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THERAPEUTIC TOUCH: A HEALING INTERVENTION

As providers of acute care move from an illness model to a wellness model, they will be increasingly eager to learn about therapies that not only relieve pain, reduce healing time, and cut lengths of stay, but are also relatively inexpensive to administer. Therapeutic Touch, one of these complementary therapies, has been used to achieve those goals at St. Mary's Hospital, Amsterdam, NY.

WHAT IS THERAPEUTIC TOUCH?

Therapeutic Touch is a contemporary interpretation of several ancient healing practices. It was developed in the early 1970s by Dolores Kreiger, a registered nurse and professor at New York University, with the assistance of Dora Kunz. The method has since been taught in more than 80 colleges and universities in 73 countries.

Therapeutic Touch is a consciously directed process of energy exchange or transfer during which the practitioner uses his or her hands to facilitate healing. Healing in the context of Therapeutic Touch means the restoration of one's wholeness, balance, harmony, and sense of well-being at all levels—spiritual, emotional, physical, and social.

A Therapeutic Touch treatment, which may last from 5 to 25 minutes, is intended to promote relaxation, reduce pain, and accelerate the healing process. According to Kreiger, healing is accelerated because of the beneficial effects of relaxation

*Hospital
Uses
Complementary
Therapy
To Aid
Healing,
Relieve Pain*

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and pain relief on the immune system. She notes that bone fractures treated with Therapeutic Touch show good callus formation in about two and a half weeks, compared with the usual six weeks (Dolores Kreiger, *Accepting Your Power to Heal: The Personal Practice of Therapeutic Touch*, Bear & Co., Santa Fe, NM, 1993, p. 14).

THE THERAPEUTIC TOUCH PROCESS

The therapeutic touch process involves five steps.

Centering This is a process by which the practitioner attains inner stillness and peace through imaging, visualization, and focused breathing.

Assessment, or Scanning The practitioner places his or her hands about 2 to 4 inches from the patient's body, moving them rhythmically to detect differences in the patient's energy field from head to toe. The practitioner may feel clues such as warmth, coolness, pressure, or a tingling sensation, which may indicate imbalances in the patient's energy field.

Clearing, or Unruffling To balance, smooth, and clear the energy field, the practitioner holds his or her hands about 2 to 4 inches from the patient's body and moves them rhythmically and symmetrically from head to toe.

Transfer, or Modulation Following cues detected during assessment, the practitioner places his or her hands directly on selected areas of the patient's body, to rebalance the patient's energy field.

Closure Closure is indicated when the practitioner no longer perceives differences in the patient's energy field and has a sense of balance and symmetry.

IMPLEMENTING THERAPEUTIC TOUCH

In the winter of 1994, St. Mary's Hospital adopted a Therapeutic Touch policy. The policy states:

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Sr. DuBrey is director, Wellness Institute, St. Mary's Hospital, Amsterdam, NY.

MATTER OF VALUE

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and with those who must trust us with their very lives—most of whom know nothing of tax status or medical loss ratios.

We also share a responsibility to keep healthcare as a commons, as something that is here for all of us, belongs to all of us, and must be protected by all of us. None of us—for-profit or nonprofit—has the right to violate that trust or betray that responsibility. In a time of fear, suspicion, and dishonor, that is the one promise we all must keep—together. □

NOTES

1. George Annas, "Reframing the Debate on Health Care Reform by Replacing Our Metaphors," *New England Journal of Medicine*, March 16, 1995, pp. 744-747.
2. Arnold Relman, "The New Medical-Industrial Complex," *New England Journal of Medicine*, vol. 303, no. 17, 1980, pp. 963-970.
3. Joseph Bernardin, "Making the Case for Not-for-Profit Healthcare," Catholic Health Association, St. Louis, 1995.
4. Many of the thoughts expressed in this section, and several others in this essay, were originally published in Emily Friedman, "How We Keep Score," *Healthcare Forum Journal*, July-August 1994, pp. 13-17.
5. David Rosner, *A Once Charitable Enterprise: Hospitals and Health Care in Brooklyn and New York, 1885-1915*, Princeton University Press, Princeton, NJ, 1982.
6. H. Cooper, "HCA Chairman's 1992 Compensation Hit \$127 Million Due to Stock Options," *Wall Street Journal*, March 24, 1993.
7. "Your Insurance Premiums at Work," *Newsweek*, June 27, 1994, p. 8.
8. Milt Freudenheim, "Penny-Pinching HMOs Showed Their Generosity in Executive Paychecks," *New York Times*, April 11, 1995, p. C1.
9. California Medical Association, "Knox-Keene Health Plan Expenditures Summary, Fiscal Year 1994-1995," San Francisco, February 1996.
10. Bernardin.
11. Rosemary Stevens, *In Sickness and in Wealth: American Hospitals in the Twentieth Century*, Basic Books, New York City, 1989.

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• Therapeutic Touch can be employed by staff members who have completed a formal course provided by the hospital's Wellness Institute.

• A practitioner need not have a physician's order to treat a patient.

• The practitioner must document the treatment in the patient's record.

• The Therapeutic Touch treatment must be based on the model developed by Kreiger and Kunz.

Nurses at St. Mary's have provided Therapeutic Touch to patients with cancer, AIDS, acute trauma, preoperative anxiety, postoperative pain, and migraine headaches, and to dying patients. Numerous patients and their family members have reported that Therapeutic Touch has brought significant relief from suffering. One woman, whose husband was dying of cancer, said, "Therapeutic Touch eased a difficult time. It relaxed him immediately, and he went to sleep. It was just amazing to see. I learned how to do Therapeutic Touch and was able to relieve his symptoms many times before he died."

As director of St. Mary's Wellness Institute, I have developed a community-based practice and have provided Therapeutic Touch to persons with

chronic fatigue syndrome, anxiety, upper respiratory infections, chronic pain, cancer, asthma, multiple sclerosis, and grief. Before providing a Therapeutic Touch treatment, I interview the patient concerning his or her medical history, stress level, coping skills, and support system.

Since December 1994 I have presented 13 one-day seminars, during which nurses, family members, and other healthcare professionals learn and practice the process of Therapeutic Touch. The New York State Nurses' Association grants 6.4 contact hours for this seminar.

The responses of patients and their families evidence the need for this non-toxic, noninvasive intervention of love and compassion in a technical healthcare system. □

☎ For more information, contact Sr. Rita Jean DuBrey, CSJ, at 518-842-1900; Nurse Healers Professional Associates, Inc., PO Box 444, Allison Park, PA 15101-0444 (412-355-8476); Colorado Center for Healing Touch, Inc., 198 Union Blvd., Suite 204, Lakewood, CO 80228 (303-989-0581); or American Holistic Nurses' Association, 4104 Lake Boone Trail, Suite 201, Raleigh, NC 27607 (919-787-5181 or 800-278-2462).

CEO ENDORSES THERAPEUTIC TOUCH

"I can say with conviction as we enter managed care and capitation, and our aim is to keep people healthy, that Therapeutic Touch and other complementary therapies will become more important," says Peter E. Capobianco, president and chief executive officer, St. Mary's Hospital, Amsterdam, NY.

Capobianco says he is proud that his hospital has taken a leadership role in promoting alternative therapies, which are becoming accepted by managers and clinicians. "CFOs and CEOs will be finding out anything they can to keep people out of the hospital as capitation becomes more prevalent around the country," he predicts. Capobianco notes that physicians have begun to refer patients to Sr. Rita Jean DuBrey, director of St. Mary's Wellness Institute, for Therapeutic Touch treatments.