 Committee under the TTNO Communications chair Deb Gould. We hope that with lots of notice this year, promotional events will be arranged across the country. Mary Jane will continue to be the liaison with our provincial "sister TT Networks" and will send any updated information to interested Network chairs.

Julia has also been invited to serve on the Hospice Palliative Care Ontario (HPCO) *Expert Panel for Complementary Therapy Standards Review*. The process is expected to be completed by early May, 2018. So it's an initial step in a lengthier HPCO process. She expects there will be public consultations after the internal review process has completed their work, and hopes that it will galvanize the TT in Hospice Community of Practice. Julia describes PC nurse Nancy Hall, RT, as her "whisperer".

Peace and Light.

Shirley Boon, Chair, TTNO



2017/18 TTNO Board: Front left, Lillian Hutchinson, Practitioner Liaison, Morlan Rees, retiring Membership, Debbie Brear, Secretary, Mary Jane Cowtan, Vice Chair. Back, left Trish Dean, Professional Practice Chair, Mary Simpson, Teacher Liaison, Deb Gould, Communications, Shirley Boon, Chair, Simone Radman, Treasurer. Missing: Penny Craig, Finance, and Ruth Brandt, new Membership Chair.



Therapeutic Touch® International Association



2017 was a busy year for TTIA!

In addition to the Congress in Chicago, we have been able to review and approve credentials for 12 Qualified Therapeutic Touch Practitioners (QTTP) and 9 Qualified Therapeutic Touch Teachers (QTTT).

We sent out a *Survey Monkey* to gather the thoughts and ideas of our membership on how to move TTIA forward.

On the education front, our videographer, Allen Taylor, has been refining videos from the **Teachers Intensive** and we hope to have those available for download from the web site.

In addition, produced and published this year were the **Hand Heart Connection®** video with Cathy Fanslow and the *Evolving Art and Science* video.

We are taking the **Teachers Intensive** on the road! The first class will be in Chester, Connecticut. Another two-day Intensive is scheduled at Indralaya in June.

There are several research projects that Research Trustee, Denise Coppa, is assisting with. These happen to be in Turkey and Italy!

And, of course, we are already planning and making arrangements for our next

**International Conference in Toronto, Ontario,
October 2019.**

You can find out details by emailing the TTIA office:
ttia@therapeutictouch.org.

Peace,

Cindy

Cindy Cole, TTIA President

*In 'the East' at
Pumpkin Hollow Retreat Centre, NY*

www.pumpkinhollow.org

*In 'the West' at
Camp Indralaya, WA*

www.indralaya.com

"An experience forever in your memory"

Therapeutic Touch® Spring/Summer Workshops and Retreats

*Attending a Therapeutic Touch® Retreat allows you to "Live TT" for several days - with the nicest people!
Enhance your practice, receive sessions . . . and have all your meals prepared! Lovely!*

Twenty-First Annual Eastern Ontario Therapeutic Touch® Retreat

May 25 to 27, 2018, Arnprior, Ontario

Guest: Diane May, RT

*"Healing Presence to Healing Moment:
Patterns of Experience"*

Facilitated by Gail Lafortune, RT & Pat Tamosetis, RT
Contact Gail: c-g.tt@sympatico.ca

Tenth Annual, Advanced Intensive Therapeutic Touch® Retreat

June 7 to 10, 2018 Puslinch, Ontario

"Inspirations & Echoes"

"Strengthening Flow & Connection to Consciousness"

Facilitators: Laura Pokoradi & Diane May

Contact: Laura, peaceandlight334@gmail.com

British Columbia Conference/Retreat

May 25 to 27, 2018

"You, Me and Therapeutic Touch®"

www.bctherapeutictouch.com



TTIA and Therapeutic Touch East Coast, Inc.

present

Intensive for Teachers of Therapeutic Touch

May 4 to 6, 2018, in Chester, CT

Presenters: Sue Conlin, BA, QITT, Denise Coppa, PhD, QITT,

Mary Anne Hanley, PhD, RN, QITT

Foundations of Therapeutic Touch (Basic TT) workshop,

ttia@therapeutictouch.org

Mark your calendar !

TTNO Annual Conference and AGM

OCTOBER 26 TO 28, 2018

TEACHERS DAY - OCTOBER 29

Kingbridge Conference Centre in King City, ON

★ Notice to the Member Networks

The ownership of the trademarked words Therapeutic Touch has been transferred from TTNO to TTNC effective May 15, 2017.

Please be sure you have informed your membership of this change and indicated same on your website.

It is written as Therapeutic Touch®

Thank you.

Marion Cameron, President, TTNC

Of interest to all TT'ers!

New! A DVD or 'Stick' of

"The Hand-Heart Connection"™

by its developer Cathleen Fanslow, RN, MN

For details contact

Therapeutic Touch International Association (TTIA)

info@therapeutictouch.org www.http://therapeutictouch.org

~ ~ ~ ~ ~

"Armchair Wisdom from Dee"

1. 25th Anniversary Greetings August/11

2. A Visit with Dee August/17

This past summer TTNO's Arlene Cugelman and Mary Simpson interviewed Dr. Krieger in Montana.

Now you can see and hear her as she is, personable, funny, and wise.

Share the 25 minutes with your students and Groups.

It can be purchased in either DVD or on a memory stick

through the online shopping cart in our website

www.therapeutictouchontario.com , or call 416-649-5885.

Cost for either format is \$20.00 plus shipping

Questionable terminology ? . . .

"Imbalanced Energy Field" in NANDA Nursing Diagnosis List 2018 to 2020

The *internationally accepted* nursing diagnosis list is made by the North American Nursing Diagnosis Association International (NANDA). This association was founded in 1982 for the purpose of standardising nursing terminology. The association develops, researches, disseminates and refines the nomenclature, criteria, and taxonomy of nursing diagnoses.

The latest updated list of 2018-2020, contains 235 nursing diagnoses. Twenty six are newly introduced and sixteen are revised diagnoses.

Definition of a Nursing Diagnosis

A nursing diagnosis is defined by NANDA International as, "a clinical judgment concerning a human response to health conditions/life processes, or vulnerability for that response, by an individual, family, group, or community."

In this edition of NANDA, seventeen new nursing diagnoses were approved and introduced. These new approved nursing diagnoses include:

- Imbalanced energy field
- Risk for complicated immigration transition
- Risk for female genital mutilation
- Risk for acute substance withdrawal syndrome
- Risk for occupational injury

The 'on-line' information at

<https://health-conditions.com/nanda-nursing-diagnosis-list-2018-2020/> finds it listed under

Domain 4. Activity/rest which includes

Class 1. Sleep/rest

Class 2. Activity/exercise

Class 3. Energy balance

- Imbalanced energy field
- Fatigue
- Wandering

This placement of *Imbalanced energy field* along with fatigue and wandering seems to raise some questions as to NANDA's actual definition. It may be quite different to that of Therapeutic Touch®.

We have requested clarification from TTIA and will report on it's reply in the next newsletter. Ed.

The Five Steps of Advance Care Planning

Advance Care Planning in Canada was created in 2008 to raise awareness of its importance and to equip Canadians with the tools they need to effectively engage in the process.

**Who would speak for you
if you couldn't speak for yourself?**

Go to:

www.myspeakupplan.ca/what-is-advance-care-planning/



**A one of a kind event in North America,
with speakers of interest to TT'ers!**

A great time to visit British Columbia!

www.viconference.co

A Practice-Based Theory of Healing Through Therapeutic Touch Advancing Holistic Nursing Practice

Mary Anne Hanley, PhD, RN, QTTT, *Sul Ross State University/Rio Grande College*

Denise Coppa, PhD, APRN-CNP, FNP-C, QTTT, *University of Rhode Island College of Nursing*

Deborah Shields, PhD, RN, CCRN, AHN-BC, QTTT, *Capital University*

Journal of Holistic Nursing, American Holistic Nurses Association Volume XX Number X XXXX 201X 1–13 ©

The Author(s) 2017 10.1177/0898010117721827 journals.sagepub.com/home/jhn

For nearly 50 years, Therapeutic Touch (TT) has contributed to advancing holistic nursing practice and has been recognized as a uniquely human approach to healing. This narrative explores the development of a practice-based theory of healing through TT, which occurred between 2010 and 2016. Through the in-depth self-inquiry of participatory reflective dialogue in concert with constant narrative analysis, TT practitioners revealed the meaning of healing within the context of their TT practice. As the community of TT experts participated in an iterative process of small group and community dialogues with analysis and synthesis of emerging themes, the assumptions and concepts central to a theory of healing emerged, were clarified and verified. Exemplars of practice illustrate the concepts. A model of the theory of healing illuminates the movement and relationship among concepts and evolved over time. Feedback from nursing and inter-professional practitioners indicate that the theory of healing, while situated within the context of TT, may be useful in advancing holistic nursing practice, informing healing and caring approaches, stimulating research and education, and contributing to future transformations in health care.

Keywords: *theory; Therapeutic Touch; healing modalities; healing; common themes; reflection; dialogue*

Healing as a human potential was one of the primary assumptions underlying the early development of Therapeutic Touch (TT) by Dolores Krieger and Dora Kunz (Krieger, 1979). Initially, described as a contemporary interpretation of ancient healing practices (Krieger, 1979; Macrae, 1987), through research and experience, TT has evolved as a holistic evidence-based therapy that is practiced worldwide (Coppa, 2008; Hanley, 2008; Therapeutic Touch International Association, 2012).

During the subsequent 45 years, TT has been practiced in a variety of health care settings and taught in

Authors' Note: The authors acknowledge Dr. Dolores Krieger for her encouragement and commitment to fostering innovative approaches to healing praxis and the expert Therapeutic Touch practitioners who participated in the Montana Dialogues from 2010 to 2016, without whose insights and explorations this project would not have succeeded. Our grateful appreciation to Dr. Mary Fenton, Dr. Ann Peden, and Dr. Donna Schwartz-Barcott for their thoughtful reviews of the manuscript. Please address correspondence to Mary Anne Hanley, PhD, RN, QTTT, Faculty RN-BSN Program, Sul Ross State University/Rio Grande College, 995 Alcala Dr., Saint Augustine FL, 32086, USA; e-mail: mahanley@att.net.

undergraduate and graduate programs around the world. Doctoral and postdoctoral research studies using quantitative and qualitative approaches contributed to the evolving knowledge base of TT.

This body of knowledge provides support for ongoing inquiry into development of TT as a transpersonal holistic therapy. Healing has emerged as an important central concept experienced by both providers and recipients of TT. While there is a large body of literature related to healing as a process, there is not a clear and succinct theory of healing derived from experiential knowledge of health care providers or practitioners.

The purpose of this article is to build on existing work and describe the developmental process for establishing a practice-based theory of healing based on the narratives of advanced TT practitioners. An interpretive narrative approach was used to highlight theoretical potentials of TT as an exemplar for a practice-based theory of healing.

Literature Review

The literature, well known to TT practitioners and scholars, is included in this review. This existing body of work, related to TT, healing, and human energy fields, provided the knowledge base that was instrumental in supporting theory development.

Therapeutic Touch

Kunz and Krieger developed TT, in what Krieger (2010) described as “a time of transitional consciousness.” In 1972, they used specifically designed experiences and research evidence to establish TT as a healing modality. Their premise was that TT used the human energy field as a means to help and heal others (Baldwin & Hammerschlag, 2014; Krieger, 2002; Levin, 2011). Acknowledged as a compassionate transpersonal healing practice (Krieger, 2002), the goal of TT is to help facilitate the recipient’s innate healing potential. Three underlying principles of TT are compassion, the willingness of the practitioner to help or heal another, and non-attachment to outcome (Krieger, 1979; Kunz & Krieger, 2004).

TT reflects the nursing process within the context of the unitary energy field process reflective of Rogers’s (1970) science of unitary human beings. TT was specifically designed as a human–environment energy process. The elements of the TT process begin with centering or quieting the mind to focus on the needs of the healing partner. Once centered, the practitioner assesses *Continued on page 10*

AJHN article, cont. from page 9

the person for discomfort, stress, or signs of distress, which may be expressed as energetic imbalances, such as anxiety. Based on the assessment, a plan is devised to provide compassionate support, comfort, and promote a sense of balance. Last, the treatment session is evaluated to measure the results of the session. Depending on the situation, the practitioner may or may not make physical contact with the person receiving TT.

As a transpersonal approach to helping another participate in personal change, TT provides a purposeful and intentional means of acting, creating, promoting, and ordering patterns of wholeness through the compassionate use of self. One of the unique aspects of TT as a healing process is the integrality of the complex concepts that emerge and merge between the practitioner and recipient throughout the process.

Researchers and practitioners have explored the process of TT, the effect of the therapy on recipients, and the experiences of both recipients and practitioners (Therapeutic Touch International Association, 2012). Evidence supporting the usefulness of TT is reflected in the research base, initiated by Krieger (1973) with the first study of TT and changes in hemoglobin levels, conducted in 1972, in which she demonstrated significantly improved heme levels in persons who received TT in comparison with persons who did not receive TT, and it continues to develop through clinical research conducted by bench scientists (Gronowicz, 2007; Gronowicz, Secor, Flynn, Jellison, & Kuhn, 2015) and through clinical studies exploring the application of TT to persons experiencing a variety of health challenges. Researchers have examined the use and effectiveness of TT in caring for persons experiencing pain (Anderson & Taylor, 2012; Coakley & Duffy, 2010; Dorri & Bahrami, 2014; Monroe, 2009; McCormack, 2009), living with dementia (Woods, Craven, & Whitney, 2005; Woods et al., 2008); experiencing anxiety (Jackson et al., 2010), and living with heart failure (Shields, 2008) and prior to medical interventions (Madrid, Barrett, & Winstead-Fry, 2010). Additionally, researchers explored the use of TT across the life span as well as the experiences of practitioners who use TT (Coppa, 2008; Hanley, 2008). As a model of healing, TT sits within a much broader context of human being, becoming, and flourishing (Hanley, 2015a).

The Concept of Healing

Healing is a ubiquitous cross-cultural phenomenon. The role of healing in health and well-being has been described in the literature and holds a central role in the process of TT. Healing has been described and defined by numerous authors within the context of contemporary nursing (Cowling, 2000; Fenton, 1997; Kritek, 1997; Quinn, 2000, 2013), in qualitative studies (Smith, Zahourek, Hines, Engebretson, & Wardell, 2013), and as achieving greater order, coherence, balance, cohesion, or the right relationship (Bohm, 1996; Quinn, 2013). According to Kunz (1995), wholeness, order, and compassion are characteristics of healing.

Researchers highlighted the participatory (Cowling, 2000), reciprocal (Zahourek, 2004), and relational (Smith & Reed, 2008) nature of healing within the context of a unitary worldview, which reflected shifts in awareness and change. The transformational nature of healing was a consistent theme described by Rosa (2011) in that healing relationships can provide energy for future change and new approaches to relationships with self and others. In practice, healing, as a central focus or purpose, emerges through a compassionate relationship with self or another, and occurs as a change in perception or emancipation from a particular moment, pattern, or experience (Hanley, 2015a).

Unitary Science

Within science, different worldviews provide structure for understanding life processes and relationships among people and their environments. Rogers (1970, 1994) proposed a unitary science, since described within a simultaneity and transformative paradigm (Fawcett, 2013), that outlined and described the nature of human beings as energy fields in continuous relationship with the environment. Rogers' (1994) principles of homeodynamics describe the nature, direction, and characteristics of change. The increasing capacity to be aware of one's self in relation to others and to appreciate the unity of all things (Kunz & Krieger, 2004) underscores the relational nature of healing and the potential mutual transformation of self and others central to both the process and outcome of healing. Within a unitary transformative framework, theory is context based and used to describe or explain a phenomenon of concern (Malinski, 2006). Consistent with her theory, Rogers envisioned its application in areas that went beyond traditional nursing practice, including ". . . practice incorporating noninvasive therapeutic Theory of Healing / Hanley 3 modalities, such as Therapeutic Touch . . ." (Malinski, 2017, p. 488).

Why a Theory

Theory is a dynamic organizing framework that supports knowledge development and application to practice (Kim, 2010; Reed & Shearer, 2011) based on the philosophies of holism, health orientation, person centeredness, and caring (Kim, 2015). The scope or the reach of a theory is brought forward by the nature of the phenomenon it proposes to describe, explain, or predict (Fawcett, 2017).

Theories designed to encompass a broad area of science (i.e., Rogers's science of unitary human beings) are considered grand theories. The terms within a theory offer an organizational and logical structure for understanding phenomena through deductive and inductive study (Malinski, 2006). Middle-range theories are less abstract and deal with a specific phenomenon of practice or research and establish relational statements between concepts that can be described or tested (Butts, 2017; Kim, 2010; Reed & Shearer, 2011).

If you have found the above interesting, please contact your regional newsletter rep. (see page 2) or the editor, to receive a pdf of the full article.

It is time for energy practitioners to come together to discern what we have in common!

Come Together

by Melinda Connor, PhD

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Subtle Energies Magazine, Volume 28, Issue 3

It is time for the energy practitioner community to come together to create standards for our field, including ethical behavior, standards of practice and cohesion as a community.

Acupuncture, Music Therapy, Aroma Therapy, Massage Therapy, Chiropractic and Health Coaching have all developed either national certification or national board certification for their disciplines and many have developed state licensing. It is time for energy practitioners to come together to discern what we have in common and our capability to address various types of issues between different types of practitioner work.

Slowly – largely because of funding issues – the scientific community is developing a body of research on our profession. There are 3000 Qigong studies worldwide and over 400 peer reviewed studies on laying on of hands healing that have been done in the US, Canada, UK and Germany. However, because we have no actual standards of competence within our community, most scientists cannot properly assess the level of competence of a practitioner. It translates to science which is being done unevenly at best and poorly at worst. We need good quality science to advance our understanding of our profession and fulfill our obligations to our clients.

In order to create some form of measurement that applies to energy work without relating specifically to one modality or another, an empirical test that measures the practitioner's ability to move and work with energy has been developed. As much as possible, this test uses measurement tools that are standards of measurement in other industries. For example, a multimeter is used by every electrician in this country. Thus, we are able to show that subtle energy work is both real and measurable when performed by a skilled practitioner. Better yet, the test is designed to measure underlying skills rather than differentiate between various modalities.

Over 400 energy practitioners trained in varying modalities have been tested and there are definite trends being found. Notably, well trained practitioners who have been working for a number of years generally do quite well on all the tests. People who are not practicing energy practitioners, or who have only engaged in weekend introductory courses, are not as successful. While this is an expected outcome, it is useful to have scientific data that suggest that training and practice impact our ability to work successfully as subtle energy practitioners. Another useful trend is that skilled energy practitioners who take the test, find the measurable data reinforcing and useful. Taking the test increases their confidence, gives them empirical confirmation of their skills

and allows them a variety of ways to think about the tools they are using. In order to understand the test, it is helpful to know the various devices being used for measurement and what we are looking for. By understanding and measuring the skills used by Subtle Energy Practitioners, we open the door for better scientific study and expanded knowledge.

Below is a list of each of the testing devices used, what the device measures, and why it is relevant to assessing the skills of an energy practitioner.

Devices Used in an Empirical Test of Subtle Energy Skills:

1. A Triaxial Meter is used to demonstrate whether the practitioner has the ability to produce an oscillation of amplitude of the extra low frequency magnetic field. A triaxial meter measures magnetic fields in multiple directions and are often used by electricians, geologists and physicists.

Magnetism is one form of subtle energy and this meter tests the practitioner's ability to wiggle a magnetic wave.

What is a person who is sick? They are stuck. This test is relevant because by wiggling a magnetic wave, the practitioner will have the potential to move what is stuck and show they can make it wiggle.

2. A Data Logging Multimeter is used to demonstrate whether the practitioner has the ability to produce both AC and DC currents. In this case we are measuring the practitioner's ability to produce an electric, rather than a magnetic, field. An alternating current will have a different effect than a direct current, since an alternating current goes back and forth, while a direct current goes in only one direction. Again, this is a chance to show that a practitioner can deliberately make the electro-dermal skin current from their body wiggle.

3. A High Frequency Meter is generally used to measure electrical "smog" or high frequency radiation from things like cell phone towers. In this case, we are measuring whether the practitioner has the ability to produce an oscillatory effect in the strength in the signal from about a -75dB to a -45dB. Again, we are looking at the practitioner's ability to move a specific set of frequencies.

4. A Radio Frequency Field Meter is another way to measure radio frequency radiation. In this case the meter is a second measurement of the practitioner's ability to produce an oscillation in the radio frequency range. Practitioners are asked to deliberately change the radio frequencies given off by their hands. Part of this test is to build in redundancy to show that the skills we are measuring are real and have measurable consistency between devices.

Continued on page 12

Come Together, Cont'd from page 11

5. A Gas Discharge Visualization Device (GDV) is used to demonstrate the practitioner's ability to create change in both their personal field and in a client's field. The GDV uses a small amount of electricity to cause a gas emission corona to be produced by the practitioner's hands. This corona is then analyzed to confirm changes in the body. The practitioner is asked to place their fingers in the machine to create a GDV image of their field, *then perform a healing on themselves*, after which new images are taken. This same process is done with a client. In both cases, the test is looking for a change in the GDV image that correlates with the focus of healing. While an experimental device in the US, this is a diagnostic device in over 28 countries.

6. A Calibrated digital pH meter. In the next test a practitioner is asked to alter the pH of water as measured with a calibrated digital pH meter. Blood is made in part of water. If a practitioner can change the pH of water, they can change the pH of blood. What is the big killer in humans? Inflammation! If you can change the pH you can reduce inflammation.

7. They are also asked to change the total alkalinity of water. We are made of over 50% water. The ability to alter the pH of water and the parts per million of dissolved solids, which is the total alkalinity means that a practitioner can impact the human system.

8. Public Speaking. The practitioner will demonstrate the ability to answer client questions. Energy practitioners need to be able to communicate effectively with clients about what they are doing and do so in an ethical manner.

9. Body Reading. The practitioner will provide intuitive information to the client. Subtle Energy Practitioners are working on an intuitive level. They need to be clear about information and be able to communicate it effectively.

10. Broadcast Frequency Counter - looks at whether a part of the body is giving off frequencies in a particular range and counts the number of frequencies. We check when a practitioner grounds and charges to confirm that the nerve plexus are sending out signal in the 3 MHz and the 3GHz ranges.

11. Physiology Suite. When a practitioner works with a client, it is common for the client to attune themselves to the practitioner. Therefore, it is important for the practitioner to be able to control their body response processes so they can be in a state that is supportive of the client. In order to measure body response processes, we test the clinician's ability to control heartrate variability, temperature - heat and cool the hands, blood volume pulse, galvanic skin response, muscle activity and relaxation, and respiration.

As we come together to create a unified field of practitioners, we generate understanding and power. Many of these tests are redundant or similar. We are looking

for consistency and for a measurable ability to make the "energy" wiggle.

If we can test for those who effectively do this, we will be able to make better selections for research studies and may eventually be able to provide real data on individual abilities that could be useful information for both scientists and potential clients.

This test is a beginning.

By creating standardized forms for measurement, we open a possibility for consistency in measurement and an opening for discussion. A test of this sort helps to move the area of Subtle Energy Practice from the realm of the questionable and psychic into the realm of the measurable and scientific.

Subtle Energy Practices offer a profound and real opportunity for healing. As we come together to create a unified field of practitioners, we generate understanding and power. This is one step in generating data on effectiveness, and in establishing our profession as a profession.

Dr. Connor has trained as a clinical psychologist, neuropsychologist, drama therapist, massage therapist and in over twenty different styles of energy healing and she is ordained as a Buddhist Priest. As a National Institutes of Health T-32 post doctoral fellow, Dr. Connor received her training as a research scientist at the University of Arizona under Dr. Andrew Weil and Dr. Iris Bell and was director of the Optimal Healing Research Program at the Laboratory for Advances in Consciousness and Health under Dr. Gary E. Schwartz.

With appointments at multiple universities, Dr. Connor is currently the CEO of the National Foundation for Energy Healing. Dr. Connor has a research laboratory and a private healing practice in Arizona and is the author of ten books. www.earthsongs.com



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Simple Compassion

by John McCurdy

The other day a friend asked, "What is compassion for you, and how is your experience of it different with others and with yourself?"

My mind instantly reached for all the definitions of compassion I've heard and used before, but they weren't there. Something about the last part of the question had jammed the gears of my mind. I tried to think of the many beautiful ways I've heard compassion described, and I couldn't remember them. I could feel it, but I couldn't find any words, so I took a deep breath and listened as others in the group offered their perspectives.

As I continued to feel into the question, I didn't like what I felt. It's always been easy for me, in most situations, to have compassion for others. A couple weeks before, a teacher I respect had asked in a group, "What is your goodness?"

"I see the goodness in people" was my reply, and that has always come easy to me. But what about myself? Seeing my own goodness is a lot harder, and sometimes I get so damned frustrated at my own inability to live up to what I know.

And with that thought, I suddenly knew my answer to my friend's question. "For me," I said, "compassion is presence, without any agenda." I talked a little about how much easier it is with others than with self, but suddenly that sounded hollow, like a limitation that no longer applies. It was one of those moments where Soul spoke, and everything changed. And suddenly I knew how to be in compassion with myself.

It's so simple! Compassion is presence, without any agenda.

My mind keeps wanting to say, "Compassion is being present without any agenda," but that's not it at all. Being present, for me at least, is the mind's substitute for presence. It is the mind attempting to focus in on this little dot of time and space and experience, and that is very different from simply being in presence.

Presence is another word for awareness. Presence is what happens when you stop and take a deep breath. Presence is what happens when you let go of your mind's focus and agendas, and simply be with the experience you are having. Presence automatically includes both the soul and the human. Presence, by its very nature, has no focus or agenda. It simply is. Presence is the I Am.

You could say that compassion and presence are one and the same, and that would be very true. But then we have a high spiritual concept that the human has no idea what to do with in everyday life, so it just goes back to trying to get through life in the only way it knows how: through power and manipulation and a great deal of frustration and self-doubt.

Many of us have reached a point where the mind knows it is losing its primary place in our lives to Soul, and it wants more

than anything to cooperate and to be a constructive part of the process. But the mind is oriented toward action and focus, so it helps a lot if it has something simple and clear to do. When I say, "Compassion is presence, without any agenda," my human jumps up and down for joy! My human gets that. It doesn't like the no agenda part, but it's so tired of all its agendas and the frustration they bring that it breathes a sigh of relief anyway. As scary as it is, taking a deep breath and letting go of agendas is something the human can do.

Compassion is presence, without any agenda.

I've experienced it so often with other people. When I'm coaching someone, I'll often start to feel despair as I listen to their story, for my human has no idea where to go with it or how to help them. But I learned a long time ago to take a deep breath, drop my agenda of helping them, and just keep listening. And then, invariably, my soul shows up, and Soul knows exactly how to cut through all the stories and bring the heart of the issue front and center for the client to see. Often I hang up the phone after a session in absolute awe at what just happened, and I know it is because of my choice to drop my agendas for the client and simply be in presence with them.

But what about me? I've always found it a lot harder to have compassion for *myself*, partly because I've never quite known what it meant. It's relatively easy to be in presence with someone else and let Soul speak to them about their life. But when it's my mind screaming about all the things I'm getting wrong in my own life, it's a lot harder to find that place for me. I've come a long way in being able to see myself from Soul's perspective, where all is well and I am truly okay no matter what I might be struggling with. But for it to be real the human needs to be able to participate, and for that it needs some way to understand what it means.

Compassion is presence, without any agenda.

When I read those words my human breathes a sigh of relief, for that's something I can do. It's not easy to drop my agendas to be a better person, to get rid of the lack, to fix my body and to release all the painful symptoms of the transformation I'm going through. It's not easy to let go of my agenda when I make a mistake or want something I can't afford, or when I want to hurry up and bring more money or love into my life, and on and on. But letting go of an agenda is just a choice, and I can do that.

I can take a deep breath, and in that moment of presence I can drop my agenda for whatever it is that's bothering me. I can make that conscious choice to be in my life, just the way it is, instead of trying to fix it or change it or push through all my agendas for it. I can make the conscious choice to see the goodness in me, no matter what, and to find something to enjoy in my life right now, just the way it is. *Cont'd on P.19*

Therapeutic Touch in Hospice – Practitioners Share Their Experiences –

The following (reprinted with permission from *inTouch*, Winter, 2027) is a companion piece to the article that appeared in the Fall 2017 *inTouch*, “Therapeutic Touch in Hospice - Mini Research Project”. Below, four Hospice Therapeutic Touch® volunteers share their insights and experiences doing Therapeutic Touch in hospice.

Jodi Cole, RT, and hospice volunteer of many years, provides gentle massage and Therapeutic Touch (TT) to patients at Mackenzie Richmond Hill Hospital, but can also include family and patient visitors when at Hill House Hospice, even staff if they aren't busy. At times she has offered emotional support to a patient or family member.

Jodi visits once a week, including holidays and summer, for two hours at the hospital and 1.5 hours per week at the hospice. At the hospital, she generally has four patients assigned to her. She offers more gentle massage at the hospital than Therapeutic Touch, mostly because of language barriers.

Getting consent can be an issue if there is a language barrier and there is no family present. She reports to the coordinator who is also the one who assigns her to patients. Jodi fills out a reporting sheet after her patient visits which is reviewed by her coordinator.

Jodi writes: “The combination of gentle massage and Therapeutic Touch goes well together. I incorporate grounding during the massage which really seems to work well and tells me information about the field. The massage also often allows me time to get to know the patient and gives them time to talk with someone other than the nurse or family member. I use it as a time to ‘hear their story’. By the time I get to the TT, they are usually ready to rest back quietly and go with the ‘flow’. Furthermore, the opportunity to ‘talk’ with the patient, to hear a bit of their story, although not essential, is important to me... It helps me connect more deeply with the patient/family and I think it helps forge a trust/rapport between us.

“Therapeutic Touch can look pretty strange to those not familiar with energy work. I have learned that when working with palliative care patients, less is better and to concentrate on unruffling/clearing and grounding. I have found this also true when working with family/visitors. It very helpful to encourage the patient/family/visitor to allow their mind to drift to someplace/someone, etc. that they enjoy and to hold that image, if they can, while I work.

“Mostly, I have learned to keep things simple: the explanations and the sessions as well as my answers to any questions the patients or their families may put to me.”

Adeodata Czink, RP, who has volunteered at Hospice Toronto for more than four years writes that being a hospice Therapeutic Touch volunteer heightened her intuitive insight and perception. She volunteers once a week, usually the

same day and same time. Sometimes she sees one patient in their home, sometimes she visits up to five different patients in their homes. Adeodata reports to Hospice Toronto's volunteer coordinator who got her the ‘job’, e-mailing a few lines as to how it went after each visit. Once a month there is a written form that needs to be completed.

When asked what advice or suggestions she might offer a newbie Practitioner interested in volunteering in hospice, Adeodata writes, “Follow the rules and limitations; you are not Florence Nightingale, you are one Therapeutic Touch person doing your Therapeutic Touch job. Hospice Toronto, in particular, has your back.”

Adeodata hopes that, one day, every person at end of life will know about Therapeutic Touch and be able to receive TT.

Pranita Murphy, TTNO Workbook Practitioner, has been an active volunteer at Dorothy Ley Hospice in west Toronto for over five years providing Therapeutic Touch and foot massage at the day spa and the Wednesday Wellness Program. She usually sees another 4-5 individuals per week. On occasion, when asked, she will visit a patient in need of Therapeutic Touch or foot massage in the residence.

Pranita writes, “I was able to expand and grow my skills and confidence with respect to Therapeutic Touch through these opportunities. The greatest benefit, however, is being able to support individuals – whether they be those living with a life-limiting illness, a family member providing support to someone who is palliative, or an individual who is recently bereaved. Seeing how these complementary therapies can support someone, allowing them opportunity to share and open up and feel less isolated, has been my biggest reason for doing this.”

Her advice to a new Therapeutic Touch practitioner would be to continue to practice and apply their skills within the hospice sector as it is truly appreciated and needed.

“The more you use it, the more comfortable you become with Therapeutic Touch. Continue to practice and *focus on your intent to support*. To be able to feel that you have in some way had a positive impact on someone's life is significant and it is truly an honour to journey with someone at end of life.”

Dale Cimolai, RP, has volunteered at Bethell Hospice for four years now as a complementary therapist/resident support volunteer. She usually does a four-hour shift. Each week is different.

Dale writes, “If a resident knows about my work they expect to see me and happily await a gentle treatment. For these residents, I check in with them saying I'm in the house offering sessions at their convenience. I offer residents sessions first, then family and loved ones.

Continued on Page 15

Hospice, continued from page 14

“When it's a family member I bring them to a quiet room in the hospice where they lie on a massage table and can benefit from a deep sleep – which most of them desperately need.

“I don't often get to offer sessions to staff, mostly because they are busy. Some weeks I visit all 10 hospice rooms and offer Therapeutic Touch to at least half of the residents and two or three family members. On weeks like these I simply extend my day to accommodate them. Other weeks I may see only two residents in a shift.

“When I arrive at Bethell I usually informally check in with the nurses/PSW's in the Team Room. Now that they know me they are often relieved to see me and ask me to check in with a specific resident first. Some of the staff are now trained in TT which makes them even more receptive to me because they understand the deeper benefits of the practice.

“We have a binder in the Team Room where practitioners log who they've seen, when and how the resident responded to their session. I always check that binder first. We now also have a sheet from the social worker who indicates if someone has asked for a session. If I don't have requests or the house is quiet then I go to the room where a resident may have a PPS [palliative performance scale] of 10%.

“These are the times I love the most...even more so if the resident is alone. I love to do a session and sing to these residents. Usually the resident is unresponsive, yet the sacredness of my time with them is truly heightened. Staff are also relieved when they see I am with the resident so they know they are not dying alone.

“I can't say enough about the gifts I receive verbally and non-verbally from this practice. *It is sacred, sacred work.* I have learned so much from residents, family, and friends about

dying, about coping, about being open to each individual mourning process, which can sometimes be really messy. I listen deeper...feel deeper...intuit deeper...and am filled, beyond measure, with gratitude for the honour to accompany residents in this most incredible journey. I have been so incredibly changed. And my practice has become so responsive to the varying needs for gentleness, tenderness in varying touch.

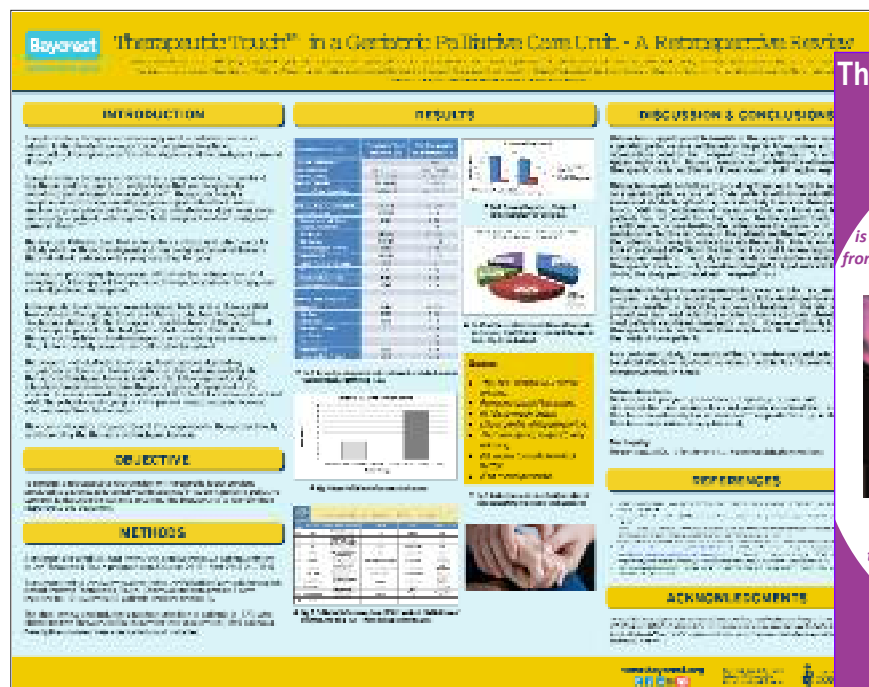
“Regarding advice for new Therapeutic Touch hospice volunteers....*hmmmm...* take it slow and don't take a refusal personally. Often the first response is a 'no' to a session, mostly because people don't quite understand TT or see it as a 'healing' practice. When I receive a no response I usually spend time with the resident and family. Talk with them. Get to know them, allowing them to know me a little better. My experience is that the family often asks me later – given time – for me to explain what it is that I do and how it might affect their loved one. I've learned that a first refusal is not always a permanent decision.

“My hope, as Therapeutic Touch hospice volunteer, is to gift residents, families, loved ones with relief. A sense of peace that their loved one is being taken care of in a way they never imagined possible.

“I encourage TT practitioners to enter into this sacred work. It has helped me to come to a deeper understanding, acceptance of and embracing of my own death and dying process. I love this work.

“I feel deep, deep, gratitude and honour to be embraced, loved, and respected at Bethell Hospice by staff, volunteers, residents, and families. I never knew, imagined or even remotely thought I would ever enter into this area of service. It is a vocation I am truly humbled to be a part of it.

Compiled by Julia vonFlotow, RT, TTNO



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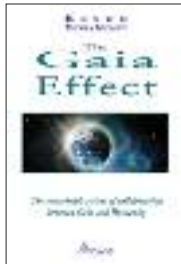
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Bookworm's Food for Thought



“The Gaia Effect” by Monika Muranyi Published by Ariane Editions, August 2014

Reviewed by Lynn Carscallen

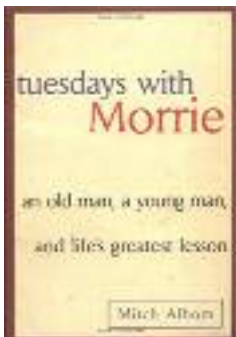
In this book is about the relationship between Gaia (Mother Earth) and humanity, Monika Muranyi has compiled many messages from Kryon, a loving, angelic group energy that gives messages of peace and empowerment. Lee Carroll is the channeller for Kryon who has been giving messages for over 24 years. The author also gives her own comments and research she has done regarding these messages. In addition, she has posed dozens of questions to Kryon that provide us with greater understandings and new realizations about our esoteric truths.

Mind expanding ideas such as Gaia consciousness, crystalline grid, cave of creation, whales, dolphins, human DNA, reincarnation, portals, ley lines and sacred sites are discussed in this book. One needs an open mind and a willingness to go with what resonates with oneself. The indigenous people of our lands have stated over and over that Mother Earth should be respected and honoured. What we do on it has such a significance for our own well being, as well as the planet.

Monika Muranyi’s deep affinity and connection with Gaia, led her to an Australian university where she obtained a Bachelor of Applied Science degree with Honors. Monika has worked in various national parks within Australia and New Zealand for over fifteen years. Her ideal heaven was to be communing with nature in remote landscapes of breath taking beauty. Following a spiritual awakening she began to explore the deeper mysteries of Gaia and the universe.

There is so much new information in this book that it probably needs to be read more than once!

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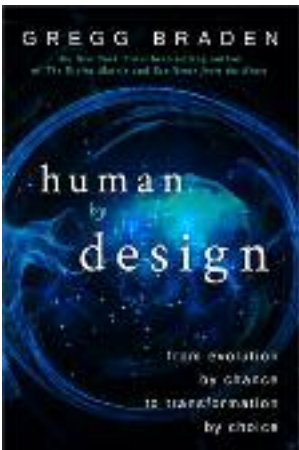
On New Year’s Eve day I was watching Oprah’s “Supersoul Sundays” for the first time... once again *synchronicity in action*. She was interviewing author Mitch Albom, whose book, “Tuesdays With Morrie” written 20 years ago, was a best seller. It’s about the author’s weekly visits with his school professor who was dying of ALS. I went to my bookshelf where it has been since I first read it, and as I glanced through it, decided it was worth another read, particularly in light of changes in ‘how people chose to die’.

A quote:

“I heard a nice little story the other day,” Morrie says. He closes his eyes for a moment and I wait. “The story is about a little wave, bobbing along in the ocean, having a grand old time. He’s enjoying the wind and the fresh air—until he notices the other waves in front of him, crashing against the shore.

*“My God, this is terrible, the wave says. ‘Look what’s going to happen to me!’
“Then along came another wave. It sees the first wave, looking grim, and says to him, ‘Why do you look so sad?’
“The first wave says, ‘You don’t understand! We’re all going to crash! All of us are going to be nothing! Isn’t it terrible?’
“The second wave says, ‘No, you don’t understand. You’re not a wave, you’re part of the ocean.’”
I smile. Morrie closes his eyes again.
“Part of the ocean,” he says, “part of the ocean.” I watch him breathe, in and out, in and out. From Mary Simpson*

~ ~ ~ ~ ~



“Human by Design” from evolution by chance to transformation by choice
By Gregg Braden

Reviewed by Mary Simpson

From the author, Gregg Braden...

“Here’s why I wrote *Human by Design*:

The biggest crisis we are currently facing is a crisis of thinking.

“The stories that we tell about ourselves-and believe- define the way we answer the question of how we came to be, and how we live our future, i.e. disease, healing, relationship, romance, future of our planet and survival of our species.

“New DNA evidence suggests that we’re the result an intentional act of creation that has imbued us with extraordinary abilities of intuition, compassion, empathy, love and self-healing. Free yourself from the paradigm of lonely insignificance and move into one of possessing an *extraordinary and rare heritage*. And that’s where this book begins....”

IDEAS FOR ADVERTISING & PROMOTION

With consistently limited budgets for “getting the word out” . . .
about Therapeutic Touch, regional Networks and their branches can become very creative
and are happy to share their ideas.



TTNO has had two ideas that have worked well locally. The pin “Ask Me About Therapeutic Touch” has been an “interesting experience”. It works well when worn at health shows - when we walk about wearing the pin and engaging in conversation with other exhibitors and participants – and of course, carrying information to hand out!

Some TTers have confessed that they are nervous about wearing it, because someone might ask them! If this is a problem for you, we suggest that you use the exercises in *The Therapeutic Touch Teaching Handbook: Outside the Box and Inside the Circle* by Diane May. Chapter 9 has comprehensive exercises on answering difficult questions. It’s an excellent topic/activity for your group. It gives you the right responses for even the most difficult, skeptical questions - *and it’s fun!*

Last year the Burlington branch was able to have displays in local libraries. Branch leader Lynda Hill, made bookmarks for people to take - and made them attractive – and noticeable – by attaching a ribbon. And, like fridge magnets, they don’t throw them away. They might even use them in their library books!

Are you using the **Baycrest Hospital posters** when you do presentations in hospitals, health care agencies or long term care facilities?

Are you leaving the **TTNC brochures on Hospice/Palliative Care** at your local hospice or Palliative care unit at your hospital? There’s room on them for your local information. You can download them from the TTNC web site.



**Doing business without advertising is like dancing in the dark
You know what you’re doing, but no one else does.**

***Please share your successful ideas with the rest of Canada!
and let us know if the ideas here work for you!***

TTNO’s inaugural **May 2017** event, **CARE150 Therapeutic Touch® Awareness Week**, was an astounding success, promoting awareness of Therapeutic Touch® in so many communities throughout Ontario. It engaged members to celebrate and come together ‘in TT unity’, to collaborate with existing community partners and create new relationships.

The Second Annual **CARE150** Therapeutic Touch® Awareness Week

Is your Region/Group/Branch preparing for this year’s May activities?

With the help of our members we can build on the infectious momentum from last year!

Don’t forget to use the brochures available through the TTNC website.

For further information please contact your regional TTNC representative - see page 22.

Pioneers of Energy Healing

Dr Wilhelm Reich

By René Dosen

This is the third article about pioneers of Energy Healing. This time, our attention is being turned to a true master of many different fields of science – a quintessential renaissance man.

Dr. Wilhelm Reich was born in 1897 in Galicia, (which at the time belonged to the Austrian Empire (nowadays Ukraine) to a family of German-speaking Jews.



Dr. Reich was a deputy director of Freud's outpatient clinic, the Vienna Ambulatorium, after graduating in medicine from the University of Vienna (1922). He studied with Sigmund Freud where he initially used a newly developed therapeutic technique called Psychoanalysis. Dr. Reich quickly understood that Freud's discovery

was not suitable for the common people because typical treatment with psychoanalysis initially required patients to see their therapist five times a week at a significant cost.

Dr. Reich's later discovery was called body armouring or muscular response to repressed feelings i.e. body was trying to create a shield against something that subconscious mind found to be inappropriate. He developed a therapy that was aimed at removing the muscular shield and he called it Bioenergetics. Adding to Freud's observation about sexuality being repressed in people of that era, Dr. Reich postulated that during orgasm, there was an energy that was being released and he called that energy *orgone energy*. Here we can see rediscovery of something that ancient Chinese knew as "chi" and what Mesmer called "animal magnetism". However, we have to give Dr. Reich credit for not only rediscovering it, but also studying it scientifically.

While still in Europe, Dr. Reich conducted his bion experiments. The bions were considered a rudimentary form of life (what atom is to matter, that would be bion to orgone energy). In 1940, Dr. Reich discovered orgone energy in the atmosphere. This led to the discovery of "orgone energy accumulator" – a device that is used to collect and store orgone energy from the atmosphere. The accumulator is made in such a way that a person can sit or stand inside of it during a charging session. People who tried treatments in the orgone energy accumulator reported improvements of their health, but the medical community did not respond favourably to such claims. It started with standard warning that there is no energy in human body and as they "proved" that with Mesmer – any claims of possible health effects are purely the result of suggestions or placebo effect. Unfortunately that same discovery of orgone energy accumulator will become Reich's undoing - ending with his imprisonment and death at the federal penitentiary.

For his North American residence (USA), Dr Reich was searching for a location that had an abundance of natural orgone energy and he chose Rangleley, Maine. He built a place where he lived and worked (called Orgonon) and today this is a museum that is highly recommended to be visited by anyone interested in not only energy work, but a history of research in this field. There you can see many of the devices invented by Dr. Reich and see his personal objects, as well as where he lived and worked.

<http://www.wilhelmreichtrust.org/museum.html>.

In year 1947, the article full of distortions and innuendos was published in *New Republic* magazine that put Dr. Reich on Food and Drug Administration's (FDA) radar. This was the beginning of ten-year harassment campaign designed to destroy Dr. Reich's work by implying that orgone energy accumulators were being fraudulently promoted as medical devices. FDA agents spent years interviewing Dr. Reich's students, associates, patients and physicians looking for proof that the device was not working or was harmful, but they never found a single person complaining against it. In February of 1954 the complaint for injunction was filed declaring that "orgone energy does not exist" and asked the court to prohibit the sales of orgone energy accumulators in interstate commerce and to ban Dr. Reich's publications.

Believing in freedom of speech and that scientific truths are not supposed to be judged by a court of law, Dr. Reich sent a letter explaining his position to the judge and did not appear in court. The judge did not accept the letter and legally it was as if Dr. Reich never answered to the court, so the decree of injunction was issued that was even more severe than the complaint. The outcome was catastrophic to Dr. Reich: orgon energy accumulators and their parts, as well as all materials containing instructions for the use of the accumulators were ordered to be destroyed and it technically banned all of Dr. Reich's books that referred to orgone energy.

The discovery of orgone energy lead to a very unusual application of it: weather control. For that purpose, a so called cloud buster was developed. The contraption looked like a cannon and it used the same mechanical means for aiming as the real cannon does: there were two steering wheels for controlling the vertical inclination and another one for horizontal positioning. The cloud busters are used either for creating clouds or for destroying them and they are very simple to use with no need for external power source – the natural Earth energy does all the work. Dr. Reich successfully used those unusual devices in desert areas, such as in Arizona where he literally became a 'rain maker'.

Without consulting Dr. Reich, one of his associates moved a truckload of orgone energy accumulators and books from Rangleley, Maine to New York City while Dr Reich was in Arizona and this directly violated the injunction *See P. 19*

Compassion, cont'd from page 13

I can choose to turn all my problems and issues over to my soul, even though it just smiles and brushes them off with a wave of its hand, for Soul knows they are just human agendas.

More than anything, I can choose to be in compassion—presence with no agenda—with my own mind as it screams about how irresponsible I'm being and about all my many seeming failures, and then as it weeps in relief as it feels my presence and begins to understand, just a little, that everything is going to be okay. And that, my friends, is where magic happens in my life.

Dropping my agendas doesn't mean denying my desires. Right after I had this realization about compassion I realized I wanted to write about it, and in the days since, I've started several times, only to give up in frustration as the words wouldn't come. I had to completely let go of it, even in my knowing that it was going to happen. Then I woke up two hours earlier than usual this morning and felt the words coming, but to let them out I had to give up my agenda for more sleep and for all the other things I'd planned to get done this morning. I also had to give up my agenda for all the great points I wanted to make and how I wanted it to sound, so the true message of my soul could come through.

I find that everything in my life works like that, when I let it. When I come into compassion with myself, when I release all my agendas and simply be in presence with myself, just the way I am, then everything flows in ways I never imagined it could.

As I look back on my life I see that the things that truly worked, the really wonderful things in my life, all came as surprises, and not because of any agenda I had or any

energy I expended. They were just there, at the exact moment I needed them.

Compassion for self is being in presence, without any agenda. And that, I can tell you from experience, is what opens the door to synchronicity and seeming miracles in every part of my life. And guess what?

Allowing, which many teachers say is the key to everything, is presence, without any agenda.

Love, the greatest love ever known for self or other, is presence, without any agenda.

How simple is that?

John McCurdy spent most of his life searching for the soulmate that would make everything better, and for how to create the life of grace, ease and freedom that he so longed for. Born and raised a fundamentalist Christian, he lost his religion at age 26 and finally began the inner journey that would eventually lead him home to himself, the one and only true soulmate, and to the answers to all his questions. Along the way he lost everything multiple times and had many intense and amazing experiences. And now at last, he is living that life of fulfillment, grace and joyful freedom.

As a guide on life's journey, John leads and encourages the expansion and growth of those whom he coaches and teaches. Known for his open heart, calm presence and laser-sharp clarity, he relishes the transformational moments when insight strikes, consciousness deepens and the *I Am* realizes itself. Through writing, workshops and personal coaching, John shares what he has learned along the way, and how simple it is to become a conscious creator and find ultimate fulfillment for yourself. To find out more about John, visit www.johnmccurdy.com or email him at john@mccurdy.com.

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"The hardest thing to open is a closed mind."

Ahmed Kathrada, 87, anti-apartheid activist. Died March 28, 2017

Reich, Cont'd from page 18

of the court. This resulted in Dr. Reich and his associate being charged with criminal contempt of the court (by FDA). Dr. Reich was sentenced to two years in federal prison and Wilhelm Reich Foundation was fined \$10,000. While Dr Reich was appealing his sentence, FDA supervised the burning of several tonnes of Dr. Reich's publications and destroyed all orgone energy accumulators they could find. Interestingly, this was the second time in recent history that books were burned (first time being Nazi book burnings).

In 1957, at the age of 60, Dr. Reich died in prison of heart attack. None of the academic publications of that era carried an obituary. His legacy continues and many modern researchers are continuing in his footsteps. His books were

later republished and translated in many languages - only due to the fact that he could keep one copy of each book that the FDA incinerated.

References:

Wilhelm Reich Museum, Wikipedia

Mr René Dosen holds Bachelor of Electrical Engineering degree from Concordia University (Montreal). He is also certified Consulting Hypnotist and Instructor that trains and certifies new hypnotists (through National Guild of Hypnotists). Energy healing is another aspect of his work with clients and his training encompasses many different modalities and styles such as: Therapeutic Touch, Bioenergy Healing, Pranic Healing, Reconnective Healing, Reiki (master of Usui and Karuna), Inka Shamanism (trained by Dr Alberto Villoldo's The Four Winds Society).

As Therapeutic Touch® practitioners we are aware of the Human Energy Field” (HEF). Knowing what affects them is important - for ourselves and our families! Where is your phone - or your recipient’s phone when you are giving a session?

Keeping Safe With Cell Phones!

Nicosia Declaration on Electromagnetic Fields/Radiofrequencies, November, 2017

Practical rules are proposed, based on the existing rules published annually by the Medical Chamber of Vienna/Austria, the rules are published by the Cyprus Committee on Environment and Children’s Health and the recent Reykjavik appeal 2017.

– The 16 Practical Rules –

1. Children and teenagers under the age of 16 should carry mobile phones for emergencies only!
2. Mobile phones, tablets, laptops are not toys or entertainment for children. They can be used by children only as simple devices, i.e. on flight mode and with Wi-Fi, bluetooth and mobile data turned off. Games, songs etc., should be downloaded and saved in advance by parents. Minimum use for children at preschool age, and no use at all for infants and children below 2 years of age.
3. In general, keep calls short and as few as possible. Use a landline or write an SMS.
4. “Distance is your friend”. Keep the phone away from your body and head during dialing and maintain at least the minimum distance recommended in the user guide. Take advantage of the built-in speakerphone or use a headset!
5. Do not keep the phone directly on your body when using a headset or the built-in speakerphone. Pregnant women should be especially cautious. In men, mobile phones pose a risk to their fertility when carried in the pant pocket. Persons with electronic implants (pacemaker, insulin pump, etc.) must pay particular attention to distance. If no other option is available, use the outer coat pocket, a backpack or a purse/handbag to carry the phone!
6. Do not use mobiles or smartphones in vehicles (car, bus, train). Without an external antenna, the radiation inside the vehicle is higher. In addition, the user is distracted and becomes a nuisance to others on public transport!
7. No texting while driving – ever! The distraction causes you to become a danger to yourself and others!
8. Make phone calls at home and at work via a hardwired network.
9. Work offline more often or put your phone in airplane mode. For functions such as listening to music, camera, alarm clock, calculator or offline games, you do not always need an Internet connection!
10. Fewer apps means less radiation. Minimize the number of apps and disable the most unnecessary background services on your smartphone. Disabling “mobile services”/ “data network mode”/Wi-Fi turns the smartphone into a conventional mobile phone. You can still be reached, but you

avoid a lot of unnecessary radiation from background data traffic! *Teenagers in particular need to be cautious.*

11. Avoid making calls in places with poor reception (basement, elevator and the like). In such instances, a mobile phone increases its transmission power. When there is poor reception, use a headset or the speakerphone.
12. Buy mobile phones with a very low SAR value and an external antenna connector, if possible!
13. Internet access via a hardwired connection such as LAN (e.g. via ADSL, VDSL, fiber optics) does not emit radiation: it is fast and secure. Constantly radiating DECT cordless phones, Wi-Fi access points, data sticks and LTE modems should be avoided! This should be especially avoided in home and schools. Wi-Fi routers cause passive exposure to non-users. A distance of at least 4 to 10 meters, depending on the device, should be kept from places where children are playing, staying or sleeping. Wi-Fi should always be kept: switched off when not in use especially at night or when pregnant woman and children are near by.
14. Chatting and phone calls over wired internet is recommended.
15. Protect pregnant women and children from "passive exposure", by keeping a distance of at least 1 meter while on the mobile phone. When using wireless internet (Wi-Fi or mobile data), the distance kept should be as far as possible. Devices such as mobile phones, laptops or tablets with wireless connection must be kept away from a pregnant woman's belly or from a woman holding a child in her arms. Under no circumstance should a pregnant woman or a child sit near a router or in between a router and their computer. In general, when parents hold their children in their arms or are close to them, they should not use or hold their mobile phones or work with wireless devices and they should not place the mobile phone on or close to the child's stroller. The risk is higher if the mobile device connected to the internet via Wi-Fi or mobile data.
16. Beware of wireless digital baby monitors because of potential risks of irreversible damage to the infant's brain development. Analogue-type or wired devices are the safest. Digital devices should at least be without video capacity and be “voice activated” (non-continuous transmission). In any case, any device should not be placed in the child's cot, but at a distance of at least 2 meters!

For additional information please go to:

https://ehtrust.org/wp-content/uploads/PosStat-eng_sign-RUL-1.pdf

Or contact Craig Niziolek, RT of TTNO who, because of environmental sensitivities, keeps aware of the latest information: craigniziolek@gmail.com

Therapeutic Touch Networks Canada News/Nouvelles

Index: Volume 7, No's 1 to 4, 2017

Each issue includes an Editorial and publication details, reports from the TTNCanada and Member Networks, information about the Board of each Network, Letters to the Editor, Groups and Recognized Teachers in Canada.

#1, Winter, January/17

Report from the TTNC Annual General Meeting	3
The Energy Cure, by Gail Douglas	7
If Someone Asked For Your Help would You Eat Them?, by Diane Kroeger	8
Our Experiences with TT. The Toronto "Zoomer Show", and Post-operative TT	9
A Place of Practice"	10
Mary: A Therapeutic Touch Short Story, By D. Juno-Johnston	10
Baycrest Article re TT Use in Dementia Published	10
Incorporating TT into Nursing Practice in BC, by Cheryl Larden	13
Witnessing Immortality, by David Maginley	15
Creating a Dynamic Therapeutic Touch Group: TTNO Groups Have A New Designation!	17
My Therapeutic Touch Journey (So Far) by Julie Boyse	18

Books

Maggie La Tourelle's "The Gift of Alzheimer's" (A book review becomes a Life Review by Lynn Carscallen)	
The Therapeutic Touch Teaching Handbook - Outside the Box and Inside the Circle by Diane May, RN, QTTT, RT	

#2, Spring, April 2017

Results of NS TT Recipient Evaluation	8
Our Experiences: Multiple Myeloma	9
"Imbalanced Energy Field" Approved as a Nursing Diagnosis in NANDA	9
Imagery for Life Limiting Situations	10
Sharing TT for Self Care, by Crystal Hawk	11
A Student Reflects on Level 3 Experience	12
Dr. G. McGarey's 10 Commandments	13
My Story, by Dr. Karen Carbone, RN, ND	13
A Response to Common Skepticism, by David Maginley	15
Real "Quantum", Real Healing, by Grant Hallman	17
Dr Franz Anton Mesmer, By René Dosen	18

Books:

"You Can heal Your Life" and others by Louise Hay

#3, Summer, July 2017

TTNA at CSPCP Conference, Edmonton, AB	6
TTIA's New Coordinator Cindy Cole	7
Dolores Krieger's Address: 2017 Congress	8
NANDA: Eight Travellers Sharing a Path from AHNA	9
TTIA 4th Internat'nl Congress, by Cherry Whittaker	11
Holding the Centre, by M.A. Hanley & M. Anderson	12
Request for Participation in Model Relevance Study for a Theory of Healing	13
ATTN May Annual Conference by Cherry Whittaker	17
Pioneers of Energy Healing: Bruno Gröning by René Dosen	18
What Do You Think? Questions for comment/discussion	

Books:

"A Far Reaching Thing - Tales of Healing With Therapeutic Touch", by Annie Hallett	
"The Subtle Body Coloring Book" and "Color Your Chakras/ Energy Centers of the Body"	
"The Soul Midwives' Handbook: The Holistic and Spiritual Care of the Dying" by Felicity Warner	

#4, Autumn, October, 2017

TTIA International Congress - Ambassador Report: Serbulent Bicer, Turkey	8
"Deepening Our Consciousness" ATTN Practice Day by Cherry Whitaker, RT	9
Langara College, BC: TT Practitioner Program and Mentorship Course, by Cheryl Larden, RT	10
Presenters: ATTN's May/17 Conference	12
Pioneers of Healing: Dr Harold Saxon Burr By Evelyn MacKay, RT, TTNO	13
The Experience of Presenting at a Conference By Nancy Hall, BScN and Pat Tamosetis	15
A Review of Biofield Therapy Effectiveness by Robert Schwartz, PsyD	18
The Christian Explanation By Valerie Morrell, RT,	19

Books:

"Beyond Surviving: Cancer and Your Spiritual Journey" by David Maginley	
"Human by Design", by Gregg Braden In Memory of Louise Hay	

THERAPEUTIC TOUCH NETWORKS OF CANADA ~ RECOGNIZED TEACHERS

Each network sets its own criteria for curriculum and teaching. Information is supplied by the individual networks.
Many teachers will travel to other areas on request.

* indicates a teacher of all levels.

"QT" - Qualified Teacher with Therapeutic Touch International

ONTARIO

Ajax: Janet Fallaize*, RN 905-683-9264 janetfallaize@sympatico.ca
Barrie: Arlene Cugelman* 705-790-0159 acugelman@rogers.com
Belleville: Alison Cooke* 613-395-3691 adcooke@xplornet.com
 Jeannie Dunnett 613-848-5161 jeandunnett@hotmail.com
Brighton: Marian Wierenga 613-921-7565 43aafke43@gmail.com
Chatham: Charlotte Harris* 519-351-1025 charlotte.harris@ciaccess.com
Claremont: Karen Marks*, RN 905-649-3030 kelizma227@gmail.com
Elora: Deborah Gould*, RN 519-846-2770 dgould1@outlook.com
Golden Lake: Patricia Tamosetis* 613-625-2277 earthwalks@distributel.net
Grimbsby: Rose Phillip, B.Ed 519-668-0272 carolewray@rogers.com
Guelph: Martha Hoey* 519-823-5847 info@elmtreecentre.com
 Evelyn MacKay* 519-822-4174 esmackay@xplornet.ca
 Valerie Morrell* 519-821-4006 al.val.morrell@gmail.com
Haliburton: Susan Keith* 705-457-3981 ch.concepts@sympatico.ca
Hamilton: Laura Pokoradi*, RN 905-385-9217 peaceandlight334@gmail.com
Huntsville: Shirley Boon*, RN 705-789-7434 shirleyboon@surenet.net
Kitchener/ Waterloo:
 Heather Gurd* 519-496-4816 heather.nrgwrx@gmail.com
London: JoAnn Lacroix-Camping 519-474-0998 josunshine57@hotmail.com
 Carole Wray* 519-668-0272 carolewray@rogers.com
Midland: Helen Will* RN 705-534-1101 helenwillart@yahoo.com
Newbury: Regina Sheere 519-639-5672 sheeresource@gmail.com
Niagara Falls: Doreen Sullivan* 905-354-8873 4doreensullivan@gmail.com
Oakville: Mary Simpson*, RN 905-825-0836 mary.simpson@cogeco.ca
Orangeville: Nancy Hall*, BScN 519-938-9268 nancyhall634@gmail.com
Ottawa: Gail Lafortune*, RPN 613-834-4524 c-g.tt@sympatico.ca
Peterborough: Linda Nelson* 705-745-2849 lindanelsonnt@gmail.com
 Craig Niziolek* 705-740-2157 craigniziolek@gmail.com
Sarnia: Ashley Murray* 519-336-094 amurray.elementsoflight@gmail.com
 Kathy Armstrong* 519-354-8141 dkarmstrong@bell.net
Thornhill: Jodi Cole* RN, M.Ed 905-731-4713 jodi.cole@rogers.com
Thunder Bay: Jean Riddell 807-622-7790 thundermanitou@yahoo.ca
Toronto: Crystal Hawk*, M.Ed 416-922-4325 crystal.hawk@sympatico.ca
 Diane May* 909-553-2035 dianemay.com@gmail.com
 Aldona Mitrikas 647-222-2648 aldonamitrikas@gmail.com
 Paula Neilson 416-447-1600 pmneilson@gmail.com
 Maria Rossiter Thornton*, RN, MA 416-417-2744
 Julia von Flotow* 416-686-6463 julia.vonflotow@gmail.com
Windsor: Penny Craig 519-727-4784 2pennyc@bell.net
 Flora Hartlieb*, RN 519-974-2157 theteagranny@hotmail.com
 Claire Massicotte*, RPN 519-948-9453 claires.care@sympatico.ca
 Sharron Parrott*, RN 519-258-0440 slparrott@cogeco.ca

BRITISH COLUMBIA

Burnaby: Marie Preissl 604 526-6836 mariepreissl@telus.net
Campbell River: Huguette Ruel 778 348-0526 ruel.huguette@gmail.com
Chilliwack: Tarja Oostendarp 604-393-0636 buddyandboots@hotmail.com
Coquitlam: Anne Walker awalker75@hotmail.com
Delta: Cheryl Larden 604 510-0190 clarden@shaw.ca
Delta/Ladner: Tama Recker 604-803-6672 tt_tama@hotmail.com
Duncan: Judith Schweers 250 748-5993 spiritwideopen@yahoo.com
Kelowna: Diane May *contact via email* dianemay.com@gmail.com
Salmon Arm/BC Int.: Marie-Paule Wiley 250 832-8176 mpawiley@hotmail.com
Surrey/Cloverdale: Fay Torgerson 604 576-8176 HF_Torg@telus.net
Vancouver: Cheryl Larden 604 510-0190 clarden@shaw.ca
Victoria: Peggy Frank 250 891 6346 pegfrank@telus.net
Winlaw: Camille Roberts 250 226-6886 4camille@gmail.com

ALBERTA

Calgary: Linda Terra* 403-238-3734
Edmonton: Linda Woznica* 780-707-4021
Lethbridge: Joy Petheridge Baxter* 403-329-6615
Sherwood Park: Chery Ann Hoffmeyer* PhD, QT 780-467-8701

MANITOBA, SASKATCHEWAN

Winnipeg: Steele Pruden 204-477-1524
 Laura Carroll* 204-452-1107
 Tanya Sabourin 204-746-0459
St. Jean Baptiste: Jacqueline Marion* 204-758-3861

QUEBEC

LaSalle: Patricia Angotti* 514-365-4726
 Debra Smith 514-827-8110 debssmit@gmail.ca
Laval: Angie Tsoubos 514-506-0717 atsoubos@gmail.com
Laurentians: Andrée West* 450-226-2260
Montreal: Irma Bubolic*, RN 514-483-6688
 Jean-Marc Girard* 514-680-4970
Pierrefonds: Susan Hamilton*, RPN 514-624-0920
South Shore: Marie-Claude Poupart* 514-830-3942
West Island: Nadia Baraghi 514-624-9204 nadiabaraghi@bell.net
 Karen Mosuk 514-626-2327 karen@holistic-therapies.ca
Westmount: Cecilia Csima; 514-935-4981 ccsi@videotron.ca

ATLANTIC REGIONS

Hope River, PEI: Geraldine Cooper* 902-964-2609
Charlottetown, PEI: Judy DonovanWhitty 902-569-3496
Halifax, N.S.: (Rev.) David Maginley 902-444-9369
Dartmouth, N.S.: Barbara Stone * 902-469-0317
Salt Springs, N.S.: Cherry Whitaker * 902-925-2042

TTNC COMMITTEE CHAIRS Please visit the TTNC website: www.ttncc.ca

Extended Health Coverage: Heather McCurdy, BCTTNS hmccurdy@shaw.ca

TTNC Newsletter Committee: Interim Chair: Marion Cameron mumcam@telus.net

National Curriculum for Teaching TT: Chery Ann Hoffmeyer - TTNA chaiholichealth@shaw.ca

TTNC Brochures: Peter Cheshire, TTNO pwcheshire@gmail.com

Webmaster: Julie Boyse, TTNO julieboyse@icloud.com

THERAPEUTIC TOUCH NETWORKS OF CANADA - GROUP CONTACTS

BRITISH COLUMBIA

Burnaby	Marie Preissl	mariepreissl1@telus.net
Chilliwack	Tarja Oostendarp	604-393-0636
Delta/Tsawwassen	Cheryl Larden	604-510-0190
Delta/Ladner	Tama Recker	604-803-6672
Duncan	Judith Schweers	250-748-5993
Kelowna	Laurie Bartley	250-469-2209
Langley	Cheryl Larden	604-510-0190
Maple Ridge	Jean Ruttan	604-463-7771
North Van	Christine Banham	604-925-8803
	Lynda Harvey	604-980-6604
	Diane Hirst	778-338-5541
Richmond	Lesley Reichert	604-272-1436
Salmon Arm/BC Interior	Marie-Paule Wiley	250-832-8176
Surrey-White Rock	Faye Torgerson	604-576-8176
Victoria	Peggy Frank	250-891-6345

ALBERTA

Calgary	Linda Terra	403-238-3734
Edmonton	Linda Woznica	587-938-8891
Sherwood Park	Chery Ann Hoffmeyer	780-467-8701
	chaiholistichealth@shaw.ca	

MANITOBA, SASKATCHEWAN

Winnipeg	Steele Pruden	204-477-1524
-----------------	---------------	--------------

ONTARIO BRANCHES

Ajax	Janet Fallaize	905-683-9264	janetfallaize@sympatico.ca
Barrie	Janey Green	705-737-1512	janeygreen@hotmail.com
Barry's Bay	Patricia Tamosetis	613-625-2277	earthwalks@distributed.net
Belleville	Alison Cooke	613-395-3691	adcooke@explornet.com
Bolton	Diane Demidow	905-880-2220	dianed2007@aol.com
Bracebridge	Shirley Goyea		cookandcreate@hotmail.com
Brampton	Lillian Hutchinson	905-457-2211	lillianhutchinson@rogers.com
Bramalea	Gabriele Boer	905-791-8637	ttpractice777@live.com
Brantford	Raymond Poole	519-753-4150	
Brockville	Audrey F. Harkness	613-348-3736	davidr_7@sympatico.ca
Burlington	Lynda Hill,	905-681-2575	lynda@spiritwiseconsulting.com
Caledon 1	Gail Douglas,		mgbish@hotmail.com
	2 Nancy Hall		nancyhall643@gmail.com
	3 Jim Metson		jimmetson@gmail.com
Carrying Place	Marian Wierenga	613-827-2740	marian.a.wierenga@gmail.com
Chatham 1	Kathleen Armstrong	519-354-8141	dkarmstrong@bell.net
	2 Charlotte L. Harris	519-351-1025	charlotte.harris@ciaccess.com
Coburg	Susan Story	905-372-3035	susan.story@hotmail.ca
Collingwood	Nancy Lee Johnston	705-445-4032	wjohnsc119@rogers.com
E. Gwillimbury/Aurora	Margaret Shearman	905-853-5719	
Fergus	Deborah Gould	519-846-2770	dgould1@outlook.com
Gananoque	Elaine Davidson	613-382-3772	emdavidson@sympatico.ca
Glencoe	Regina Sheere	226-785-1894	sheeresource@gmail.com
Golden Lake	Patricia Tamosetis	613-625-2277	earthwalks@distributed.net
Grimsby	Rose Philip	905-309-4755	vipoma@cogeco.ca
Guelph/1	Susan Blair		seblair@uoguelph.ca
	2 Roxana Roshon	519-400-5463	roxana@roxanaroshon.com
	3 Mimi Craig	519-827-1819	mimicraig@gmail.com
Rockwood	Ev MacKay	519-822-4174	esmackay@explornet.ca
Moffat	Martha Hoey	519-823-5847	info@elmtreecentre.com
Haliburton Highlands	Bonnie Roe	705-286-2414	

Continued in next column

ONTARIO Branches *Continued*

Hamilton	Laura Pokoradi	905-385-9217	peaceandlight334@gmail.com
Huntsville 1	Gwen Jones	705-789-5096	kassiecat09@gmail.com
	2 Tammy Chocklowsky	705-641-0537	imuptowngirl@hotmail.com
Ilse du Allumette	Lorna Gleeson	819-689-5393	lornagleeson54@gmail.com
Killaloe/Wilno			
	Karen Schimansky	613-757-3713	karenschimansky@hotmail.com
London	Carole Wray		carolewray@rogers.com
Midland	Helen Will	705-534-1101	helenwillart@yahoo.com
Niagara Falls	Doreen Sullivan	905-354-8873	4doreensullivan@gmail.com
Nobel/Parry Sound	Anna Brisson	705-342-5769	annajbrisson@gmail.com
North Bay	Rita Sutherland	705-752-9971	rsuds1@hotmail.com
Oakville	Mary Simpson	905-825-0836	mary.simpson@cogeco.ca
Owen Sound	Lynne Rusk	519-534-1234	
Ottawa	Gail Lafortune	613-834-4524	c-g.tt@sympatico.ca
Petawawa/Pembroke	Berylyne Mills	613-687-2921	
Peterborough	Craig Niziolek	705-740-2157	craigniziolek@gmail.com
Port Perry/Uxbridge	Helen Thompson	905-852-5929	
St. Catharines/Welland	Margaret Deane	905-646-4948	marg@tudorcreek.com
Sarnia	Ashley Murray		amurray.elementsoflight@gmail.com
Sault Ste. Marie	Margaret Saarela	705-759-2024	masaarela@shaw.ca
Stirling/Belleville	Nancy Sherk	613-395-2973	kenancy@xplornet.com
Stouffville	Marita Concl	905-642-4237	marita_concl@rogers.com
Thunder Bay	Jean Riddell	807-622-7790	thundermanitou@yahoo.ca
Toronto	Julia von Flotow	416-686-6463	julia.vonflotow@gmail.com
	West Cher Curshen	416-888-8852	cher@bigheartstudio.com
Waterloo	Peggy Hallman	519-885-5388	peggyhallman05@gmail.com
Whitby	Lynn Vukosavljevic	905-668-9683	lynnv1@rogers.com
Warton	Maureen Smith	519-534-3574	maureenmsmith@rogers.com
Windsor	Flora Hartleib	519-974-2157	theteagranny@hotmail.com

QUEBEC

Allumette Island	Lorna Gleason	lornagleason54@gmail.com
Montreal	Irma Bubolic	514-483-6688
West Island	Monique Gregory	514-694-6994

NOVA SCOTIA

Antigonish	George Rodgers	902-533-2349
Bible Hill	Kathy Putnam	902-843-0881
Bridgewater	Gina Freeman	902-541-3342
District of Clare	Colette Thibodeau	902-278-2050
Dartmouth	Barbara Stone	902-469-0317
Halifax	Barbara Stone	902-469-0317
New Glasgow	Cherry Whitaker	902-925-2042
North Queens	Birdie Fiddes	902-685-3993
Pictou	Donnie Wright	902-485-6581
Port Hawksbury	Natascha Polomski	902-623-1271
Clare	Colette Thibodeau	902-278-2050
Yarmouth	Sandra Noah	902-649-2201

PRINCE EDWARD ISLAND

Charlottetown	Judy Donovan-Whitty	902-569-3496
Kensington	Elizabeth Heeley-Ray	902-836-5066
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THERAPEUTIC TOUCH NETWORKS OF CANADA (TTNC)

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www.ttncc.ca

Regional Reps:

TTNA Sheila Camp, s.camp4020@gmail.com
 MTTN Tanya Sabourin, tanya27@mymts.net

TTNO Mariann Canning, canningmariann@yahoo.ca
 TTNQ Cecilia Csima, ccsi@videotron.ca



British Columbia (BCTTNS)

Phone: 604-948-2742
jacquisaran@gmail.com

www.bctherapeutictouch.com

BOARD OF DIRECTORS

President:	Jacqui Saran	jacquisaran@gmail.com
Secretary	Heather McCurdy	hmccurdy@shaw.ca
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Members at Large	Lesley Reichert	lesquest377@gmail.com
	Jean Ruttan	jkr1944@gmail.com
Practice Groups	Frances Schofield	frsroseschof@gmail.com
TTNC Rep	Heather McCurdy	hmccurdy@shaw.ca



Ontario (TTNO)

Email: memberships@TTNO.ca
www.therapeutictouchontario.org

BOARD OF DIRECTORS

Chair: Shirley Boon	shirleyboon@surenet.net
Vice Chair: Mary Jane Phillips	mjc.yinyangstudio@gmail.com
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Practitioner Liaison: Lillian Hutchinson	lillianhutchinson@rogers.com
Membership: Ruth Brandt	ruth.brandt@sympatico.ca
Teacher Liaison: Mary Simpson	mary.simpson@cogeco.ca
Communications: Deborah Gould	dgould1@outlook.com
Professional Practice: Trish Dean	tdean@uoguelph.ca
TTNC Rep: Marian Canning	canningmariann@yahoo.ca



Therapeutic Touch Network of Quebec (TTNQ)
Réseau du Toucher Thérapeutique du Québec
www.ttnq.ca www.toucher-thérapeutique.org

BOARD OF DIRECTORS

President: Susan Hamilton	susan43@videotron.ca
Treasurer: Debra Smith	debsmit@gmail.com
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Membership: Susan Hamilton	susan43@videotron.ca
Teacher Liaisons: Karen Mosuk (English)	karenmosuk@hotmail.com
	Susan Hamilton (French) susan43@videotron.ca
Practitioner Liaison: Lina Desjardins	lina.desjardins@gmail.com
Event Co-ordinator: Nathalie Choo Foo	nathaliecf@yahoo.ca
TTNC Representative: Cecilia Csima	ccsi@videotron.ca
TTNC news rep : Dolores MacKenzie	doloresmack@hotmail.com
Scientific Research : René Dosen	rene.dosen@gmail.com
Translation: Lina Desjardins	lina.desjardins@gmail.com
Web Master: Jean Pichette	jean.pichette@gmail.com



Alberta (TTNA)

8 Canterbury Gardens S.W.
 Calgary, AB T2W 2S9
 Email: therapeutictouchalberta@shaw.ca
www.therapeutictouchalberta.com

BOARD OF DIRECTORS

Coordinator/Treas. Sherry Crann-Adair	403-238-4632
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Membership: Debra Thomey, Calgary	debrathomey@gmail.com
Members at Large: Linda Terra, Calgary	403-238-3734
	Debbie Stokke, Medicine Hat 403-580-3455
	Karen Komanac, Calgary hessie38@yahoo.ca
TTNC Rep: Sheila Camp	s.camp4020@gmail.com



Atlantic (ATTN)

PO Box 24073, 21 Mic Mac Blvd, Dartmouth, NS B3A 4T4
info@atlanticttn.com <http://www.atlanticttn.com>

Coordinator: Judy Donovan-Whitty, Charlottetown PE	902-569-3496
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ATTN Book Keeper/TTNC Rep, Bertha Fiddes	902-685-3993
Web Site contact: Lisa Gallant	info@atlanticttn.com



Manitoba (MTTN)

Steele Pruden, 689 Walker Avenue,
 Winnipeg, Manitoba, R3L 1C6
 204-477-1524 steelepruden@hotmail.com

EXECUTIVE COUNCIL

Registrar:/TTNC Rep. Chair Tanya Sabourin tanya27@mymts.net
 Steele Pruden pruden@hotmail.com 204-477-1524
 Member at Large: Laura Carroll 204-452-1107