Effects of therapeutic touch on pain: a systematic literature review

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FINAL APPROVAL OF SCHOLARLY PROJECT
Master of Science in Nursing

A Systematic Literature Review of Current Research Literature on Therapeutic Touch and Pain

Submitted by
Christine Ulrich

In partial fulfillment of the requirements for the degree of
Master of Science in Nursing

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Effects of Therapeutic Touch on Pain: A Systematic Literature Review

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DEDICATION

I dedicate this scholarly project to my husband Mike and daughter Ashley. It was because of your love and support that I was able to complete this dream. You both were willing to sacrifice a great deal of family time over the past two years. Mike, thank you for being there for me to lean on when I needed it most and for all of the words of encouragement you gave me when I was ready to give up. Ashley, I could not have asked for a more patient daughter. You always knew when I needed my study time. I look forward to spending time with you and just being a mom. I love you both more than you will ever know.

I also dedicate this scholarly project to my father, mother and brother, Sam, Wanda and Kevin Layton. Although you live thousands of miles away, I still felt your thoughts and prayers when I needed them most. Your phone calls always seemed to have come when I needed an ear to listen. I feel so lucky to have such a wonderful loving family. I love all of you very much, and I hope I have made you all proud.

Lastly, I dedicate this scholarly project to the memory of my step-son David Ulrich. I will always cherish the times we had together. I will especially remember the fun times we had together in the emergency department when you were my student. We had many laughs arguing over whether nurses or paramedics were better. I feel so fortunate that I was able to share with you doing what you loved. You were the best paramedic that I have seen in years. You left an imprint on my heart that I will carry forever. I love you.
AKNOWLEDGEMENTS

I would like to acknowledge my committee members: Dr. Ann Smith, and Dr. Jane Evans. Dr. Smith, thank you for your insight and knowledge about Therapeutic Touch. You were always there with me each and every step of the way. You pushed me to strive for excellence, and guided me when I lost my way. Your professionalism and leadership skills serve as a role model for your peers.

Dr. Evans, thank you for all your insight on this project. You believed in me when there was a lot of work to be completed in such a short period of time. Your insight and knowledge in the research process guided me along the way. You are a leader in your profession, and also serve as a role model.

I want to thank both of you for your understanding, and guidance on this project. It has been a pleasure working with the both of you.
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Effects of Therapeutic Touch in Pain: A Systematic Literature Review

Chapter 1

Introduction

Thirty years ago Therapeutic Touch was introduced into nursing literature by Delores Krieger (Krieger, 1975). Since this time the results of research studies have been mixed; thus making it difficult to understand the benefits of Therapeutic Touch, especially in management of pain. The purpose of this paper is to systematically categorize and summarize the research literature over the past ten years on Therapeutic Touch and pain, providing the practitioner evidence based research on the efficacy of Therapeutic Touch in the management of pain. The significance of this review is to provide up to date information for nurses regarding the use of Therapeutic Touch, and its effectiveness in the reduction and management of acute and chronic pain.

Much research has been conducted on the effectiveness of Therapeutic Touch. However, there have been few studies conducted to give an explanation of how this modality works, and the potential benefit that Therapeutic Touch could have on patients and the nursing profession (Quinn, 1988). It is difficult to explain the effects Therapeutic Touch has on the human energy field and the body. It also needs to be noted that effectiveness of the Therapeutic Touch interactions depend largely on the subjective responses from the recipients (Bugaslawski, 1980). There continues to be a struggle for the use of Therapeutic Touch as a legitimate healing modality. There has been acceptance in the nursing arena, which is best evidenced by the nursing diagnosis of energy field disturbance, that was established by The North American Nursing Diagnosis Association (NANDA, 1994). This nursing diagnosis is “a disruption of the flow of
energy surrounding a person’s being, which results in a disharmony of the body, mind and/or spirit” (NANDA, p.37).

Statement of the Problem

Pain affects people of all ages, ethnicities, and socioeconomic classes. Pain is the most common chief compliant in primary care, with chronic pain reported in twenty percent of the visits to primary care providers (Kenny, 2004, 297). Pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage (Aronoff, 2002). Pain is considered a multidimensional phenomenon that includes the role of the mind and body. When addressing pain concerns, a holistic approach that involves psychological factors and physical factors should be included to lessen the impact of the pain and minimize the suffering.

Pain can be considered a mind-body phenomenon that is receptive to mind-body therapies (McCaffrey, Frock & Garguilo, 2003). Mind-body therapies, such as Therapeutic Touch, assist the mind and body to communicate with one another. Pain has a mind-body connection, and it is believed that a generalized relaxation response and balancing of the patient’s energy field can be helpful in reducing the symptoms of pain. This review provides further insight into the current knowledge regarding the research of Therapeutic Touch used for the relief of pain.

Research has demonstrated that unrelieved pain can slow a patient’s recovery time, thus creating a burden for patients, family members and increasing healthcare costs (Hill, 1999). The nurse is responsible for the assessment and management of the patient’s pain control. Recognizing and relieving the patient’s pain needs to be a primary concern for the nurse.

In 1999, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) published its Pain Assessment and Management Standards (Hill, 1999). Starting in 2001 it was
expected that all accredited health care organizations comply with the standards. Until these standards went into affect, it was the nurse’s ethical obligation to assess and to manage a patient’s pain level. The focus for pain control has evolved from being an ethical obligation to being considered a standard of care. Based on this standard, a facility can be denied accreditation from JCAHO, if found to be non-compliant. Nurses must adhere to standards of practice in regards to a patient’s pain control and alternative pain relief modalities that are available.

There are several standards set by the Joint Commission on Accreditation of Healthcare Organization for evaluating and managing the pain of a patient (Hill, 1999). A nurse is expected to screen for the presence of pain, and assess the nature as well as the intensity in all patients, and document the findings with regular follow-up and reassessment. The nurse is also responsible for ensuring that the patient’s pain does not impede the rehabilitation process, and for incorporating pain management in patient performance activities. Identification for symptom management in the patient’s discharge planning is also a standard that is expected to be upheld by the nurse according to JACHO. In addition to pain management being the nurse’s responsibility, the healthcare organization has responsibilities in the management of pain in patients. According to JACHO, it is the responsibility of the institution to educate staff, and ensure competency in pain assessment and management. An institution is also responsible for establishing policies and procedures in the appropriate prescribing and ordering of pain medication. In addition to assessment of pain and establishing policies for pain control, JACHO has set standards requiring that patients and families need to be educated on the importance of effective pain management (Hill, 1999).

Pain is whatever the experiencing person says it is, and exists whenever he or she says it does (McCaffrey, Frock &, Garguilo, 2003, p. 2). Whatever the type of pain one may be
experiencing or the cause, the pain can be debilitating to the individual (Blackburn-Munro & Blackburn-Munro, 2001). For some individuals the pain becomes intractable and interferes with normal functioning (Blackburn-Munro & Blackburn-Munro, 2001). Current medical therapies for pain include prescribed analgesics, such as narcotic agents, and non-steroidal anti-inflammatory drugs (McCaffrey, Frock & Garguilo, 2003). Another class of prescription medication that is popular in the treatment of several types of pain is the COX-2 Inhibitor drugs. Recently there has been controversy regarding this specific class of drugs, especially Vioxx. In September of 2004 Merck, Vioxx’s manufacturer, withdrew the drug from the market after a study revealed that long term use doubled the risk of heart attacks and strokes (Beardsley, 2005, p. 16). In light of this evidence the other two popular drugs in this category, Celebrex and Bextra, have come under scrutiny as well. Both of these drugs have been shown to increase the risk of cardiovascular disease (Beardsley). These therapies can bring long term complications and toxicity and the limited efficacy leaves a number of people untreated and in constant pain (McCaffrey, Frock & Garguilo, 2003). With the recall of Vioxx and the scrutiny of the other two COX-2 inhibitors it is important to evaluate other treatment options for pain control. Patients who suffer from pain need complementary modalities available to relieve pain. A review of literature is needed to evaluate if Therapeutic Touch could be considered in improving pain symptoms.

Therapeutic Touch was introduced to the nursing profession by Delores Krieger (Krieger, 1979). In the development of Therapeutic Touch, Krieger used a combination of ideas from ancient healing practices with modern science and created a healing modality that is meant to balance the energy field through the use of the hands (Krieger, 1979). Krieger considers Therapeutic Touch to be a natural human potential that can be performed by a person who has
the intention to help or heal and is used in the clinical setting to help expedite the natural healing process. Therapeutic Touch is used by nurses. The process of Therapeutic Touch is a highly individualized treatment and tailored to the patient’s need in that the patient is assessed, treated and then reassessed by the practitioner.

Therapeutic Touch is a non-invasive modality, and according to Jurgens, Meehan & Wilson (1987), is a relatively safe technique. The literature reviewed included specifically the Krieger/Kunz method of Therapeutic Touch as defined by the Nurse Healers Professional Associates International (NH-PAI). The NH-PAI is considered to be the expert resource on information regarding Therapeutic Touch, and sets the standards for the practice and teaching of Therapeutic Touch (www.therapeutic-touch.org). Therapeutic Touch consists of four phases: centering, assessment, unruffling the field, and directing and modulating the transfer of human energy (Krieger, 1993). Therapeutic Touch is a non-invasive technique that is administered with the intent to re-pattern the patient’s energy in the direction of health and healing.

Statement of Purpose

The purpose of this literature review is to systematically summarize and categorize the current state of the art literature regarding the effect of Therapeutic Touch treatments on pain, and to provide the practitioner a summary of the evidence based research on the efficacy of Therapeutic Touch on pain management. The significance of this review is to provide information for nurses regarding the use of Therapeutic Touch and its effectiveness in providing comfort. Therapeutic Touch is an alternative treatment modality that is utilized by nurses in many health care settings (Krieger, 1993). Therapeutic Touch is a non-contact method of healing and is based on the concept that all persons are complex energy fields and coexist with the universe and are in constant interaction and exchange with surrounding energy fields, including
the human energy field (Freeman, 2001). Practitioners of Therapeutic Touch believe that these energies are the forces that create healing (Krieger, 1993).

Identification of Nursing Conceptual/Theoretical Framework

Roger’s Science of Unitary Beings (Rogers, 1970) theory provides a framework for understanding Therapeutic Touch. Roger’s conceptual model focuses on a unique view of both man and the environment in an abstract way. She postulated that both humans and the environment are energy fields and are in continuous interaction and they exist in a universe of open systems (Quinn, 1989). In the conceptual view, Therapeutic Touch affects change without physical contact between the practitioner and the client due to the exchange of the human energy field of those in the environment. The overall goal of nursing, in Roger’s framework, is that nurses can use a specific body of knowledge to creatively promote “Well Being” through understanding humans and their interaction with the environment. It is proposed that there is a relationship between the energy field of the practitioner and of the client. The practitioner is an energy field that exists within the environment of the client’s field and the client’s energy field exists within the environmental energy field of the practitioner. When these two fields interact, a re-patterning occurs within the client’s energy field. This re-patterning of energy promotes healing or health (Quinn, 1989). Roger’s model was visionary, and its creator a pioneer in nursing model development. It can be hypothesized that, if a patient is experiencing pain, a sense of well-being can not be achieved. It is an integral part of the nurse’s responsibility to relieve the pain that their patient is experiencing.

In the current literature, field disturbances are not limited to existing disruption in the function or responses of the physical body (Gerber, 2000). Gerber describes the energy field as a template for the physical body. It is believed as illness or injury occurs the energy field provides
information to allow the body to re-pattern its energy to its previous state of function (Krieger, 1993). There have been suggestions that a future use of the energy field would be used in conjunction with current medical treatments to relieve pain symptoms (Hunt, 1996).

**Literature Search Questions:**

1. How many published articles are available on the research of Therapeutic Touch and pain between 1994-2004?

2. What are the findings of current research published between 1994 and 2004 focused on the effects of Therapeutic Touch on pain?

3. What categories of pain have been studied?

4. What gaps still exist in the literature?

5. What are the strengths and limitations of the current research studies on Therapeutic Touch and pain?

**Summary**

Therapeutic Touch is an energy based intervention that can be utilized by nurses. Therapeutic Touch is a non-invasive technique that is administered with the intent to repattern the patient’s energy in the direction of health and healing. This systematic review of literature will provide information to assist nurses in giving patients an informed choice in the treatment of pain. The results of the review have the potential to add to the knowledge base and the usefulness of Therapeutic Touch as a treatment modality.
Chapter 2

Procedure

This chapter will identify the method used to search the literature, and depict the inclusion and exclusion criteria for the literature reviewed. The assumptions as well as limitations will be identified. Key words used in the literature search will be identified and defined.

Selection Process

The focus of this literature review is to provide practitioners a summary of evidence based research on the efficacy of therapeutic touch on pain management by systematically summarizing and categorizing the current literature. This review is limited to published research articles using a computerized database of EBSCO HOST, Medline, and CINAHL. The selection process began by typing in the keywords “Therapeutic Touch” and then, for more specific articles, the keywords “Therapeutic Touch and pain” were used.

The inclusion criteria for this review was that (a) the literature had to be evidence based research, clinically relevant and patient centered (b) the articles were peer reviewed (c) the interventions were identified as the Krieger/Kunz (1979), method of Therapeutic Touch, (d) outcome was identified as the experience of pain, and (f) the study was published between 1994-2004.

The selection process for this review began using EBSCO HOST, Medline and CINAHL database search of the research literature. Entering “Therapeutic Touch” as the keyword yielded 908 citations, 750 were articles written about Therapeutic Touch and the process involved rather than research based. Then, an additional search was conducted entering the keyword Therapeutic Touch and Pain, this search yielded 122 additional articles, again, 100 of these were articles
describing the process of Therapeutic Touch and not research based. After limiting the search to 1994-2004, a total of 202 articles were identified, and forty six studies were identified as being research reports. These forty six studies were reviewed to determine whether they met the inclusion criteria. Of the forty six articles reviewed twenty eight were not studies involving Therapeutic Touch and pain, rather studies involving non-humans or evaluation of the use of Therapeutic Touch in anxiety and wound healing.

After careful review, it was determined that seven articles met the inclusion criteria. Each of the research articles were quantitative studies. Out of these articles, two tested the effectiveness of Therapeutic Touch in acute pain, and the others tested the effectiveness of Therapeutic Touch in persons who experienced various types of chronic pain. Unpublished articles were excluded. Using published literature from the computerized databases provides all practitioners the same availability to peer reviewed articles that have been carefully scrutinized in areas of content and methodology. Using unpublished studies limits the availability to a select few who might access them. However, in the exclusion of unpublished work, a publication bias can occur, and this creates the possibility that the effect maybe inflated (Devine & Cook, 1983). Publication bias can also occur because, journals may be more inclined to report positive findings and researchers may be inclined to not submit non-significant findings for publication (Peters, 1999, p.130). Other exclusion criteria included studies that measured other types of touch rather than therapeutic touch (i.e. physical touch), and studies that did not include the four phases of therapeutic touch or involved non-human subjects.
Key word definitions:
Pain- defined as whatever the experiencing person says it is, existing whenever he or she says it does (McCaffery, 2000, p. 2).
Therapeutic Touch (TT) - a healing practice based on the conscious use of the hands to direct or modulate selected non-physical human energies that activate the physical body for therapeutic purposes (Krieger, 1993, pp3-4).

Assumptions:
1. Research on Therapeutic Touch and pain are available through the search of computer databases.
2. Knowledge of the current published literature on the research of TT and pain provide an empirical basis for the use of TT as a comfort modality.

Limitations:
1. Availability of unpublished literature on Therapeutic Touch.
2. Upon entering a keyword the articles that appeared in the database sometimes changed from day to day.
3. Possibility exists that other keywords may have produced more literature.
4. Possibility of other search databases that may yield additional literature.
5. Experience of researcher in analyzing state of the art literature.

Summary
A key step in a literature review is first determining what is available. A search was conducted using EBSCO HOST, Medline, and CINAHL. It was determined that a current literature review would be beneficial to the nursing arena to provide additional insight in
determining the value of Therapeutic Touch in persons with pain. Studies included only those that were published using the Krieger/Kunz method of Therapeutic Touch, excluding those studies that included laying-on of hands or other healing touch modalities. This review included studies that involved human participants. A total of forty six studies were reviewed, with only seven meeting the inclusion criteria.
Chapter 3

Background Literature

This chapter will introduce two meta-analyses that were previously conducted on Therapeutic Touch. Although the inclusion and exclusion criteria differed from the current review, these analyses lend to an increased understanding of previous research and provide suggestions for future research. The purpose of this background literature is to show the progression and evolution of Therapeutic Touch in research.

Meta-analysis discussion

Two previous studies were conducted (Peters, 1999; Winstead-Frye & Kijek, 1999) to analyze the research literature on Therapeutic Touch. A meta-analysis was conducted by Peters (1999) to determine if previous Therapeutic Touch studies produced the desired outcomes at a significant level. This meta-analysis started where Quinn (1988), ended. Peters analysis of research articles included those that were published between 1986 and 1996. Empirically based research was also another inclusion criterion and included Therapeutic Touch as the main intervention. Outcomes were measured by the physiological or psychological responses (Peters).

The results of the meta-analysis indicated the studies of Therapeutic Touch were not flawless. A great number of the outcomes of the statistical analysis were distorted by identifiable weaknesses in the studies. There were four areas of improvement that were recommended by Peters if the research were to support the use of Therapeutic Touch as a credible intervention. Some concerns included underreporting of data, sampling methods, and practitioner skill. Data that was found to be underreported included subject demographics and completeness of gathered statistical information. There were issues with the use of contact versus non-contact Therapeutic Touch and time allowance for treatments. These were some of the intervention inconsistencies
that were reported among the studies. There was a lack of knowledge in regards to each practitioner’s skill level. The relationships between the practitioners and subjects were also noted to be an area of concern. Subject sampling was determined to be an area of concern due to the use of convenience sampling, which was used in all the studies and the random assignment was not consistently identified (Peters, 1999). This analysis was not restricted to the Krieger/Kunz Therapeutic Touch method.

Another meta-analysis was conducted by Winsted-Fry & Kijek (1999), and the review consisted of thirty-eight studies. The sample inclusion criteria differed from, Peters (1999), in that the study focused specifically on the Krieger/Kunz method (Krieger, 1993). The studies that were deemed acceptable were those that included animals, humans, and plants. Potential gaps that were identified include the demographic of subjects, method description, and time limitations of the Therapeutic Touch session. It was also determined, by the authors, that Therapeutic Touch treatments should be performed not only on healthy individuals, but should include those suffering from an illness. In several of the studies analyzed by Winsted-Fry and Kijek it was noted that there were time limitations placed on the Therapeutic Touch treatment. They asserted that, in contrast, surgical interventions are not restricted to time limits, as are Therapeutic Touch interventions. Therefore, a time limit is not an accurate reflection of the process. This attitude was also mentioned by Clark and Clark (1984), and it was noted by the author that careful control and limitations in the research process can interfere with the genuine result of the effects of Therapeutic Touch. The theoretical basis of Therapeutic Touch was identified by Winsted-Fry and Kijek as having multiple strengths, and they encouraged that further research should be conducted on Therapeutic Touch.
According to Peters (1999), three research phases of Therapeutic Touch have been identified as being evolutionary in this field. In the 1960’s the first phase of research began and focused on what the effects of “laying on of hands” had on plants and the rate in which wound healing took place in mice. The second phase was the initiation of Therapeutic Touch on human subjects (Krieger, 1979). The third phase was identified by Quinn (1988), with her assessment of the progression of Therapeutic Touch research, maintaining that early researchers set the foundation for more sophisticated inquiry into the modality.

**Summary**

Evaluating previous meta-analyses provides a better understanding of how research on Therapeutic Touch has progressed, as well as what is needed in future studies. These two previous studies indicate a need for uniformity in practitioner skill, as well as eliminating the time restrictions on interventions. Suggestions were made to conduct interventions on those suffering from an illness to better understand the potential for an alternative healing modality. These two meta-analyses allows for a better understanding on how Therapeutic Touch has evolved as well as increasing the body of knowledge on the needs for future research.
Chapter 4

Analysis

This chapter will introduce the research literature that was reviewed. Each of the articles that met the inclusion criteria identified earlier will be discussed in this chapter (see Table 1). The sample size, study design and measurement outcomes will be discussed for each study.

Of the articles that met the inclusion criteria, five studies examined the effects of Therapeutic Touch in chronic pain and two in acute pain. The acute pain studies will be presented first, with the additional chronic pain studies being presented in chronological order from earlier studies to the latter.

Acute Pain Literature

The following is a summary of the two studies that focused on acute pain. Barrington (1994) examined the effect of Therapeutic Touch treatments post-operatively. Six patients were examined following coronary artery bypass surgery. Two treatments were administered to each participant. The first treatment was given 48-56 six hours post-op, and the second, 24 hours later. This study determined that Therapeutic Touch treatments either reduced or eliminated post-operative pain in each participant, using the Visual Analog Scale. This study does, however, fails to mention to what degree of pain relief each participant experienced. In addition to pain reduction, it was reported in five out of the six participants that there was an overall feeling of relaxation and calming, again to what degree is not identified within the study. There were several limitations in this study. First, there was a low number of participants, five females and one male. Second, this study evaluated the effectiveness of Therapeutic Touch following two three to eight minute sessions. It is to be noted that this session length is not reflective of a typical Therapeutic Touch treatment, in that it was shorter than normal sessions. Third, it was
<table>
<thead>
<tr>
<th>Author Year</th>
<th>Nursing Conceptual Framework</th>
<th>Design</th>
<th>Variables and Population</th>
<th>Sample Size</th>
<th>Treatment Protocol</th>
<th>Instrument</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barrington 1994</td>
<td>Rogers</td>
<td>Experimental Pre-Test Post-Test</td>
<td>Variable: Post-op pain (CABG) Population: Adults</td>
<td>n=6 TT- n=6 No control group</td>
<td>1 treatment 48-56 hours post op then repeated 24 hours later</td>
<td>VAS</td>
<td>TT reduced or eliminated post-op pain. Increased report of relaxation and an overall feeling of well-being</td>
</tr>
<tr>
<td>Eckes-Peck 1997</td>
<td>Rogers</td>
<td>Two group longitudinal design</td>
<td>Variable: Pain &amp; Function Population: elderly</td>
<td>n=82 TT- n=45 PMR*- n=37</td>
<td>6 treatments once weekly for 6 weeks</td>
<td>AIMS2</td>
<td>Pain, tension, mood and functional ability increased with TT sessions</td>
</tr>
<tr>
<td>Lin &amp; Taylor 1998</td>
<td>Rogers</td>
<td>Pre-Posttest single blind randomized three group design</td>
<td>Variable: Pain &amp; anxiety Population: Elderly</td>
<td>n=90 TT- n=31 MT*- n=29 SC*- n=30</td>
<td>3 treatments once weekly for 3 weeks</td>
<td>NRS STAI</td>
<td>Pain/anxiety significantly reduced in TT group</td>
</tr>
<tr>
<td>Turner, Clark, Gauthier, Williams 1998</td>
<td>Rogers</td>
<td>Single blind randomized</td>
<td>Variable: Acute Pain Population: In patient burn victims</td>
<td>n=99 TT- n=62 Sham TT- n=37</td>
<td>1 treatment daily for 5 days</td>
<td>McGill Pain Questionnaire Numbers Words Chosen</td>
<td>TT participants had significant decrease in pain and CD8/lymphocyte concentration</td>
</tr>
</tbody>
</table>
Table 1: A Chronology of Outcome Studies of Therapeutic Touch by Author, Year, Nursing Framework, Design and Sample Size

<table>
<thead>
<tr>
<th>Author Year</th>
<th>Nursing Conceptual Framework</th>
<th>Design</th>
<th>Variables and Population</th>
<th>Sample Size</th>
<th>Treatment Protocol</th>
<th>Instrument</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gordon, Merenstein, D’Amico, Hudgens 1998</td>
<td>Non Stated</td>
<td>Randomized Control</td>
<td>Variable: Osteoarthritic Pain</td>
<td>n=25</td>
<td>6 treatments once weekly for 6 weeks</td>
<td>HAQ, MPI, VAS</td>
<td>Improvement in function/pain improved over those that received MTT or NT</td>
</tr>
<tr>
<td>Blankfield, Sulzman, Fradley, Tapolyai, Zyzanski 2001</td>
<td>Non Stated</td>
<td>Randomized single blind study</td>
<td>Variable: Carpal Tunnel Pain</td>
<td>n=21</td>
<td>6 treatments once weekly for 6 weeks</td>
<td>VAS, Electroneurometer</td>
<td>No difference in TT group than in Sham TT group</td>
</tr>
<tr>
<td>Dennison 2004</td>
<td>Rogers</td>
<td>Pre-test Post-test Quasi-experimental two group design</td>
<td>Variable: Fibromyalgia Pain</td>
<td>n=15</td>
<td>6 treatments once weekly for 6 weeks</td>
<td>FHAQ, PRI, VAS</td>
<td>TT significantly decreased the experience of pain and increased quality of life</td>
</tr>
</tbody>
</table>

* PMR- Progressive Muscle Relaxation; * MT= Mimic Touch; *SC= Standardized Care; *NT= No Treatment
noted in this study that the researcher served as the Therapeutic Touch practitioner, which could lead to a potential bias.

The other study focusing on acute pain was conducted by Turner, Clark, Gauthier, and Williams (1998) examined the effectiveness of Therapeutic Touch in ninety-nine men and women burn patients, between the ages of fifteen and sixty-eight. Sixty-two participants received Therapeutic Touch, and thirty-seven received sham Therapeutic Touch treatments once a day for five days. The McGill Pain Questionnaire was administered on days one and six to provide information on the long term effects of the Therapeutic Touch treatments. The participants who received Therapeutic Touch treatments reported a significantly greater reduction in pain using the McGill Pain Questionnaire on two of the three indicators in the questionnaire, \( t (61) = 2.76, P = 0.004 \), and for the Numbers Words Chosen, (included in part of the McGill Pain Questionnaire), \( t (61) = 2.75, P = 0.005 \). The Pain Reduction Indicator in the recipients of Therapeutic Touch had an adjusted mean score of 8.4 units lower than that of the control group, compared to the mean baseline score of 38.5 units, and for the Number of Words Chosen, the Therapeutic Touch group score was 3.0 units lower than that of the control group, with a mean baseline score of 15.6 units. The Therapeutic Touch group had 21.9\% and 19.2 \% more desirable scores in the two pain measurements. On day six the two pain measurements results for the McGill Present Pain Intensity indicated less pain in the Therapeutic Touch recipient group. It was noted, however, that the difference between the treatment group scores approached but did not achieve statistical significance (\( P=0.064 \)). The Visual Analogue Scale for Pain (VASP) was used to assess the long term effects of Therapeutic Touch by comparing the scores on day six using the day one scores and co-variables. There was no statistical significance difference found between the sham group versus the Therapeutic Touch group, \( P= 0.197 \). Scores for days three
and six were compared using the day one score, and a difference of 13.8 units was found between the mean scores of the Therapeutic Touch and sham group, compared to a mean baseline score of 86.1 with \( t(80) = 1.20, P = 0.117 \). This does indicate a 16.0% more favorable score for the Therapeutic Touch group, but again was not statistically significant. Additionally, participants reported a decrease in anxiety over those who received sham Therapeutic Touch on the Visual Analogue Scale for Anxiety. One item to be noted in this study is that the researchers measured the satisfaction of therapy following either the sham treatment or the Therapeutic Touch treatment, using the Effectiveness of Therapy Form and the Visual Analog Scale for Satisfaction with therapy. The use of these forms began approximately one-fourth of the way through the data collection process period, \( n=44-52 \), noting that a higher score indicated a greater satisfaction with the outcome of the treatment. When the subscales were compared, it was determined that the differences in perceived pain and the willingness to pay for treatment approached statistical significance with \( t(43) = -1.50, P = 0.070 \) for pain relief and \( t(44) = -1.39, p = 0.087 \) for willingness to pay. This study also noted that eleven subjects in the Therapeutic Touch recipient group showed a decrease in the total CD8 and lymphocyte concentration. It was noted that the original study protocol was to obtain blood samples on day one and day six from those participants who either had a vascular access device or consented to having an additional venipuncture. The majority would not consent to having an additional needlestick for research purposes.

There are several strengths and limitations of this study. The first strength is that the researchers did not administer the treatments. Second, the treatments were administered by experienced Therapeutic Touch practitioners and were trained in the Krieger/Kunz method. Third, the research assistants administering the sham treatment were trained to ensure the hand
movements resembled those of an actual treatment. There were limitations identified in the study design. First, the design did not include a “treatment as usual” group. Second, the treatments were given over a span of a week not allowing for sufficient time to determine if there are long lasting benefits. Third, background music was being played during the intervention making it difficult to determine if this had a beneficial effect.

**Chronic Pain Literature**

The following studies examined the effects of Therapeutic Touch on the following types of chronic pain: Osteoarthritis, arthritis, Carpal Tunnel, and Fibromyalgia. Eckers-Peck (1997) studied the effectiveness of Therapeutic Touch in regards to pain control and functional ability in elders with arthritis. This study compared the Therapeutic Touch treatments to that of progressive muscle relaxation. The study consisted of eighty-two participants who ranged in ages fifty-five to ninety-nine. The study did not report the gender breakdown. Participants were randomly assigned to therapeutic touch or progressive muscle relaxation treatments. Participants served as their own control for a period of four weeks, known as the baseline period, while receiving their routine care for arthritis.

It is to be noted that allowing participants to serve as their own control group is a flaw in the design of the study, potentially affecting the outcome. After the baseline period, the participants received one treatment a week for six weeks with treatments taking approximately fifteen to twenty minutes. Each participant remained with the same practitioner for all treatments. A total of eighty-two participants completed the study. Measurements of functional ability were made using the Arthritis Impact Measurement Score, version 2 (AIMS2). Paired t-tests were used to compare the mean scores of the subscales at baseline and after the sixth treatment. Significant differences were found on five of the eleven subscales: hand function (t
It was determined that the mobility scores in the progressive muscle relaxation group did not differ in the first three treatments, however, they did improve slightly by the sixth treatment. Conversely, in the Therapeutic Touch group, the participants reported benefit from the first treatment. Hand and arm function scores were progressively worse in the progressive muscle relaxation group while the Therapeutic Touch group did show slight improvement. The Therapeutic Touch treatment group did reveal better function throughout the treatment regimen than the progressive muscle relaxation group. The study did conclude that the administration of both Therapeutic Touch treatment and progressive muscle relaxation did decrease the participant’s pain perception, improved tension and mood as well. Overall it was determined that there was no difference in the pain control between the two groups, however, the functional ability was significantly improved in the Therapeutic Touch group versus those that received progressive muscle relaxation.

In another study, the effects of Therapeutic Touch in reducing chronic musculoskeletal pain and anxiety were studied by Lin & Taylor, (1998). In this study, a pre-posttest, single blind randomized three group design was used to compare the differences between Therapeutic Touch, Mimic Touch, and standard care. Pain intensity was measured using the Numeric Rating Scale (NRS); anxiety was measured using the subject’s level of state anxiety scale (STAI). In this study there were ninety-five participants that were sixty-five years and older living in retirement communities, nursing homes or enrolled in adult day care or community senior center programs that experienced chronic musculoskeletal pain, and were deemed cognitively clear after being assessed by the research team. Gender breakdown was not identified in this study. Participants
who were currently using other complimentary modalities were excluded. For consistency of the intervention and to minimize practitioner bias, one Therapeutic Touch practitioner and one Mimic Touch practitioner were used. Participants received three consecutive treatments at the same time each day at their facility, interventions lasted for twenty minutes. It was determined in this study that the pain intensity scores decreased in all groups with a significant reduction in subjective pain ratings in the Therapeutic Touch group (5.95) as compared to the Mimic Touch group (1.83) and the standard care group (0.75) (P< 0.001), effect size of 0.92 and power of 1.0. The data also indicated that anxiety was reduced using Therapeutic Touch intervention (8.07), compared to Mimic Touch (3.41) and standard care (1.37) at the p<0.01 level with an effect size of 0.35 and power of 0.85. The lasting effects of a Therapeutic Touch intervention have been reported by subjects to last for more than four hours following the intervention (Keller & Bzdek, 1986).

In the next study, the effectiveness of Therapeutic Touch treatments for osteoarthritis of the knee was conducted by Gordon et al. (1998). This study was conducted in a community hospital of a family practice residency program. Twenty-five participants completed the study and were between the ages of forty and eighty and had been previously diagnosed with osteoarthritis of one knee with no history of previous knee replacement and free of other connective tissue disease. The outcomes measured were pain and its impact, general well-being and health status. Baseline data was gathered using the Stanford Health Assessment Questionnaire (HAQ), the West-Haven Yale Multidimensional Pain Inventory, version 2.1 (MPI), and two visual analog scales to measure the pain and general well-being. This was a randomized single blind study, and the participants were in one of three groups, Therapeutic Touch, mock Therapeutic Touch or standardized care. The participants all continued with their
standard care, in addition the treatment group received a weekly treatment for a six week period. The placebo group was given a mock treatment at the same rate. It was noted that in this study a Therapeutic Touch practitioner was not used to give the mock treatments. It was felt that it would be difficult for a trained practitioner to simply go through the motions of a treatment and to not actually provide a treatment because the process is so natural to the trained practitioner. It was determined, in this study, that there was a significant improvement in function as well as a reduction in pain in those participants that received the Therapeutic Touch treatments, than in the other two groups. Statistically, the treatment group did better than the placebo group on two measures of current health status, P = 0.05 and P = 0.001, respectively. It was also subsequently noted that the treatment group demonstrated improved energy levels (P = 0.02), increased health and an overall general health improvement, (P = 0.04). There was no significant improvement in the placebo group over the control group on any of the measures.

The effectiveness of Therapeutic Touch in persons diagnosed with Carpal Tunnel Syndrome was studied by Blankfield et al. (2001). In this study, it was noted that patients with other co-morbid medical conditions were also able to participate in the study. Some of the conditions included arthritis, diabetes, thyroid disease and kidney disease. Those who had previous surgeries were also included. Neither gender nor age breakdown was reported in this study. The participants were assigned to either a treatment group or those that received sham treatments. Participants in either group were given treatments on a weekly basis for a six week period, lasting for approximately thirty minutes. Distal latencies of the median nerve were measured pre and post treatment by the practitioners using an electroneurometer as well as the Visual Analog Scale for pain measurement. This study originally had expectations of a higher number of participants, since this did not occur the researchers asked the participants to cross
over after a six week period of no treatments. Only six participants from each group crossed over for additional studies. Thus, those who initially received Therapeutic Touch treatments crossed over to the placebo group, and vice versa. This study determined that there were no significant differences between the two groups. It was noted that the participants in the Therapeutic Touch group did have a higher rate of other medical problems and used wrist splints more often than those in the control group. After the cross over, it was also determined that there was no significant difference between groups in the pain scores or relaxation scores, however, it did show that there was a significant difference in the immediate change from the original baseline scores. This finding is difficult to interpret since only six from each group crossed over for additional research. After the washout phase it was noted that the measurements were not taken at the same intervals as in the first part of the study.

In the next study, the effectiveness of Therapeutic Touch treatments in participants diagnosed with fibromyalgia syndrome was examined by Denison (2004). Participant’s age ranged from twenty-five to eighty-one years of age, with no gender specifics mentioned. The majority of the participants had other co-morbid diagnosis as well, such as Irritable Bowel Syndrome, depression, and arthritis. The participants varied in the length of time they had been diagnosed with Fibromyalgia from three months to more than ten years. This study was a pretest-posttest quasi-experimental two group design. There was a series of six treatments given to the treatment group by practitioners that were credentialed by the NH-PAI, having more than ten years experience. The treatments that the participants received were not a predetermined length of time and ended based on the reassessment of the practitioner, and the intent was to reestablish a symmetrical flow of energy in the participant’s energy field. The control group sat quietly at the same intervals listening to various informational tapes on complimentary modalities. The
Fibromyalgia Health Assessment Questionnaire (FHAQ) was used to measure the quality of life before and after treatments in both groups. The study determined there was a statistically significant decrease in the FHAQ scores, indicating improvement in functional ability ($t (8) = 1.95, P = 0.044$). The Pain Rating Index (PRI) and Visual Analogue Scale (VAS) were used to measure the pain relief in each of the groups. It was found that there was not a significant difference between the PRI and VAS when each weekly post treatment and control group scores were compared; however, the mean score was lower in the treatment group four out of six times.

Two different participants in the treatment group reported having a migraine during the course of the treatments and another reported being diagnosed and treated for renal calculi. Of interesting note, the participant that reported having a migraine stated that during a typical week they would experience three to five episodes and when the study began they had only experienced two migraines since the previous week’s treatment. It was also noted that the participants were not equally dispersed between the treatment and control groups, having more participants in the control group. Incidentally, it was noted that the participants experienced an improvement in the quality of life from the first week to the sixth week. This was evidenced by participant comments such as “increased energy”, “improved sleep”, and a feeling of “calming”.

A limitation identified in each study is the lack of reporting demographics of the participants, making it difficult to make generalizations about the outcomes. A second limitation is that in two of the studies the control group and the treatment group had a large difference in the number of participants in the treatment group versus the control group. A third limitation identified in two of the studies is that participants in the treatment group had an increased rate of other associated medical conditions. In addition to similar limitations of the studies there were similarities found among the reviewed research in the strengths of the studies. First, two of the
studies used a treatment group, a control group and a standardized group. Secondly, four of the studies identified that participants received treatments weekly for a period of six weeks, allowing for sufficient time between treatments. Third, in two of the studies the participants received treatments from the same practitioner. Lastly, one of the studies identified the practitioner as having significant experience in Therapeutic Touch and being a credentialed practitioner.

The studies involving the effectiveness of Therapeutic Touch in acute pain were the only studies that involved hospitalized participants. Two out of the seven articles identified using Martha Rogers as the nursing conceptual framework for the basis of the study. Although in each of the studies the Krieger/Kunz method of Therapeutic Touch was identified as being used. Only one of the studies stated that the treatments did not have a pre-determined length of time. One study identified using participants that were under the age of eighteen years of age.

Summary

Seven research articles studying Therapeutic Touch and pain were reviewed to determine what effects it may have in the treatment and management of chronic and acute pain. This review demonstrates that there are multiple approaches in the research of Therapeutic Touch. There have been multiple accomplishments made in the research of Therapeutic Touch; however, this review does indicate that there are areas that need to be addressed. There are three weaknesses that need to be identified in later research. The areas needing addressed are, practitioner skill, intervention methods, and sampling procedures.
Chapter 5
Conclusions

This chapter summarizes what is currently known in the area of Therapeutic Touch on pain after conducting a review of literature. This chapter will also provide a summation of what Therapeutic Touch is, and problems that exist for persons who experience pain. The research questions that guided this review of literature are answered. Implications for nursing and recommendations for further research in the area of Therapeutic Touch and pain will be addressed.

Problem of Pain

According to JCAHO there are an estimated 50 million Americans that suffer some type of pain at any given time. One time it was thought that pain only affected the elderly (Bugaslawski, 1980). The pain conditions that were studied were not limited to the conditions that only the elderly suffer from, in fact one study did include those as young as eighteen.

The American Chronic Pain Association conducted a survey and found that out of 800 surveyed, 15 percent of chronic pain sufferers were 18-34 years of age; 31 percent were 25-50 years of age; and 53 percent were over the age of 51 years (Scholossberg, 2004). Edward Covington, M.D., director of the Chronic Pain Rehabilitation Program at the Cleveland Clinic stated that untreated pain has a severe impact on one’s employment, relationships, marital or otherwise, and can greatly diminish a person’s quality of life (Scholossberg).

Pain can not only cause an impact emotionally, but financially as well. JACHO reported that there are approximately $100 billion per year of lost wages to the American people and more than 50 million lost workdays annually (Scholossberg, 2004). These numbers are troublesome not only for those suffering from pain, but also for the families and employers. In treating those
that suffer from pain, it is important to explore all possibilities for controlling symptoms. This review of literature explored the effectiveness of Therapeutic Touch on pain.

Therapeutic Touch

Therapeutic Touch was introduced to the nursing profession by Delores Krieger (Krieger, 1979). In the development of Therapeutic Touch, Krieger used a combination of ideas from ancient healing practices with modern science, and thus created a healing modality that does not involve laying on of hands (Krieger, 1997). Therapeutic Touch is a natural human potential that can be performed by a person who has the intention to help or heal and can be used in the clinical setting.

Therapeutic Touch is based on a nursing theory that was developed by Martha Rogers. Rogers’ conceptual model focused on a unique view of both man and the environment. She postulated that both humans and environments are energy fields and are in continuous interaction and exist in a universe of open systems (Quinn, 1989). Delores Krieger and Dora Kunz developed the method of Therapeutic Touch for the purpose of teaching it to others (Krieger, 1993). Therapeutic Touch consists of four phases that are known as: centering, assessment of the field, modulation and directing energy, and reassessment (Meehan, 1993). The treatment is complete when the practitioner is no longer able to feel an unbalance in the patient’s energy field. Each treatment is unique to the patient, with the average treatment time taking approximately 20-25 minutes (Krieger, 1993).
Literature Search Questions Answered

Literature search question one asks, “How many published articles are available on Therapeutic Touch and Pain from 1994-2004?” The results determined that there were forty-six; however, only seven met the inclusion criteria for this review of literature.

Literature search question two asks: “What are the findings in the current research over the last decade on Therapeutic Touch and Pain?” In the studies that were focusing on acute pain (Barrington, 2004, Turner et al., 1998), both reported the participants as reporting a decrease in pain perception following the Therapeutic Touch Treatments. In the literature where chronic pain was studied, Lin & Taylor (1998) and Gordon et al.(1998) were the only studies where participants reported having a significant difference in pain control. There was no significant difference in pain reported in the studies by, Eckes-Peck (1997), Blankfield et al. (2001), and Denison (2004). However, Eckes-Peck (1997) stated that even though there was not a difference in pain control, there was a difference in pain perception or intensity of the participants who received Therapeutic Touch treatments. Even though the pain control desired was not necessarily achieved in each of the studies, a significant finding is that, after the Therapeutic Touch treatments in the studies by Eckes-Peck (1997) and Denison (2004), it was found that the participants had an improved functional ability. In the study conducted by Blankfield (2001), there was not a verbalization of difference in the pain control reported by the participants; however, there was a significant decrease in scores from the original baseline, indicating that the Therapeutic Touch treatments were effective in the reduction of pain. There was a decrease in the level of anxiety post treatment reported in the studies conducted by, Turner et al., (1998), Lin & Taylor (1998), and Denison (2004).
Literature Search question three asks: “What categories of pain have been studied?” Over the past decade, it was determined that there is a limited number of published research available on pain and Therapeutic Touch. Acute pain studies were conducted on postoperative pain management in Barrington (2004) and inpatient burn patients by Turner et al (1998). Although the number is few, there were more studies found in management of chronic pain. Arthritic pain and muscoskeletal pain were the more predominant chronic conditions studied. Those diagnosed with Carpal Tunnel Syndrome were also studied by Blankfield et al (2001).

Literature search question four asks: “What gaps still exist in the literature?” Gaps in the literature were noted in the types of control interventions between each study. In the research study conducted by Eckes-Peck (1997), the control group received an intervention of progressive muscle relaxation. This intervention, as described by the author, is a relaxation method that has been noted by Bruce et al., (1988) to promote relaxation and relieve pain. The control group in Denison (2004) sat quietly while listening to tapes regarding complimentary modalities. In the studies that included Mock or Sham Therapeutic Touch, Turner et al., (1998) and Gordon et al., (1998) were the only researchers that identified that the person performing the mock treatments were videotaped and reviewed prior to the administration. Utilizing this technique ensured that those familiar with Therapeutic Touch would not be able to determine if they were in the treatment group or control group based on the practitioners hand movements. Barrington (1994) was the only study that did not include a control group. It was not clear in any of the studies reviewed whether the participants receiving Therapeutic Touch treatments or Mock Treatments were sitting or lying.

The effects of Therapeutic Touch and pain still need to be extensively researched in order to provide reliable data that this modality is effective in controlling or eliminating pain. Further
studies need to provide detailed demographics so that generalizations can be made regarding the results. The researcher needs to outline the steps of the Therapeutic Touch process, to eliminate confusion as to what is meant when providing Therapeutic Touch treatments. Experienced practitioners need to be utilized to ensure the process is being performed correctly.

Literature search question five asks: “What are the strengths and limitations of the current research studies on Therapeutic Touch and pain?” An identified strength in each of the seven articles is that the research process was clearly defined. Additionally, each of the studies described in detail the instrumentation used to measure the results as well as the reliability and validity of those instruments. There are multiple identifiable limitations noted in the current research on Therapeutic Touch and pain. Minimal data was provided in regards to the level of the Therapeutic Touch practitioner’s expertise. Denison (2004) is the only study where the practitioner was identified as being credentialed by the NH-PAI and had a significant length of experience in the area of Therapeutic Touch. The research outcomes may vary depending on the level of expertise of each practitioner. Second, each of the research studies identified that the Krieger/Kunz method was used in providing the treatments. One finding here is that even though the Krieger/Kunz method was stated as being followed, not all of the studies followed the definition established by Krieger/Kunz, in that time restrictions were placed on the interventions. Lastly, with the exception of age range and gender of the participants, the studies failed to provide any further demographic data of the participants.

**Conclusions**

This review of literature over the past decade in the area of Therapeutic Touch and pain demonstrate there is diversity in the approaches to research. This diversity makes it difficult to
make any generalizations regarding the effectiveness of Therapeutic Touch on pain. The diversities include:

- Limited demographic data
- Variation in description of treatment, limited treatment time, and varied treatment protocol
- Number of participants
- Design of the study
- Expertise and Experience of practitioner

It was noted in many of the studies reviewed that there was limited demographic data presented. The limited demographic data in the studies makes it difficult to make generalizations about Therapeutic Touch. It is not clear if the results of many of the studies are affected by the age, gender or socioeconomic status of the participants. Turner et al. (1998) was the only study that included participants under the age of eighteen, although it is unclear exactly how many minor participants were included.

Each study stated that they followed the Krieger/Kunz method of Therapeutic Touch; however, Denison (2004), and Eckes-Peck (1999), are the only studies that specifically stated that the intervention was not performed for a pre-determined length of treatment time. Dension (2004) is the only study where the practitioner was identified as being credentialed by the NH-PAI and had a significant length of experience in the area of Therapeutic Touch. Conversely, Barrington (1994) stated that each participant received treatments that lasted from three to eight minutes in length. Each of the other research studies cited the treatment time as being from fifteen to thirty minutes in length. Studies that do not include each step of the Therapeutic Touch
process, as defined by Krieger/Kunz, seriously deviate from the Therapeutic Touch process. The possibility exists that the shortened treatment time may affect the study outcome.

In addition to the length of treatment times that varied between each of the studies, there was a variation in the number of treatments that were given to each participant. Barrington, (1994) did not state the number of treatments each participant received during the study time. In the study conducted by Turner et al. (1998), each participant received treatments once daily for five days. Similarly, the participants in the study conducted by Lin & Taylor (1998) received three treatments. The other studies stated that the treatments were given weekly over a six week period. It is a reasonable conclusion that the number of treatments may affect the outcome; therefore, a study into the number and frequency of treatments needs to be conducted.

This review of literature indicates that there has been some progress in the study of Therapeutic Touch and pain, however, this review also indicates there are still gaps that remain in literature. As indicated earlier, there are areas that need addressed in future studies, practitioner skill, intervention methods and sampling procedures.

Limited demographic information makes it difficult to make generalizations regarding the effectiveness of Therapeutic Touch. It has not been well established if the effectiveness or lack of effectiveness is driven by one’s gender, age, health status, educational background or socioeconomic status. Another noteworthy item is the methodology of the assignment to either a control group or treatment group was not well identified in the studies, as well as the equality of numbers in either group. This does raise some questions regarding the findings.

Another major gap identified was that of practitioner skill as well as the intervention method. This review does reveal that there was a lack of consistency in the treatment procedure itself as well as the varied skill levels of the practitioners. It is difficult to know what each
researcher means when they state the Krieger/Kunz method is being utilized without adequately
describing the process. This could be remedied by the researchers citing a reference for the
method in lieu of depicting each step in detail. The minimal data regarding practitioner skill and
intervention method made it difficult to examine the results for impact on the effect size.

The outcomes of this review of literature are mixed. There is definitely a need for more
research on the efficacy of Therapeutic Touch and pain management. The current research does
indicate that there is a benefit received from Therapeutic Touch treatments. Unlike medication,
the use of Therapeutic Touch has not been found to have any adverse side effects to the patients
receiving treatments. Therapeutic Touch has also not been found to produce any ill side effects
with the concurrent use of medications; as Therapeutic Touch focuses on rebalancing the human
energy rather than the physical body structure (Krieger, 1993). Keeping this in mind only
enhances the argument that there is a need for further research to better understand this non-
invasive, non-toxic alternative healing modality.

Although the actual pain relief benefits from Therapeutic Touch are mixed, it is clear that
this modality is appropriate in nursing practice. There is a potential for natural healing to take
place and is non-invasive. Therapeutic Touch is an alternative modality than can be incorporated
into any area of nursing. Therapeutic Touch has become an example of an alternative modality
that is incorporated in nursing practice today. There has been doubt raised regarding the
association of Therapeutic Touch and energy field theoretical framework and its proposed
effects, however, the research does indicate that it does have a potential as a nursing intervention.
Therapeutic Touch leads to a more nurturing environment and enhances the relationship between
the patient and nurse (Jurgens et al., 1987).
The use of Therapeutic Touch as a means of pain control and an improved sense of well-being has not been extensively researched in the nursing arena. Although there is limited research data over the past decade in the area of Therapeutic Touch and pain control, the current review of literature does provide further insight into this complimentary modality and offers hopeful alternatives in pain control for our patients. Future research should utilize experienced practitioners that are consistent in the Krieger/Kunz method of delivering Therapeutic Touch treatments. Demographic data as well as sampling procedures should be well defined among the researchers for comparison of results. Consistency in the number of treatments, as well as the time frame of the studies, would add to a more consistent finding of the effectiveness as well. More rigorous research still needs to take place to establish a solid body of evidence that Therapeutic Touch is an effective alternative method to pain control, and to support the use of Therapeutic Touch as a nursing intervention.

**Significance to Nursing**

In the reviewed literature, it was determined that Therapeutic Touch has potential to reduce pain, promote relaxation and decrease anxiety. Therapeutic Touch has the potential to be important within the nursing community when immediate interventions are needed to relieve acute or chronic pain, eliminating the need to wait for a pharmacological order. Intervening in a more timely fashion is not only beneficial in controlling or eliminating the experience of pain, but is also helpful in reducing the level of anxiety that exists when pain is present. Additionally, the use of Therapeutic Touch also gives the patient and the nurse a holistic method in controlling pain and promoting comfort. In this era of nursing shortages, increased paperwork and increased patient load the focus of hands on care seems to have faded. With the use of Therapeutic Touch
as an alternative modality, nurses can once again regain the closeness with their patients, as well as having a direct affect on their level of pain.

As Therapeutic Touch is developed and researched, it needs to be included in nursing education programs as a nursing modality. Utilization of Therapeutic Touch within the clinical setting needs to be supported by administration. Nurses who provide bedside care and are knowledgeable in the use of Therapeutic Touch need to provide education to the nursing administration and administrators need to provide the necessary resources and incentive. Nurses and administrators need to collaborate to institute policies and procedures on the practice of Therapeutic Touch. Because of the multiple potential benefits that Therapeutic Touch offers, it is essential that educational classes are provided to nurses within institutions so this modality may be implemented.

Therapeutic Touch is based on a nursing theory. Care that is rendered from the use of a nursing framework provides practice and care that is specific to that of professional nursing. Using modalities within a nursing practice provides nurses with an enhanced set of options to provide care to our patients as well as making the nursing practice professional, whole and patient centered.

Summary

Pain is a problem that can be debilitating, and may cause patients to have lost time at work, potentially creating financial burdens. Although the effectiveness of Therapeutic Touch on pain requires further research, there are indications that there is benefit in the use of Therapeutic Touch on pain as well as reducing the levels of anxiety. The use of Therapeutic Touch in the nursing arena provides a more nurturing environment, as well as enhancing the interaction between the nurse and patient.
References


*Psychopharmacological Update*, 12 (9), 1-4.


Abstract

The purpose of this review of literature is to summarize and categorize the past decade of literature of the effect of Therapeutic Touch treatments on pain. Seven articles were reviewed to determine the efficacy of Therapeutic Touch on pain. Strengths and limitations of past research have been identified. Suggestions for future research have been identified. The results indicate that Therapeutic Touch has a positive effect. It is difficult to make any concrete claims, because there is limited published research and many of the studies have methodological issues that make the results difficult to interpret.