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# Therapeutic touch: Its application for residents in aged care

*About the authors*
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## Introduction
**Contemporary nursing theories increasingly promote nursing as a specialist field facilitating patient wellbeing through therapeutic, qualitative approaches directed toward individual patient needs.[1-4] Therapeutic touch is one such approach. The Nurse Healer's Professional Associates International (NH-PAI) defines therapeutic touch as 'a contemporary interpretation of several ancient-healing practices', involving the 'intentionally directed process of energy exchange during which practitioners use their hands to facilitate healing'.[5] This paper discusses the effectiveness of therapeutic touch in the health profession, through a review of previous research and an exploratory study of specific therapeutic touch strategies in the care of residents of aged care facilities.**

## A practised philosophy
Therapeutic touch in its modern form was developed in the early 1970s by Dr Dolores Krieger and Dora Kunz.[6-8] The basic philosophy underlying therapeutic touch is that a balanced interaction of energies serves to enhance a recipient's ability to self-heal.[9]

This philosophy suggests that illness or disease results in the interruption or disturbance of a person's natural energy fields, thereby limiting the flow and availability of energy to the individual. Therapeutic touch seeks to restore and rebalance the rhythmical patterns and transfer of energy to the individual, creating an environment within which the body's healing process is naturally accelerated.[10]

The practice of therapeutic touch moves beyond normal nurse-patient touching to incorporate the intentional touching of a patient by a nurse acting with the expressed purpose to heal and restore 'wholeness' to the person.[11]

The application of therapeutic touch generally involves a number of phases for the practitioner. These include: 'centering' or focussing; locating imbalances in the energy field; facilitating the symmetrical and rhythmical flow of energy through the field; and finally re-evaluating the recipient's energy fields.[12]

## A practised science
As the use of therapeutic touch in nursing practice has increased, practitioners have sought to scientifically measure outcomes to establish therapeutic touch as an evidence-based practice.

The scientific development of therapeutic touch is based on concepts developed by American nursing academic Martha Rogers through research conducted in the 1970s and 80s which indicated therapeutic touch could enhance animal and plant healing in controlled environments.[13,14] Research involving the effect of therapeutic touch on human recovery was initiated in the 1970s.[15]

Subsequent studies have shown the positive effects of therapeutic touch in reducing physiological or behaviour-related distress in patients.[16] For example, using psychological indicators, therapeutic touch has been shown to reduce anxiety and stress and affect psychological relaxation.[17-19]

Other research has demonstrated therapeutic touch is also effective in: stimulating wound healing; decreasing pain and blood pressure; relieving respiratory infections, allergies, headaches and musculoskeletal complaints; and improving general patient wellbeing.[20,21]

Therapeutic touch is also considered to be an effective method of providing comfort and care to dying patients.[22] Benefits include the promotion of peace and calm. Heightened immunologic functioning through the use of therapeutic touch has also been documented.[23-26]

Specific studies which have focussed on the effectiveness of therapeutic touch in the care of older people have demonstrated a reduction in anxiety and improved sleeping patterns post-treatment.[27,28]

However, few studies have explored the extent to which therapeutic touch may be used to facilitate wellbeing and quality of life for residents in institutionalised settings.

Existing studies have also been limited because they rely on results taken from the self-evaluations of the resident.[29,30] This raises two concerns: it is not always possible to ascertain the psychological capacity of a resident to carry out self-reporting measures; and because self-reporting requires able self-perception, only older residents with adequate mental alertness can be chosen as a subject of research. The studied residents will therefore not represent the general population living in aged care facilities, particularly if those who suffer

from a range of conditions that may effect self-awareness (including dementia) are excluded.

The following research is an exploratory study of the effectiveness of therapeutic touch administered by carers to elderly residents who experience a wide range of behavioural and physiological health conditions. The study addressed the above methodological concerns through the use of pre-test/post-test reporting and the professional judgment of carers themselves.

## Research Method

### *The Study*

This study was designed for registered and enrolled nurses and carers who had completed a therapeutic touch program, which provided practical instruction and training in the administration and procedural techniques of Krieger and Kunz Therapeutic Touch.

Each health carer was trained by the same experienced instructor and carried out their research in a Tasmanian nursing home. All carers were required to utilise their professional health knowledge to document pre-test and post-test outcomes.

### *Design*

A pre-test/post-test design formed the basis for the study. The design sought to be as inclusive as possible in the context of a range of behavioural and physiological conditions, and included a diagnostic report allowing for behavioral and physical conditions including: sleeping patterns; a subjective pain indicator; an objective and subjective anxiety indicator; and the inclusion of any patient feedback. Additionally, the post-test record required noting the exact duration of therapeutic touch administration, details of energy field assessments in diagrammatic form, and any additional comments by the carer and/or resident.

### *Participants*

Participants were selected on a needs basis by the health carer. In total, 121 pre-test/post-test reports were completed for analysis.

Of the 121 case studies, 57% of pre-test cases were grouped according to the participant's physiological condition (eg. arthritis, oedema, ulcers, fracture, or chronic obstructive airways disease). Another 40% of cases were diagnosed as having conditions affecting their behaviour (eg. dementia, depression or anxiety). For the majority of cases, the time length of therapeutic touch administration was between seven and twelve minutes. Therapeutic touch was given in direct response to, and with the expressed intention of, alleviating symptoms associated with the primary diagnosis.

### *Procedure*

In each case, therapeutic touch was administered only with the consent of the resident and/or the family of the resident. The carer then completed the pre-test report through both observation and interaction with the resident.

On completion of the therapy, carers requested that residents rest quietly for 10-20 minutes.

The post-test reports were completed by the carer as soon as reasonably possible after the therapeutic touch intervention.

### *Results*

Results indicate that some level of improvement followed the administration of therapeutic touch in the vast majority of cases. Of the residents with a physical diagnosis who received therapeutic touch, 92% showed a positive physical change post-therapeutic touch. Changes included reduced respiratory and heart rates, muscle relaxation, blood vessel dilation or reduced oedema circumference **(Figure 1)**.

In the cases where therapeutic touch was administered for behaviour-related conditions, 92% indicated improved behavioral outcomes in post-therapeutic touch assessments. Improved outcomes included reduced vocalisation, restlessness, wandering, screaming/shouting or crying, and being able to sleep. Staff also observed improved physiological changes in 88% of these residents **(Figure 1)**.

Subjective pain level data indicated the effectiveness of therapeutic touch in the reduction of physical pain. Of the 53 residents who indicated a pain level change after receiving therapeutic touch, the average lowering of that pain level was almost 40% **(Figure 2)**.

In the 24 documented cases of dementia, 88% of patients experienced physical improvement after receiving therapeutic touch, while 92% demonstrated an improved behavioral outcome.

As indicated in **Figure 3**, these positive behavioral changes included reduced vocalisation in 50% of cases; reduced restlessness (eg. sundowning) in almost 80% of cases; improved resident demeanor (eg. resident smiling) in 50% of cases; and in 46% of cases the resident fell asleep subsequent to therapy.

## Benefits and limitations

The outcomes of this explorative study demonstrate that therapeutic touch has the potential to enhance the wellbeing of older residents in institutional facilities. To a large extent this occurred regardless of their specific condition.

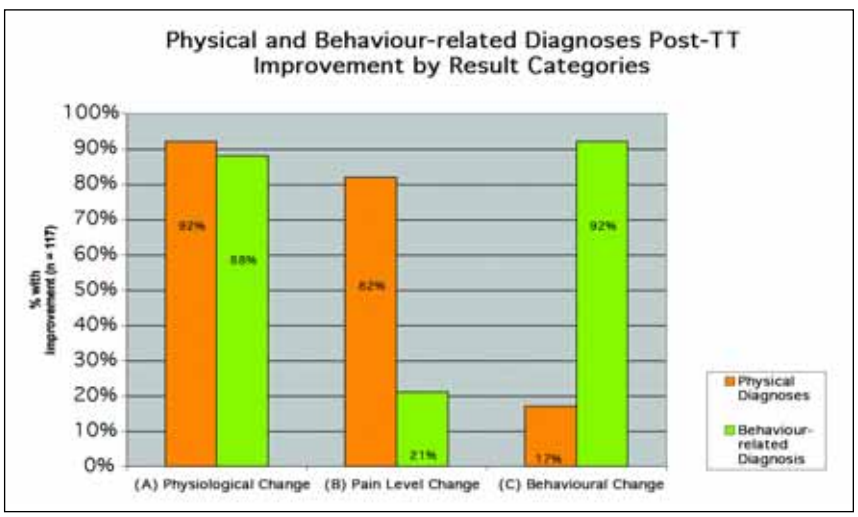


*Figure 1. Physical and Behaviour-related Diagnoses Post-TT Improvement by Result Categories*

The results are consistent with previous studies indicating therapeutic touch assists in the alleviation of stress and anxiety in aged care residents, and increases the length and quality of their sleep.

The findings also support emerging research that therapeutic touch is a clinically relevant intervention preventing and decreasing disruptive behaviours such as those exhibited by people with dementia and Alzheimer's disease.[31]

In addition, the study demonstrates that therapeutic touch is effective in the moderate alleviation of pain experienced from a range of sources.

Notwithstanding the positive outcome of this study, a number of inadequacies remain evident in the research design methodology. For example, the effectiveness of subjective self-reporting measurements continues to remain open to scrutiny.

Therefore further research is required in order to provide scientifically reputable literature supporting the use of this technique.[32]

## Conclusion

This study, while highlighting the requirement for further research, supports various findings that therapeutic touch provides multifaceted improvements to the wellbeing of older residents in aged care facilities.

Therapeutic touch nurtures through touch and the conscious affirmation that the recipient is inherently worthwhile. Accordingly, residents not only experience improved health but also respect, affirmation, reassurance, and a sense of value.

The beauty of therapeutic touch is that it is a simple, effective and non-invasive intervention strategy which requires only the use of a carer's hands and a compassionate intent. With these simple tools, therapeutic touch can provide an opportunity for mutual benefit to older residents and their carers through an exchange of compassion and holistic care.

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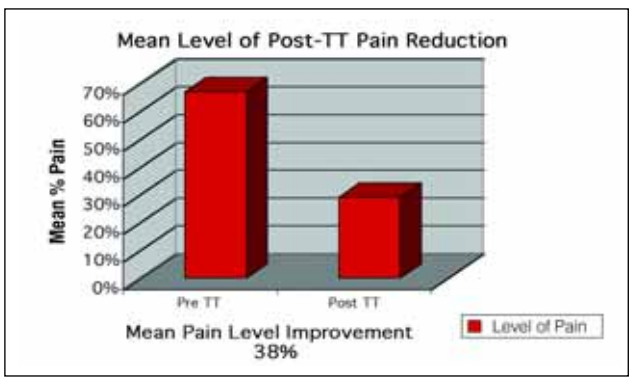


*Figure 2: Mean Level of Post Therapeutic Touch Pain Reduction*

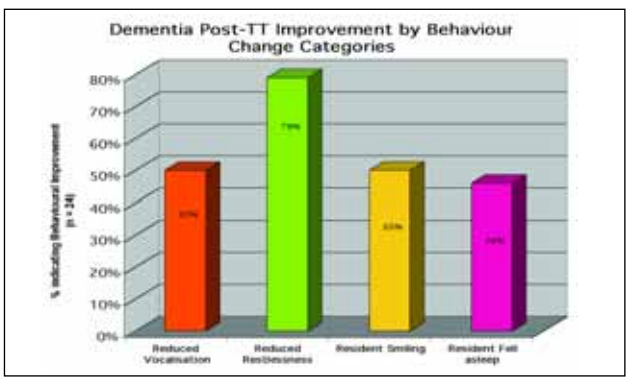


*Figure 3: Dementia Post TT Improvement by Behavioural Change Categories*