

Research Corner

by Kathy Moreland Layte, RN, MScN, CNS, HTCP/I

I am still tingling from the joy and energy of the Healing Touch Program Conference in Denver because of the learning and, of course, the connections with old and new friends. I was honored to have been asked to speak about research to the general conference. I received so many requests for the talk that I decided I would summarize my presentation in this month's Research Corner. Unfortunately I cannot duplicate my facial expressions or my commented upon humor (I can't remember what I said!) but I will try to capture the essence of the presentation (the Power Point presentation is available without pictures in pdf format on the www.healingtouchresearch.com website).

Research can be a pretty dry topic to explain to a large group of people, particularly if they have not had research or statistics courses. I remain passionate about the need for all practitioners of Healing Touch to be good consumers of research. After all, one never knows when a client or organization will ask you about "evidence" for the work! My presentation was called **Research Tapas: Appetizers to Wet Your Intellectual Whistle**. An appropriate title - I was told - as the presentation was given at noon for 30 minutes just before lunch. NO CHALLENGE THERE, right?! In that short period of time I did a brief review about elements of research (based on the content of the Level 1 Notebook, Energy Magazine Research July 2008?, and Chapter Four of the new **Healing Touch Guidebook** which I wrote, edited by Dorothea Hover-Kramer). I reminded the group of the best quantitative studies done to date, briefly presented three new studies that support our work and shared a few other important "morsels."



Above: Kathy Moreland Layte giving her talk on research at the 2010 Healing Touch Worldwide Conference, photo by Cathy Anderson.

Review of Research

In a nutshell, there are generally three types of research studies that are done: quantitative, qualitative and mixed methods (both qualitative and quantitative in the same study with the same group). Currently, most organizations are looking for the "best evidence" or evidence based practice in order to consider including new practices in their organizations. Quantitative studies in the form of randomized clinical trials (RCT's) or systematic reviews (a synthesis of appropriate RCT's) are considered to be the "gold standard". The type of research that is conducted is based on the type of research question asked. Randomized clinical trial questions are based on an acronym "PICOT". P for patient, I for intervention, C for comparison, O for outcome and T (optional) for timeframe. So an example of a research question might be: Does Healing Touch (I) improve pain (O) in post operative abdominal surgery patients (P) compared to standardized therapy (C) over 24 hours (T)?

As I have mentioned in previous articles, there are many issues that plague the acceptance of research evidence in all energy based therapies such as Healing Touch. Small sample sizes (which makes even significant results suspect), poor randomization to treatment groups, poor or no blinding of subjects, poor control of variables often overshadow what appear to be hopeful or promising results. If there are not at least 30 subjects in each group of a clinical trial, the study is said to not have enough “power” to determine whether the results are accurate and/or reliable. There is not enough space to describe these statistical issues in this article. Clinical trials that have less than 30 subjects are still important to consider and are usually called pilot studies. These studies help future investigators know if a larger study is worth considering or if design issues in future studies need to be considered. Anyone discussing research should never use the word “prove” e.g. “this study proves that

-- improves --” as even the best conducted study can only demonstrate/suggest that a treatment is worth consideration compared to another or no treatment. Practitioners must also remember that positive results from one sample can not be transferred to another sample, e.g. if there is demonstrated

significant improvement in a symptom with patients having coronary bypass surgery, it will demonstrate that same improvement in patients with all surgeries. Another study would be necessary.

In summary, when looking at clinical trials look for:

- Large number of participants/events of treatment to rule out effect by chance alone
- Blinded randomization of subjects
- Control of external variables, e.g. knowledge of energy based therapy, medications
- Number of outcomes being examined limited/related
- Control group used to control for presence (mock practice or usual practice)
- Therapy done as in real life vs. Prescribed (should be clearly stated)
- Expert Practitioner (desired)

Reminder about Some of the Best Studies

Three studies have been cited in earlier publications as being good examples of well conducted clinical trials or pilot studies. They are summarized in the table below:

Study Authors	Type of Study	Sample	Sample Size	Outcome	Where Published
MacIntyre et al. (2008)	Clinical Trial (quantitative)	Coronary Bypass Patients	237	Decreased length of stay Decreased anxiety	<i>Alternative Therapies in Health and Medicine, 14(4), 24-32.</i>
Cook et al. (2004)	Clinical Trial (quantitative)	Breast and gynecological cancer patients receiving radiation	62	vitality, pain and physical function in quality of life	<i>Alternative Therapies in Health and Medicine, 10(3), 34-41.</i>
Wilkinson et al. (2002)	Mixed methods study pilot	adults	22	Secreted salivary IgA Perception of enhanced health	<i>The Journal of Alternative and Complementary Medicine. 8(1), 33-47.</i>

The MacIntyre et al. study is still considered to be one of the best conducted studies in Healing Touch because of the rigorous methodology, large sample size and findings. The significant reduction in anxiety and length of stay demonstrated in the Healing Touch group of the study led to a projected cost saving of \$500,000/year for the institution. As a result of the study, all cardiac patients at the Center in the study now provide Healing Touch pre, intra and post operatively.

Links to copies of the articles can be found at:

www.HealingTouchResearch.com

www.HealingTouchProgram.com

THE LATEST NEWS (How exciting)

Tang, R., Tegeler, C., Larrimore, D., Cowgill, S. & Kemper, K.J. (2010).

Improving the well-being of nursing leaders through Healing Touch training.

Journal of Alternative and Complementary Medicine, 16 (8), 1-5.

In a recent edition of the *Journal of Alternative and Complementary Medicine*, a study was published exploring the impact of taking an introductory weekend to learn Healing Touch (Level 1) on 24 nurse managers' subjective measures of stress and heart rate variability 1–2 weeks before and 4 weeks after the training. Twenty of the managers (77%) completed the pre and post measures. The authors reported significant improvement in self-reported stress, depression, anxiety, relaxation, well-being, and sleep. The group's heart rate variability changes were also significant and suggested improved autonomic function consistent with greater well-being.

The authors concluded that “training nurse leaders in an academic health center in Healing Touch is associated with significant improvements in subjective and objective measures of stress”.

They suggested that additional studies are needed to compare the impact of this training versus stress management training on the nurses themselves and on the quality of patient care. Although this study had only 20 reported participants, the results on improvement in nurse managers outcomes are promising.

Jain, S. (2009). Effects of Biofield vs Mock Healing for Fatigue, Cytokines, and Cortisol Variability in Breast Cancer

Survivors: A Randomized, Controlled Trial. (Doctoral dissertation). Available from Dissertations and Theses database. (UMI No. 3359573)

Another promising study comes from the work of Dr. Shamini Jain of San Diego, CA. Although not published in a journal at the time of this publication, the results of this recently completed doctoral dissertation are exciting. In this placebo controlled clinical trial, thirty-three female breast cancer survivors were assigned to receive either Healing Touch or mock Healing Touch. Changes in pro- and anti-inflammatory cytokines and receptors, circadian rhythms of cortisol (a hormone) were explored. Also, fatigue, depression, mood disturbance, quality of life and self reported sleep quality prior to, and following four weeks of Healing Touch or mock Healing Touch, as well as, immediately before and after Healing Touch or mock Healing Touch sessions were assessed. All of the participants received 8 one-hour sessions (twice per week) of either Healing Touch or mock Healing Touch.

Both groups reported significant decrease in fatigue over time. The Healing Touch group, however, showed significant differences earlier—in other words they felt better faster! There was also a significant reduction in depression scores for the HT group vs. the Mock group over time. Both groups showed a significant decrease in overall Total Mood disturbance over time. Cytokine IL-4 significantly decreased over time for the HT group which indicated less inflammation for the HT group.

Shamini's results suggest potentially improved outcomes for breast cancer survivors who receive Healing Touch sessions vs. those who receive mock sessions. She suggests that further research is warranted to better ascertain the specific vs non-specific effects of biofield healing (such as HT) for fatigue and immune function in breast cancer survivors.

FINAL MORSELS

It is important for everyone to understand the recently published review of “touch” therapies for pain relief in the Cochrane Database. Some may tell you that it has been proven that HT does not work for pain. These people are talking about:

So, P.S., Jiang, Y., Qin, Y. (2008). Touch therapies for pain relief in adults. Cochrane Database of Systematic Reviews, Issue 4. Art. No.: CD006535. DOI: 10.1002/14651858.CD006535.pub2

This systematic review explored selected clinical trials involving Therapeutic Touch, Healing Touch and Reiki and their impact on pain. After an extensive literature review and exclusion of studies that did not match set criteria, the authors concluded that touch therapies (TT, HT and Reiki) may have a modest effect in pain relief but that more well conducted studies on these therapies and their impact on pain are needed. The authors also suggested that more studies involving children are needed to evaluate the effect of these therapies on children. **The Cochrane Database does not say Healing Touch does not relieve pain or that Reiki is better than HT or TT.** What is being said is that, we have not done enough studies in energy based therapies to say anything conclusively except that these therapies may have a modest effect on pain. Many of the studies that have been done have the aforementioned methodological issues so they have not been done as well as they could have been done. Biofield research is still in its infancy. The research in biofield therapies and other complementary therapies continues to improve.

From the other side of the Atlantic Ocean comes some exciting news of a French study by Hentz, F., Mulliez, A., Belgacem, B., Noirfalise, C., Barrier, H., Corrand, I., et al. (2009). **Assessment strategies of the impact of healing touch in nursing care.** *Recherche en Soins Infirmière* (97), 85-91. The purpose of the research was to determine the efficacy of Healing Touch on the patient, especially with regard to pain relief and the decrease of anxiety using visual analog pain scale and/or Spielberg's test anxiety inventory. The study is a multicenter, randomized study involving 784 subjects and explores eight situations in which HT may be effective. The results of this study will be explained in a future Research Corner. For more information on this study "en français" see <http://www.ncbi.nlm.nih.gov/pubmed/19642480>

I ended the talk with a final comment about a recent article by Shamini Jain and Paul Mills that should be required reading for all practitioners of biofield therapies including Healing Touch. Rather than provide a systematic review, Jain & Mills have compiled a synthesis of some of the best studies in biofield therapies

and ranked them. It is my hope that a more detailed explanation of this article will follow in a future Research Corner.

Jain, S. & Mills, P.J. (2010) Biofield therapies: Helpful or full of hype? A best evidence synthesis. *International Journal of Behavioral Medicine* 17(1), 1-16. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2816237>

After 30 minutes of intellectual "tapas", the group was ready for their real food. I hope you will be able to digest this information and I encourage you to review archived "Research Corner" articles.

Until next time ---

About the author:



Kathy Moreland Layte RN, BScN, MScN, CS, HTCP/I, has been involved in energy based healing since 1994 and has been a certified practitioner of HT since 1998. She has been a Registered Nurse for twenty five years in a variety of roles in Canada and the United States. She was the first person in Canada to do research in HT as part of her Master's thesis. Currently, she is a professor of nursing in the McMaster/Mohawk/Conestoga Collaborative BScN program and is pursuing her PhD in nursing. Her dissertation will explore the effect of HT on pain in the elderly. She loves teaching and bring the work to students and faculty of the nursing program. Her real passions in life are her husband Brian and their young children, Alexis and Austin. In her precious spare time, Kathy loves to be outdoors, read (something without references) and dance (to anything!).