

# Laying on of Hands / Therapeutic Touch™

## Background/Definition

Therapeutic Touch™ (TT) is an energy based holistic healing practice developed in the 1970s by Dolores Krieger, Ph.D., RN, a professor at New York University's Division of Nursing, and Dora Kunz, an alternative healer and psychic. (Krieger, 1979). TT is a contemporary interpretation of Laying on of Hands (LH) outside of any particular religious framework. LH, also called imposition of hands, originated from a religious ritual act in which a priest or other religious head would place his palms on the top of another's head while reciting a prayer or blessing. TT is a variation of this practice.

Despite its name, TT is a non-contact healing practice described by the Therapeutic Touch International Association as "an intentionally directed process of energy exchange during which the practitioner uses the hands as a focus to facilitate the re-balancing of another's energy field in support of healing." Likewise, a general rule for LH is that it does not require physical contact.

These modalities only involve conscious intent towards the subject to be healed. In research settings a great many methods referred to as laying "on" of the hands are tested without physical contact ever taking place.

According to the categories specified by the National Institute of Health (NIH) National Center for Complementary and Alternative Medicine (NCCAM), TT is classified as an energy therapy based on putative (yet to be measured) energy fields. Krieger posits that administering TT is an intrinsic aspect of human potential, and therefore anyone is able to learn how to perform the treatment (Krieger, 1976).

## Theory

As LH and TT are non-contact treatments, their theory is based on energetic models. A theoretical nursing framework developed by Martha E. Rogers called the Science of Unitary Human Beings is often referenced to propose the mechanisms of these modalities (Malinski, 1993) (Meehan, 1992). Rogers' theory proposes that rather than matter being fundamental, an individual human energy field and an environmental energy field consisting of all things other

than the human field make up the irreducible elements of living and non-living systems (Rogers, 1990).

The two energy fields are “co-extensive” or overlapping, and open, thus participating in a dynamic exchange Rogers calls the “Principle of Integrality.” In this sense, health is proposed as a harmonious relationship between the individual and his or her total environment, and healing works to restore this equilibrium in an ill person.

A similar model applied to TT is a general energy field framework posited by Renee Weber, which takes the perspective of the universe as a unitary energy field encompassing matter, consciousness, and events. This energetic ground consists of healing energy, along with intelligence, order and compassion (Weber 1981,1990 Meehan 1998).

Though NCCAM categorizes TT as a putative energy practice, some studies exist that have attempted to detect fields around TT practitioners using very sensitive measuring devices. A shift in energy emission by practitioners performing TT was measured in a superconducting quantum interference device magnetometer (SQUID) (Zimmerman, 1999).

## **Procedure**

The standard procedure for LH is started with the proper clergyperson placing her or his hands upon the head of the receiver. They perform an intentional prayer and, by doing so, serve as an instrument through which the Lord can provide blessings.

Exact methods may vary between TT practitioners and be individualized for each patient. The typical TT treatment is 20 minutes or less. Main aspects of the procedure include centering, assessment, and attunement. More specifically, administration of TT involves centering into a focused state of consciousness, assessing the patient by scanning his or her body with one’s hands hovering between 2-6 inches from skin, intervention (clearing/unruffling) where the practitioner facilitates a symmetrical flow of energy followed by balancing any congested areas, and then conclusion of the treatment at practitioner’s discretion (TTIA). In terms of qualification, the Therapeutic Touch International Association’s website includes a list of qualified teachers and practitioners, and states that these recognized individuals carry a card.

## **Review**

Dolores Krieger conducted the first experimental trials examining TT on humans and found a significant increase in the levels of hemoglobin in participants receiving TT (Krieger 1972, 1973, 1974). This was preceded by a series of studies in the 1960s that examined the effects of laying-

on of the hands (similar to TT) on plant growth and wound healing in mice (Grad, 1963, 1964, 1965; Grad, Cadoret, & Paul, 1961).

A systematic review in 1999 found that TT has a positive, medium effect on physiological and psychological variables yet claimed that limited published research and significant methodological issues seriously bias the results of these studies (Peters, 1999). However, the review's calculated fail-safe N, a variable to test for the potential impact of unreported studies, also known as the "file-drawer problem," states that there is currently not enough empirical data to support TT as more effective than control in physiological measures. Additional issues included variance in the operational definition of TT, sampling procedure, time limits, intervention practice, skill of practitioners, as well as underreporting of data (Peters 1999).

A second meta-analysis published in 1999 reviewed 13 studies and found that a majority reported results supporting the TT hypothesis (Winstead, 1999). Notable issues included a tendency to use definitions of TT different than the Krieger-Kunz definition of TT, the use of healthy participants to study a healing practice, and a limited standardization of TT trials to 5 min (the typical Krieger-Kunz procedure takes 15-20 minutes) (Winstead, 1999). Additionally, Zahra and Moyaffaghi (2006) note the need to create a uniform procedure for mock/sham trials in TT studies – influences such as subject empathy resulting from non-double blind procedures, relationship between practitioner and recipient, religious sentiment may cause issues in mock trials.

In-vitro studies investigating the effect of TT on cells has provided a methodology that effectively diminishes the possibility of human placebo on experimental results. Specifically, TT was used to treat fibroblasts, osteoblasts, and tenocytes, and demonstrated significant cell proliferation over untreated controls (Gronowicz, 2008). In addition, when compared to the sham practitioner control in this study, TT resulted in a significant increase in fibroblast proliferation and tenocytes. The sham and TT groups did not differ significantly in osteoblasts. The authors comment on one of the particularly important facets of the study stating: "Since all three cell types were treated separately, the identical response at similar treatment regimens appear to validate TT as having a significant effect on cells rather than being the result from an artifact of repetitive sampling." They also report that in the fibroblast cultures a significant comparative effect was not produced until the second and final round of scheduled treatments. The authors note this may reflect too-short treatments, or be the result of rapid proliferation at early timepoints which may "overwhelm the small effect of TT," or simply be a reflection of as currently unknown properties of the energy field. Future studies utilizing a similar protocol

could better identify dose response by using more samples and having varied treatment intervals (matched with respective sham and control groups).

Other protocols such as testing the effect of TT on young infants has also provided for a method of excluding the effects of predisposed beliefs (Alvandi, 1996; Kramer, 1990; Salimi, Ansari, 1994). Overall, the quality of future efficacy research on TT could be improved by standardizing TT procedure, utilizing methods which better control for expectancy effects and other confounding variables, either by employing sham treatments or designing further biologically-focused (i.e. cell cultures) methodologies.

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