

The Role of HEALING TOUCH in the Treatment of Persons in Recovery from ALCOHOLISM

By Sr. Rita Jean DuBrey, CSJ, RN, MSN, CASAC, CHTI

Healing Touch (HT) was first introduced in the 1980s by Janet Mentgen, RN, BSN, as an adjunct to traditional medicine.

Over the past two decades, more than 50,000 people throughout the world have participated in various levels of the HT program. HT, an energy based therapeutic approach to healing, promotes self-healing by restoring balance and harmony in the human energy system. It respects all belief systems with each practitioner bringing her/his spiritual self to the patient receiving treatment.

HT is not meant to replace traditional medical care; rather it provides a non-invasive complementary treatment approach to restoring health. Studies have shown that HT is effective in treating numerous health problems including: cancer (Guerrero, J. et al., 2001); depression (Bradway, C., DATE?); chronic pain (Darbonne, M., 1997); fibromyalgia (Diener, D., 2001); and in improving quality of life in women receiving radiation treatment for cancer (Cook, C. et al., 2004). In more than 30 studies conducted with HT as the independent variable through June 2003, no study addressed the person with alcoholism (Wardell, D., Weymouth, K., 2004). The absence of documented research related to this population underscores the importance of investigating outcomes associated with its use.

Alcoholism does not respect race, sex, religion, social or financial status. An estimated 17.6 million American adults (8.5 percent) meet standard diagnostic criteria for an alcohol use disorder (General Psychiatry, 2004). Traditional approaches in the treatment of alcoholism include inpatient admission for detoxification, individual counseling, group therapy, Alcoholics Anonymous (AA), medications and The Big Book. According to the Minnesota Model, the most effective treatment for alco-

holism includes an orientation to AA, an expectation of "stepwork," groups that combine confrontation and support, lectures, one-on-one counseling and the creation of a dynamic "learning environment" (Ketcham, K. & Asbury, W., 2000). Timko, et al (2000) found that by combining formal treatment along with AA resulted in significantly higher levels of abstinence, when compared with formal treatment alone (Timko, C., et al., 2000). A meta-analysis of 107 studies by Emerick, et al, showed similar results (Emerick, C.D, et al., 1993).

Persons suffering from alcoholism are in need of compassion and caring in their search for self-healing and wholeness of mind, body and spirit. As noted by Ketchem and Ashbury, the signs and symptoms of persons admitted to inpatient alcoholism units for early recovery includes, but is not limited to: anxiety, irritability, tremors, nervousness, weakness, and elevated blood pressure (Ketcham, K. & Asbury, W., 2000). Myss notes, relative to persons suffering from drug and alcohol addiction, that the human experience, except for occasional pockets of enlightenment, is diminished in dignity. People in countless numbers are lost within the very fabric of their lives (Shealy, N. & Myss, C., 1988).

"Healing Touch is a biofield therapy that is an energy-based approach to health and healing. It uses touch to influence the human energy field that surrounds the body and the energy centers that control the flow from the energy field to the physical body. These non-invasive techniques utilize the hands to clear, energize, and balance the human and environmental energy fields, thus affecting physical, emotional, mental and spiritual health and healing. It is based on a heart-centered caring relationship in which the practitioner and client come together energetically to facilitate the client's health and healing. The goal in HT is to restore harmony and balance in the energy sys-

tem placing the client in a position to self heal. Healing Touch complements conventional health care and is used in collaboration with other approaches to health and healing" (Mentgen, J., 2003).

The value of HT through research as a complementary therapy in the treatment of alcoholism is unknown. The purpose of this study is to evaluate the role of HT in the treatment of persons in recovery from alcoholism.

Research design and methods

Between November 1, 2001 and December 1, 2002, a total of 155 patients were admitted to the alcoholism unit at St. Mary's Hospital. Five patients refused study participation and two patients left against medical advice prior to study participation and were subsequently lost to follow-up resulting in the final study cohort (n=148). Patients were randomized to

Figure 1. Physiologic Measures Between Groups on Days 8 and 10

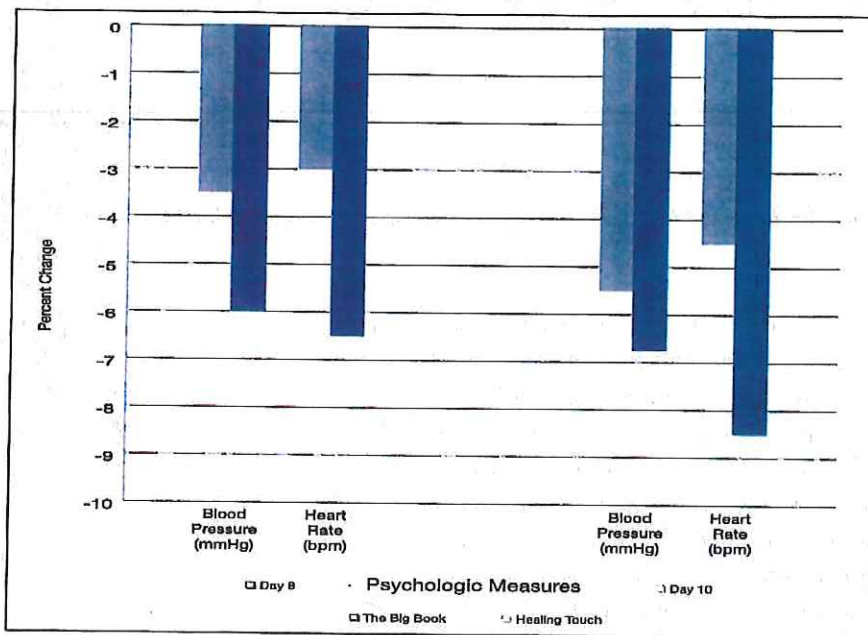
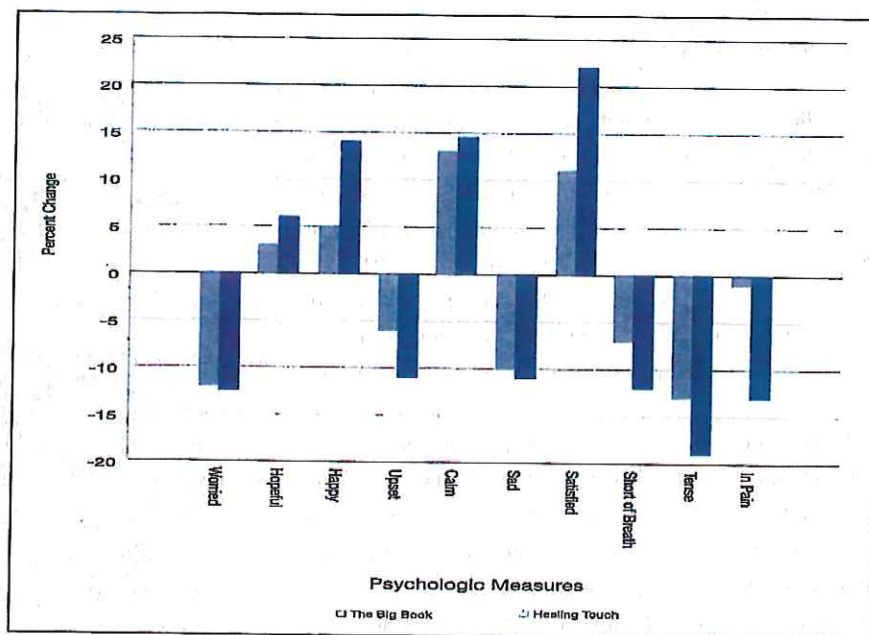


Figure 2. Comparison of the Psychological Measures of Stress — Day 8



HT (n=81) or The Big Book (control group, n=67). Inclusion criteria for participation included:

- 1) a diagnosis of alcoholism
- 2) admission to the hospital inpatient alcoholism unit
- 3) a signed patient consent

The alcoholism unit is a 20-bed unit with 350 admissions annually. The average length of stay is 21 to 28 days. All patients were randomized within the first eight days from admission and

continued to receive standard care while hospitalized.

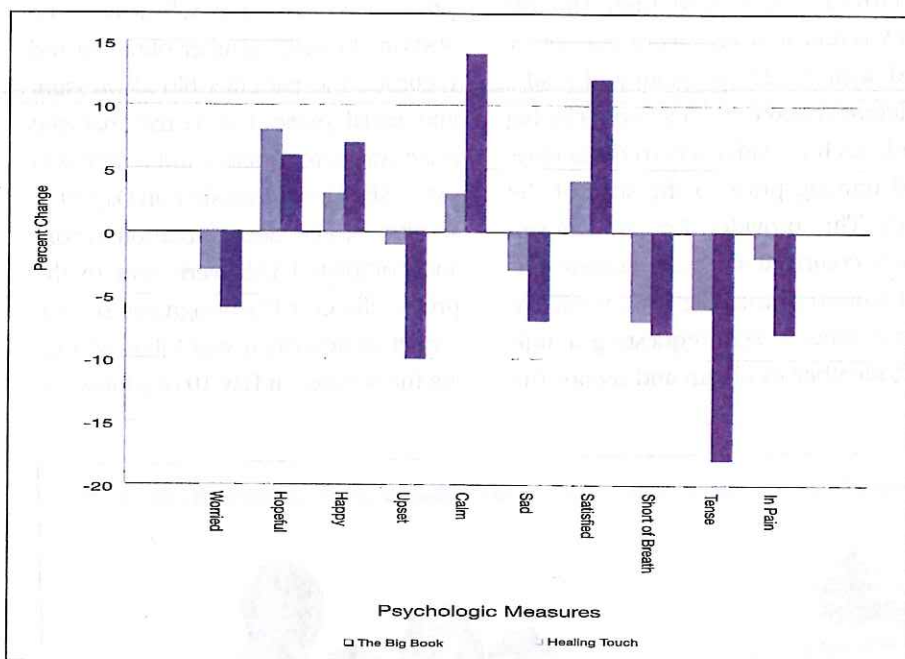
The HT treatment providers included nine women and one man, all having a minimum of Level 1 training through the Colorado Center for HT. The providers who read from The Big Book were lay persons who had no knowledge of training in HT, nor had they been recipients of HT. These included eight women and two men with no experience in alcoholism counseling.

After seven days of inpatient admission, patients were considered for enrollment in the study. Day 8 was chosen to allow patients the same time period to adjust to standard alcoholism treatment. On Day 8, patients were randomly assigned to one of two groups, HT or The Big Book. Each group received three consecutive days of treatment, either HT or the Big Book, and differences were compared between Day 8 and Day 10.

Physiologic measures (heart rate and blood pressure) and psychological measures of stress, utilizing a visual analogue scale, were used to measure the level of patient stress on Days 8 and 10 post-admission. Blood pressure determinations were obtained by a staff member on the alcoholism unit through the use of a stethoscope and sphygmomanometer. They assessed mood with a series of 10 visual analog scales printed on a single page. The visual analog scale (VAS) has a long history of use for the subjective mood, strain and pain, and the validity and reliability is generally accepted (Seskevich, J. et al., 2004). Each VAS was a horizontal line 10 cm in length and the ends of each scale were labeled "Not At All" and "Very Much" to anchor the corner and upper limits of the patient's ratings. The patient was instructed to make a vertical mark across the VAS at a point that represented his or her current experience of mood relative to the anchors. The 10 scales included four positive mood descriptors (hopeful, happy, calm and satisfied) and four negative mood descriptors (worried, sad, upset, tense), as well as two unpleasant physical sensations (shortness of breath and pain).

The HT provider requested a unit staff member, trained in taking the blood pressure and heart rate, to obtain and record these measures. The HT provider administered the VAS and asked the patient: "On the line following each word, please indicate with a vertical line how you feel." The HT

Figure 3. Comparison of the Psychological Measures of Stress — Day 10



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provider then proceeded with the first treatment, the Chakra Connection, with the patient reclining on a treatment table. The Chakra Connection treatment, which lasts about 25 minutes, is a full body balancing technique that facilitates movement of the energy from chakra to chakra by connecting the major and minor chakras. The treatment was developed and defined by Brugh Joy, M.D., and is designed to connect, open, and balance the energy centers and to enhance the flow of energy in the body (Mentgen, J., 2003).

The second treatment administered was Magnetic Clearing, a full body technique developed by Janet Mentgen for the purpose of clearing the energy field of congested energy. The technique cleanses the body's energy field in a systematic way and assists in releasing emotional debris and feelings of fear, anger, worry, and tension (Mentgen, J., 2003). This includes magnetic clearing of prescription or recreational drugs


used. Following this treatment, the HT provider had a unit staff member obtain and record the patients' blood pressure and radial pulse. The patient was then asked to complete the visual analogue scale as done previously.

patients' blood pressure and radial pulse and administration of the VAS. In the first session (Day 8), the provider read from Chapter 2 of The Big Book. The time frame for the reading session, with the patient lying in a recumbent

HT is not meant to replace traditional medical care; rather it provides a non-invasive complementary treatment approach to restoring health.

Providers who read from The Big Book (control group) were not associated with the HT program and read a different chapter each day from The Big Book. Each provider received standardized training prior to the start of the study. The provider for the control group complied with the session format utilized by the HT provider relative to introducing self, requesting a unit staff member to obtain and record the

position, was 25 minutes. Following the session, the staff member obtained and recorded the patient's blood pressure and radial pulse. The visual analogue scale was administered and a time was established for the session on Day 10 of admission. The documentation record and completed VAS were sent to the project director. The designated session format as described was followed during the session on Day 10 of admission.




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During the session, Chapter 17 of the *The Big Book* was read. These two chapters were chosen after consultation with an alcoholism counselor.

The study was approved by the Institutional Review Board. In accordance with standard ethical procedures, subjects/patients were informed that participation in the study was entirely voluntary. The Principal

investigator in the study signed a Researcher Pledge of Confidentiality which was filed on the patient's hospital record.

Statistical analysis

Patient characteristics were compared using chi-square analysis. It was anticipated that most patients admitted to the inpatient unit would have a high level of stress (>8 on the VAS scale).

Healing Touch significantly reduced pain and emotional distress, and led to patients feeling happier, more satisfied, and less tense.

Investigator, after an introduction using first name only, read the entire explanation of the informed consent and description of the study to each patient. The Consent to Participate in Research form was then signed by the patient, principal investigator and a witness from the inpatient alcoholism staff. The patient was not aware of the randomized group to which she/he would be assigned at the time of signing the consent form. Each signed consent form was filed in the patient's hospital record. Each volunteer who partic-

Assuming an alpha=0.05, power=0.8 and effect size of 30 percent, it was estimated that 45 patients would need to be randomized to each arm of the study. Physiologic and psychological measures of stress were compared pre and post intervention using the paired t-test. Significance was defined at a p value <0.05.

Results

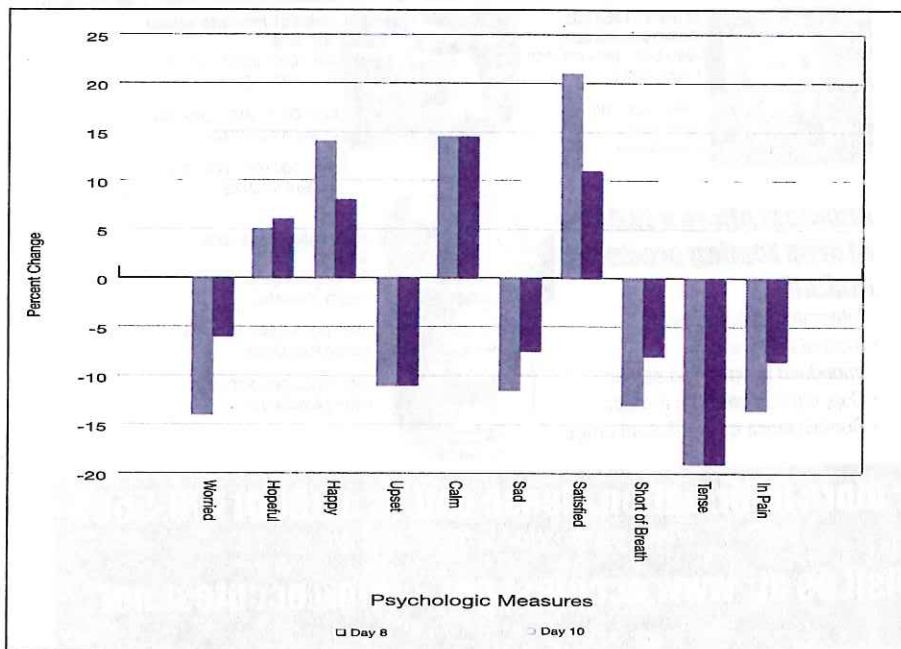
Patient characteristics for each group are shown in Table 1. The two groups were comparable with respect

to age (HT vs. control group: mean age 37.3 vs. 38.9 years old, p=NS); gender (percent male: 58.0 vs. 55.2, p=NS); tobacco use (85.2 percent vs. 89.6 percent, p=NS); presence of hypertension (9.9 percent vs. 13.4 percent, p=NS); and diabetes (4.9 percent vs. 3.0 percent, p=NS). However, compared to the control group, patients in the HT group were more likely to have had a history of drug use (67.9 percent vs. 46.3 percent, p=0.02).

The effect of *The Big Book* and HT on the physiologic measures of stress, blood pressure and heart rate, were evaluated (Figure 1). Compared to the control group, patients receiving HT had a greater reduction in heart rate on Day 1 (2.7 vs. 6.1 beats per minute, p=0.02) and Day 3 (4.3 vs. 8.8 beats per minute, p<0.01), however, the reduction in blood pressure was similar.

The effects of *The Big Book* and HT on psychological measures of stress also were assessed and compared (Figures 2 and 3). On the initial day of treatment (Day 8) compared to the control group, those in the HT group were happier (5.3 vs. 13.8, p=0.05); more satisfied (11.1 vs. 22.3, p=0.03); and had a greater reduction in pain (-1.1 vs. -12.0, p<0.01). After three days of treatment (Day 10) compared to the control group, the HT group had a greater reduction in feeling upset (-0.5 vs. -9.7, p<0.01) and pain (-1.6 vs. -7.8, p=0.04); were less tense (-4.8 vs. -18.7, p<0.01); and were calmer (3.1 vs. 14.8, p=0.02). Finally, the effects of HT on the psychological measures of stress were compared between baseline assessments on Day 1 to follow-up evaluation on Day 3 (Figure 4). Although the effect of HT on the majority of the parameters remained constant, a reduced absolute effect was observed for the following: worried, happy, satisfied, and in pain.

Figure 4. Psychologic Measures of Stress in the Healing Touch Group



Discussion

This study showed that HT effective-

alcoholic patients enrolled in ongoing outpatient treatment who have been alcohol free for an extended length of time.

In conclusion, this study shows that HT reduces stress in the early stages of recovery in patients admitted for alcohol detoxification. HT should be considered as a complementary therapy in the treatment of alcoholism in rehabilitation units throughout the country. ☉

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ly reduces stress in the early stages of recovery in patients admitted for alcoholism treatment. After seven days of standard care, HT was performed on three consecutive days (Days 8-10), and resulted in a greater reduction of both physiologic and psychological measures of stress compared to The Big Book, an accepted form of care.

Wardell and Weymouth recently reviewed the HT literature to facilitate future directions in research and clinical practice (Wardell, D. & Weymouth, K., 2004). The investigators reviewed the existing literature on HT involving more than 30 studies and 1,600 patients in various patient subgroups including: chronic pain, orthopedic pain, cancer, endocrine system, immune system, cardiovascular system, mental health, and elderly. While many positive findings have been cited, the results have not been conclusive. Furthermore, Weymouth and colleagues identified a lack of quality studies in the HT literature which may be due to the studies being poorly designed, poorly conducted, or poorly reported (Weymouth, K. & Sandberg-Lewis, S., 2000).

Despite these limitations, studies indicate a reduction in stress, anxiety, fatigue, and pain; accelerated wound healing; reduction in physiologic measures; and a greater sense of well-being (Wardell, D. & Weymouth, K., 2004). In our study, involving 148 patients admitted for alcohol treatment, we found similar results to previously reported studies. Healing Touch significantly reduced pain and emotional distress, and led to patients feeling happier, more satisfied, and less tense. Similar to cancer patients, HT might be a comfort measure for patients undergoing early treatment for alcoholism (Wardell, D & Weymouth, K., 2004).

Future studies need to continue to scientifically assess the role of HT as a complementary therapy to traditional medicine. The present study has shown

Table 1 Patient Characteristics	The Big Book (n=67)	Healing Touch (n=81)
Gender (% male)	55.2	58.0
Age (years, mean)	38.9	37.3
Drug Use (%)	46.3	67.9*
Tobacco Use (%)	89.6	85.2
Hypertension (%)	13.4	9.9
Diabetes (%)	3.0	4.9

*p=0.02. All other comparisons were non-significant, p>0.05.

beneficial effects of HT in the emotional recovery of patients in the initial stages of treatment for alcoholism.

Further investigation needs to assess whether these findings can be extended to a more stable population such as

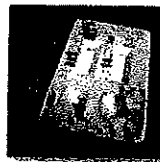
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