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Introduction of Healing Touch into an Established Torture Treatment Center:

A Graduate Field Project

Kathleen McCullough-Zander

Submitted in partial fulfillment of the
requirement for the degree of
Master of Arts in Nursing

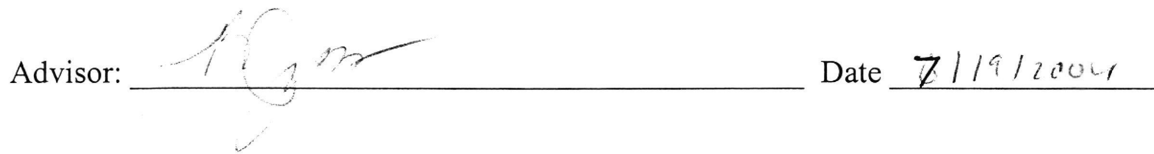
AUGSBURG COLLEGE
MINNEAPOLIS, MINNESOTA
2004

Augsburg College
Department of Nursing
Master of Arts in Nursing Program
Thesis or Graduate Project Approval Form

This is to certify that Kathleen McCullough-Zander has successfully defended her Graduate Field Project entitled "Introduction of Healing Touch into an Established Torture Treatment Center" and fulfilled the requirements for the Master of Arts in Nursing degree.

Date of Oral defense July 19, 2004.

Committee members signatures:



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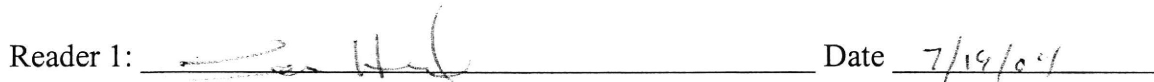

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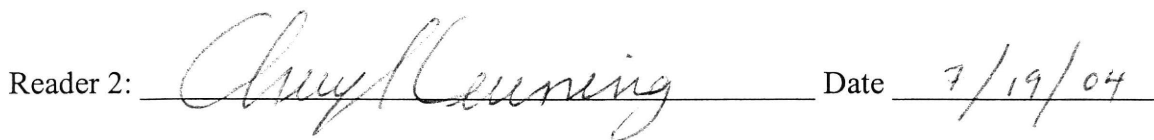

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FINAL THESIS OR FIELD RESEARCH STUDY
REVISION APPROVAL

Student's Name: Kathleen McCullough-Zander

Title of Project: Introduction of Healing Touch into an Established Torture Treatment Center: A Graduate Field Project

___ Thesis

✓ Field Research Study

The student named above has passed the oral presentation and made all required revisions to my satisfaction on the final project as required for the degree of Master of Arts in Nursing.

Furthermore, this Project

___ did not involve human subjects and, therefore, did not require IRB approval.

✓ did involve human subjects; the research was approved by IRB.

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DEDICATION

Dedicated to the memory of my father, Richard Thomas McCullough, who once noted that I had been in school since I was five years old, and wondered when I would be done.

(I've finally finished Dad.)

ACKNOWLEGEMENTS

I would like to express my gratitude to Drs. Pam Weiss, Cheryl Leuning, and Jon Hubbard for their guidance and assistance with this project. I would also like to thank the volunteer Healing Touch nurses, Sheila O'Keefe and Barb Schomer, for their time and enthusiastic support of this project. Thank you to my husband, David Zander, who as a native speaker of the "Queen's English," has been a wonderful proof-reader. A special thanks to the torture survivors who participated in this project – it has truly been an honor to work with you.

ABSTRACT

Introduction of Healing Touch into an Established Torture Treatment Center

Kathleen McCullough-Zander

2004

___ Integrative Thesis

✓ Field Project

Healing Touch, an energetic treatment modality developed by nurses, was introduced into an established torture treatment center with the goal of decreasing torture-related symptoms and increasing survivors' overall sense of well-being and health. Three methods of evaluation were used to determine if the project goal had been met. The first project objective of showing a decrease in participants' reported feelings of anxiety and depression was not achieved. The second project objective of demonstrating a reduction in participant's reported levels of pain was achieved with statistically significant results. The third project objective of obtaining statements of recognition of the therapy as being significant in increasing an overall sense of well-being was also achieved. Recommendations from this pilot project are that Healing Touch therapy be continued, and that further studies be conducted with larger numbers of participants.

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Introduction of Healing Touch into an Established Torture Treatment Center

Chapter 1: Introduction

Using torture for political purposes is too often thought about as something that happened in the dark and murky past not as atrocities that are currently being committed. While the use of torture has a very long history, it is shocking that by the beginning of the twenty-first century the use of politically motivated torture is estimated to have reached global epidemic proportions (Conroy, 2000). The World Medical Association's definition of torture is "the deliberate, systematic, or wanton infliction of physical or mental suffering by one or more persons acting alone or on the orders of any authority, to force another person to yield information, to make a confession, or for any other reason" (Gerrity, Keane, Tuma, 2001, p.6). Torture is used to gain political power and to control and silence any opposition. Individuals, communities, and entire countries have been controlled through the use of torture. The current epidemic in the use of torture appears to be related to political instability, war and economic inequality that are common in so many parts of the world. The consequences of torture often extend beyond the survivor to include family members, the perpetrators, the treatment providers, and society (Basoglu, 1992).

The experience of being tortured affects all aspects of a survivor's being – mind, body and spirit. The most frequently seen mental health diagnoses among torture survivors are post-traumatic stress and depression. Other symptoms commonly experienced by survivors include insomnia, loss of appetite, chronic physical pain for which an organic cause can not be found, gastritis, chronic constipation, impaired

memory and concentration, fatigue, and personality changes. Very often survivors attribute their survival to their spiritual and religious beliefs. However, at the same time many survivors question why such horrible events were allowed to occur in the first place.

In post-traumatic stress the survivor has symptoms of re-experiencing the traumatic event (such as nightmares and flashbacks), avoidance of stimuli associated with the trauma (such as people from the survivor's own cultural group, policemen in uniforms, or small windowless rooms), and symptoms of increased arousal (such as watchfulness, anxiety, hypertension, and a heightened startle response) (Basoglu, Jaranson, Mollica & Kastrup, 2001).

Wimbush & Nelson (2000) write; "For the last 300 years, Western cultures have subscribed to the mechanistic model of human functioning based on the philosophy of Rene Descartes in which the mind, body and spirit are separated" (p.143). However, there is now increasing scientific evidence confirming biological links among the nervous, endocrine, and immune systems. Thoughts, emotions, and behavior are known to activate anatomical and biochemical pathways, and these pathways in turn affect immune function (Witek-Janusek & Mathews, 2000). When stressed, an individual has increased levels of cortisol, epiniphine and nonepinephrine in the body, activation of the autonomic nervous system (increased heart rate, myocardial oxygen demand, respiratory rate and blood pressure), and an alteration in the immune response. Borysenko (1987) theorizes that when the immune system is not in homeostasis, the result can be overcorrection or underreaction of immune function. Borysenko also suggests that high levels of stress

hormones produced by an exaggerated response can result in migraines, hypertension, irritable bowel syndrome, coronary heart disease and asthma. In an underreaction, foreign substances undermine the ability of the B white blood cells to prevent infection, or antigens are not attacked by T cells and may develop in neoplasms (Wimbush & Nelson, 2000).

Borysenko's theory of the interconnecting mechanisms of the nervous, endocrine, and immune systems to stress may explain why research, primarily with Nazi Holocaust survivors, has shown the long-term effects of torture to include an increased risk of infectious disease, malignancies, cerebrovascular accidents, and heart disease, as compared with non-tortured culturally matched controls (Basoglu, et al, 2001).

Purpose of the Project

The systematic treatment of torture survivors is relatively new, and there is much that is not known about recovery from torture. Although some psychologists and psychiatrists had experience working with survivors of the Nazi concentration camps, it was not until the 1970's that torture treatment was viewed as a specialized area of focus by health care providers (Jaranson & Popkin, 1998). The world's first torture treatment center opened in 1982 in Copenhagen, Denmark. In 1985, the Center for Victims of Torture (CVT) began in Minneapolis, MN. CVT was the first center in the United States. Currently, there are over 30 centers in the United States, with more developing all the time.

As the field of torture treatment is relatively new, there is little consensus about which interventions are the most effective (Jaranson, Kinzie, Ortiz, Friedman, Southwick, Kastrup & Mollica, 2001). Among torture treatment providers in Europe and the United

States, the primary treatment modality has been psychotherapy using cognitive-behavioral and insight-orientated approaches (Randall & Lutz, 1991). While there appears to be some universal human responses to torture among survivors, such as post-traumatic stress and depression, the interpretation and expression of symptoms differs among cultural groups (Jaranson, 1998). It is not known if certain treatment modalities are more effective than others for survivors from different cultural groups. It is also not known if using a combination of psychotherapy and other treatment modalities is more effective than using any one method by itself, although logically this would fit with the holistic nature of the torture experience.

More and more nurses are caring for victims of torture today. Healing Touch is a nursing intervention that may contribute to the healing of torture survivors. Healing Touch is an energetic treatment modality developed by nurses, based on Martha Rogers' theory of Unitary Human Beings (Hover-Kramer, 1996). Healing Touch is theorized to balance the energy within an individual, remove any blockages, and increase the flow of universal energy into the individual's energy system (Bright, 2002). The goal of Healing Touch is to facilitate the client's self-healing. As Nightingale (1859/2003) is so often quoted, "Nature alone cures…and what nursing has to do…is to put the patient in the best condition for nature to act upon" (p.33).

The purpose of introducing Healing Touch therapy into an established torture treatment center is to decrease trauma related symptoms and increase the survivor's overall sense of well-being and health. Positive project evaluation results are to be interpreted that Healing Touch therapy is beneficial for survivors and should be

continued. Positive program evaluation results do not constitute scientific proof of the effectiveness of Healing Touch as a treatment modality with survivors of torture.

Significance of the Project

Throughout the world there are increasing numbers of refugees and displaced persons. Refugees and displaced persons are those individuals who have fled their homes to save their lives. Usually refugees and displaced persons are fleeing because of war. Displaced persons remain within their countries of origin, while refugees are those that have crossed an international boarder. The United Nations High Commission for Refugees estimated in 2002 that there were 12 million refugees (those that have crossed an international border), 5.3 million displaced persons (those who have not crossed an international border), and 940,800 asylum seekers (un-documented persons fleeing persecution) (UNHCR, 2003). The United States, among other countries, has accepted thousands of refugees and asylum seekers in the past several decades. Eisenman, Keller & Kim (2000) write "between 5-35 percent of the world's refugees are estimated to have been tortured." However, a new study conducted in Minnesota among Ethiopian (Oromo) and Somali refugees found the prevalence of torture to be between 25 to 69 percent (Jaranson, Butcher, Halcon, Johnson, Robertson, Savik, Spring & Westermeyer, 2004). It is estimated that there are 30,000 survivors of torture in Minnesota (CVT, 2003). Because of the large numbers of survivors of torture that are living in the U.S., nurses are caring for survivors in every area of the health care system. There are simply too many torture survivors in the U.S. for American nurses not to begin examining ways to increase survivors' health and well-being.

Refugees, many of whom have been tortured, do not frequently utilize mental health services in the United States. Hu, Snowden & Nguyen (1991) state that "Refugees are less likely to seek services for psychosocial stress, identity conflict, and posttraumatic stress than other cultural groups in the United States" (p. 1431). Catolico (1997) writes, "Few studies have scrutinized relationships among health care providers, health care systems, and utilization of services by refugee and immigrant populations" (p.76).

Many refugees come from cultures where mental health problems have a strong social stigma, therefore emotional pain is expressed physically. With somatization the body becomes a metaphor. Refugees often complain of chronic physical pain rather than discussing symptoms of depression and anxiety. Refugees may also fear that a mental health problem will affect their ability to remain in the United States, or that they will lose their job if they are diagnosed as "crazy." Conceptualizing mental health and mental illness as two end points on a continuum is a Western idea. In most of the world's cultures, you are either "crazy" or not. Refugees generally are unfamiliar with the role of Western mental health services as these were not present in their countries of origin. Therefore they are more likely to seek the services of culturally appropriate traditional healers when they are struggling with mental health problems, as these are the practices with which they are most familiar. Ortiz (2001), an American who was tortured in Guatemala, speaking from the perspective of a survivor writes, "Talk therapy is not the only form of treatment that has proved useful. Some survivors use traditional medicines, such as natural remedies prepared by traditional healers. Others favor techniques such as body work, massage, aroma and sound therapy, special breathing and relaxation exercises, or the ancient spiritual tradition of shamanism" (p.29).

Kreitzer & Jensen (2000) write, "Across the world, therapies Americans label as complementary or alternative [such as Healing Touch] are the main mode of health care. One estimation is that 70-90% of persons world-wide use complementary therapies as a routine part of their health care" (p.10). The significance of introducing Healing Touch at CVT is that it is a treatment modality with which torture survivors may be more culturally familiar with. Also, Healing Touch offers the possibility of increasing the effectiveness of psychotherapy when used in combination and as a possible intervention for those survivors who do not utilize mainstream mental health care or torture treatment services. Healing Touch is also conceptualized as a holistic intervention that impacts all aspects – body, mind, and spirit – of the individual receiving it, thus fitting with the holistic impact that the experience of torture has on survivors.

Healing Touch is an intervention that has grown out of nursing theory and practice. The documentation of Healing Touch being effective with torture survivors is significant as nurses comprise the largest group of health care providers in the United States. Healing Touch can be utilized with survivors of torture as an independent nursing intervention in most patient care settings. The North American Nurses Diagnosis Association (NANDA) recognizes energy therapy as an intervention representing a specific theory – the human energy field theory. This therapy is related to the approved nursing diagnosis of energy field disturbance. Healing Touch is an energy-based therapeutic approach to healing that emphasizes caring for the whole person based on the human energy field theory (Kelley, 2002).

Conceptual and Theoretical Framework

Energetic healing.

Healing with energy and working with the body's energy fields is one of the oldest forms of health care known to human beings (Hover-Kramer, 1996). It also appears to have been used by most of the world's cultural groups of people. The human energy force, or field, is known, for example, as *Chi* in China, *Mulungu* in Ghana, *Ankh* by the ancient Egyptians, *Ntu* by some Bantu-speaking peoples, *Prana* in India, *Tonka* by the Dakota, and *biofield* by Hippocrates (Dossey, Keegan & Guzzetta, 2000). Before the widespread practice of Christianity in Europe, energetic healing was also widely practiced there. There are stories, primarily Irish, of Celtic healers using energy to heal. With the rise of science in Europe, the indigenous energetic healers were almost totally silenced.

Current theories of energetic healing in the United States come primarily from the ancient literature and philosophy of China and India and from contemporary energetic practitioners themselves. Traditional Chinese and Indian theories view the physical body as energetically connected and dependent on the universal energy field that surrounds us. They also describe how the energy flows through the body in health but becomes decreased or blocked in illness (Dossey et al., 2000). Modern healers describe the body's energetic system as composed of the aura, the chakras, and the meridians.

The chakras, meaning wheels or vortexes of light in Sanskrit, connect an individual's energy field with the larger universal energy field. There are seven major chakras in the human being. The chakras assimilate the universal energy into the individual energy field, somewhat like an electrical conductor. Each chakra is associated

with an emotion/spiritual function, as well as a physical endocrine gland and part of the nervous system. Each of the major chakras has a different energy pattern that can be described by color (red wavelength is the lowest and violet the highest energy), and by musical note or tone. The psychologist Abraham Maslow, in his theory of self-actualization, described seven levels of basic human needs that correspond with the functions of the major chakras (Dossey, et al., 2000). These human needs/ chakra functions are, from lowest level to highest: physical survival, need for safety, need for love and belonging, need for esteem, need for self-actualization, the need for knowledge and understanding, and aesthetic needs (Dossey, et al., 2000).

In the Chinese traditional medical system, the meridians are pathways that circulate energy through out the body. The meridians are stimulated in acupuncture to improve the flow of the body's energy. Complementing the meridians and chakras is the aura, which is traditionally described as layers of energy surrounding the physical body. Each of the chakras also connects with the auric field. It is thought that the auric field, as well as the physical body itself, stores an individual's memories and traumas. The auric field is also thought to be the energetic template for the physical body (Brennan, 1988).

Trauma is thought to be stored within the physical body and in the individual's energy field. Energetic healing helps to release the blockages of stored traumatic memories and assists the individual in connecting with his or her feelings (Hover-Kramer, 1996). Hover-Kramer (1996) writes, "Energetically, …grief diminishes the available energy of the chakras and the auric field. Similarly, depression literally depresses and diminishes the entire energy field. The difference is that depression is more pathological, causing physical symptoms of sleeping and eating disturbances and

emotional labiality with the inability to have enthusiasm about life. The depressed individual's energy field responds more slowly to energetic interventions if the depression is of more than a few weeks duration" (p.196). Energetic healing also reduces anxiety and results in feelings of deep relaxation. Levine and Frederick (1997) describe how the "emotional trauma vortex" drains the energy of a person. They advocate the regular use of energetic practices that help to nourish, build, and strengthen the energy system of the person. In *Trauma Healing and Transformation,* Cane (2000) writes, "The holistic energetic healing of emotional trauma involves the release of un-discharged energy, a strengthening of the natural flow of core energy in the body, mind, and spirit of the person, an awakening of the inherent wisdom of the body, and a re-establishment of the natural state of dynamic balance and wellness in the person" (p.23).

One definition of healing is "The integration, harmony and balance of body-mind-spirit in interaction with the totality of one's environment" (Quinn, 1985, p.117). By this definition, healing is much more than simply the absence of disease. A healer is the skilled practitioner who assists an individual in returning to the natural state of wholeness. Most of the world's healing systems are holistic in beliefs and practices. This was also true for Europeans before the rise of science. Our English world *heal* is derived from the Old English word *haelen*, which meant, "to become whole" (Dossey, et all, 2000).

With the development of science in the sixteenth and seventeenth centuries, came the idea of separation of mind, body and spirit. "Galileo banned quality from science, restricting it to the study of phenomena that could be measured and quantified. Rene Descrates created the method of analytic thinking, which consists in breaking up complex

phenomena into pieces to understand the behavior of the whole from the properties of its parts. Isaac Newton conceptualized the world as a perfect machine governed by exact mathematical laws" (Capra, 1997, p.19). Based on science, biomedicine, the current dominant healing system in Europe and the United States explains the functioning of the body in mechanical and chemical terms. Now, however, there is increasing evidence that the idea of a separation of body, mind and spirit is an illusion, and that the whole of a human being is qualitatively different than the sum of its parts.

Biomedicine and the scientific method are based on Newtonian physics. But in explaining how and why energetic healing works, quantum rather than Newtonian physics may be a better conceptual framework. Energy field interactions are theorized as phenomena based on a shift in understanding from the mechanistic (Newtonian) worldview or paradigm to that of quantum (Einsteinium) physics. As Kuhn (1996) described in his now classic work, *The Structure of Scientific Revolutions*, a new paradigm of thinking changes how the world is viewed and what is accepted or not accepted as science. Quantum physics accepts all of the laws of Newtonian physics, but goes on to explain phenomena that Newtonian physics cannot.

Quantum physicists, in the beginning of the twentieth century, had difficulty in accepting what they were discovering, as it didn't fit with the old worldview that they had been taught. Max Planck, the father of quantum physics wrote (1936), "Science…means un-resting endeavor and continually progressing development toward an aim which the poetic intuition may apprehend, but which the intellect can never fully grasp" (p. 83). According to quantum physics, the ideas of how the universe functions are radically different from those the ideas that preceded it. One idea is that at the sub-atomic level

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there is no objectivity, rather everything results from interconnected relationships. Some have theorized that even outside of the sub-atomic level subjectivity is always a factor in scientific experiments (Zukav, 1979). In quantum physics the outcome cannot be known with certainty, only probability. Capra (1997), a physicist, writes, "The old paradigm is based on the Cartesian belief in the certainty of scientific knowledge. In the new paradigm, it is recognized that all scientific concepts and theories are limited and approximate. Science can never provide any complete and definitive understanding" (p.41). There is also the idea that consciousness, at a very basic level, is a quantum process. There is some evidence from physics and biology that support this idea. (Capra, 1997). Another conclusion from quantum physicists is the holistic nature of the universe. "The properties of the whole of an organism, or living system, are different from those of the parts. They arise from the interactions and relationships among the parts" (Capra, 1997, p.29). The last idea from quantum physics is that mass *is* energy, it is the basic "stuff" of the universe. Einstein showed in his special theory of relativity that mass is a form of energy (Zukav, 1979). Interestingly, the worldview that is emerging from quantum physics is very similar to the philosophies of many Asian cultures, the Australian Aborigines' "dream time" and many other cultural groups.

Healing Touch and Roger's theory of nursing.

Martha Rogers'(1970) theory of Unitary Human Beings persons is similar to the emerging worldview from quantum physics and that of many traditional cultures. In Rogers' theory persons are conceptualized as dynamic energy fields that are a part of the larger environmental field and these fields are continuously exchanging matter and energy with each other. Rogers also stated that the human field is identified by pattern.

An individual's energy field pattern is the expression of a person's total being at a point in time. Rogers envisioned human beings as holistic and more than the sum of their parts. Rogers (1970) wrote, "Knowledge about the subsystems of man [human beings], though it may be extensive, is ...ineffective in enabling one to determine the properties of the living system" (p.45). Rogers also included in the theory of Unitary Human Beings the principles of homeodynamics, which consist of the three principles of integrality, helicy and resonancy. The principle of integrality refers to the dynamic nature of the human energy field and the environmental energy field being in a state of constant interaction with each other. The principle of helicy refers to the unpredictable, increasingly diverse evolution of the human-environmental energy fields. The principle of resonancy describes the continuous change from lower to higher frequency wave patterns in the human-environmental fields. Rogers' theory suggests that disruptions to the energy field manifest as disease or illness, and that manipulation of this field can be used as a nursing intervention (Hutchison, D'Allessio, Forward, & Newshan, 1999).

In the 1970's, nurse Deloris Krieger built on Roger's theory of nursing in the development of Therapeutic Touch (Meehan, 1993). Krieger felt that the energy field patterns in Rogers' theory could be seen, heard, and felt by others and that illness results when the energy field patterns are not in the proper alignment. Health promotion, according to Therapeutic Touch theory, is to assist individuals in achieving a balance of their human energy field with that of the environment field, and between the subsystems (body, mind, spirit) within an individual. In the 1980's, nurse Janet Mentgen created the Healing Touch program which combines concepts and techniques from many different traditions and sources (Hutchison, 1999). Healing Touch incorporates the Therapeutic

Touch theory and techniques and is considered in this paper to be essentially the same energetic intervention.

Chapter 2: Review of the literature

Research with Torture Survivors

Jaranson (1998) notes that only a limited amount of research has been conducted with torture survivors. The research that has been done with torture survivors has been conducted primarily by psychologists and physicians. There are no studies with this population reported in the literature conducted by nurses, other than the recent demographic study by Jaranson, et al (2004). The lack of significant research in torture treatment has been related to complexities in identifying torture survivors, linguistic difficulties, varying forms of torture treatment interventions, the fear of retraumatizing survivors, small study sample populations and in the treatment settings, the clinical demands of caring for survivors leaving little time or energy for research. Much of what is know about the effects of torture on survivors and the treatment methods that are utilized has been shared in unpublished presentations at professional conferences or in more informal ways. The bulk of the research that has been done with torture survivors is the documentation of the physical and psychological sequelae of torture (Jaranson, 1998).

In a review of the literature, Somnier & Genefke (1986) found the most commonly reported psychological symptoms among torture survivors were anxiety; cognitive, memory, and attention problems; mood disturbance; sleeping difficulty; sexual dysfunctions; personality changes; lack of energy; and behavioral disturbances. In a review of the literature on the physical sequelae of torture, Goldfeld, Mollica, Pesavento & Faraone (1988) found the most common physiological symptoms to be hearing loss

from torture to the ears, scarring from multiple causes, bone fractures, lumbosacral spine injuries, dislocation of vertebrae, paraplegia from beatings or hangings, chronic pain in the legs, mutilation of genitalia, pregnancy, sexually transmitted diseases, infertility and miscarriage in women due to rape, and sexual dysfunction and testicular atrophy from genital torture in men.

Jaranson (1998) notes "the treatment modality most frequently reported in the literature involves a multidisciplinary approach because the sequelae of torture…may include physical, psychological, cognitive, and sociopolitical problems. The approaches are many, little consensus exists, and treatment effectiveness has not been scientifically validated by treatment outcome studies." Keane, Albano & Blake (1992) report, "The most compelling evidence for effective psychotherapeutic treatment of posttraumatic stress is in the area of cognitive-behavior therapy." Kinzie & Leung (1989) report evidence of tricyclic antidepressant, monoamine oxidase inhibitor, and selective serotonin reuptake inhibitor medications having been useful for some symptoms of posttraumatic stress. However, there are no studies in the literature to confirm that treatment approaches that are effective with other populations having posttraumatic stress symptoms are likewise effective with torture survivors. It is known that the severity of psychological problems among torture survivors is higher than those found in studies of non-tortured refugees (Somnier, et al., 1992). Hiegel (1994) writes, "Alternatives or supplements to medications, such as acupuncture, hypnosis, relaxation, massage, or herbal teas, have also been used [with survivors of torture and war trauma] although there is little scientific support for the efficacy of these treatments." The effects of torture on

survivors' spirituality, or treatment modalities addressing spirituality, have not been examined.

Research with all Modalities of Energetic Healing

While energetic healing is very ancient and appears to have been utilized by most cultural groups at some point in their history, for scientists the relationship between the human energy-field and health has been a subject of bitter and continuous controversy for over 400 years (Oschman, 2000). Scientific research on the subject began in the nineteenth century and continues to the present (Brennen, 1988). Oschman (2000) states; "From the research done over the last few decades, we can definitely conclude that (1) living organisms have biomagnetic fields around them, (2) these fields change from moment to moment in relation to events taking place inside the body, and (3) these fields give a clearer representation of what is going on in the body than classical electrical diagnostic tools such as the electrocardiogram and the electroencephalogram. We are also beginning to understand the biophysical mechanisms that enable the discerning therapist to sense and manipulate energy fields for the benefit of the patient" (p.38).

Benor (2001) reviewed all studies of energetic healing published between 1988 and 2001 in the English language literature. The studies employed a variety of different energetic healing treatment modalities. He found that of the 191 controlled studies of healing, 124 show significant results (83 at a probability of $p < .01$ or less, and 41 at a probability between $p < .02 - .05$). Benor (2001) concluded his review of the research conducted with energetic healing by saying, "The studies that have been done are an impressive body of research, including studies demonstrating healing effects on wounds, hypertension, pain, anxiety, depression, enhancement and retardation of growth of

various organisms, and alterations in DNA. If energetic healing were a drug, I believe it would be accepted as effective on the basis of the existing evidence" (P. 7). Skeptics of energetic healing view many of the studies with suspicion as they were published in journals of complementary/alternative therapy and parapsychology. Benor (2001) notes, "This is an unfair criticism. Until very recently, most medical journals have refused to publish articles on energetic research because it is not within the accepted realms of Western medical practice and because it [energy healing] has not been published previously in medical journals" (p.6). The nursing profession has had fewer problems with publication bias.

Research on Therapeutic Touch

Therapeutic touch is one form of energetic healing. As therapeutic touch was developed from Roger's (1970) nursing theory there have been studies conducted by nurses on the clinical affects of the modality. Healing touch is an energetic modality also developed by nurses based on Therapeutic Touch. In a meta-analysis of the research that has been done with Therapeutic Touch, Winstead-Fry & Kijek (1999) found that of the 29 studies they examined, 19 demonstrated efficacy of the technique, and 10 did not. The authors also noted that several studies showed mixed results as they were measuring several variables.

Studies of the effects of therapeutic touch on the immune system include an increase of CD4 counts (a type of white blood cell deficient in people with AIDS) (Garrard, 1996); an increase in three immune system indicators in medical and nursing students prior to board examinations (Olson, Sneed, LaVia, Virella & Bonadonna, (1997); and in increase in hemoglobin levels (Krieger, 1976; Krieger, Peper, & Ancoli,

1979). Research showing a reduction in perceived pain include the Meehan, Mermann, Wiseman, Wolff & Malgady (1990) study showing fewer requests for analgesic in 159 post-operative patients, and the Keller & Bzdek (1986) study that showed a reduction or elimination of tension headaches in 90 percent of subjects both five minutes after treatment and again four hours later. In a study of 22 adults who had recently lost a loved-one, Robinson (1996) concluded that Therapeutic Touch was beneficial in helping individuals deal with grief. The largest group of studies conducted with Therapeutic Touch focus on perceptions of anxiety. Several studies showed a decrease in anxiety following the use of Therapeutic Touch in both hospitalized and non-hospitalized patients (Heidt, 1981; Randolph, 1984; Quinn, 1984; Olson & Sneed, 1992; Meehan, 1993; Simington & Laing, 1993; Quinn & Strelkauskas, 1993; Gagne & Toye, 1994; Olson, Sneed, LaVia, Virella & Bonadonna, 1997; Peck, 1997; Turner, Clark, Gauthier, & Williams, 1998).

In a qualitative study of recipients' perceptions of receiving Therapeutic Touch, Samarel (1992), reported participant statements of less physical pain, increased range of motion, increased sense of overall energy, improved self-esteem, deepened self awareness, increased spiritual love for self, and feeling more benevolent. A qualitative study conducted by Lewis (1999) reported that 95 percent of study participants found Therapeutic Touch to have a positive effect and asked for more treatment sessions. The participants also reported improved sleep, and feeling more relaxed, calm and energized.

A study conducted by Cox & Hayes (1999) examining several physiological variables in patients in a critical care unit failed to show significance on any measures with the use of Therapeutic Touch. Likewise a study done by Quinn (1989) of

hospitalized adults on a cardiovascular unit failed to demonstrate the efficacy of Therapeutic Touch. Quinn notes that her study did not take into account the use of narcotic medications and this may have affected the outcome, she also administered the therapy for the control and study groups and admitted having a difficult time not being therapeutic with the control group.

Research on Healing Touch

While there have been fewer studies conducted with Healing Touch than with Therapeutic Touch, the results with Healing Touch are similar to those of Therapeutic Touch. In a study of 60 women following abdominal hysterectomy surgery, Silva (1996) found that those who had received Healing Touch used less narcotics and had fewer complications as compared with a control group. Leb (1996), explored whether Healing Touch could be beneficial to persons with depression. The participants were referred to the study by psychologists. Of the 30 participants, 18 were using some form of medication. The treatment group showed a highly significant decrease in depression ($p < .001$) as compared with the control group. The Healing Touch group also maintained the decrease in depression when measured one month after treatment. Systolic blood pressure was also lower for the study group as compared with the control group. In a study by Slater (1996) looking at postoperative pain and Healing Touch, it was found that the responses to Healing Touch differed from the placebo group at a highly significant level ($p < .0001$). Qualitative results of the study also showed that recipients reported Healing Touch as relaxing and pain relieving. Gehlhart (2000) found that elders who received Healing Touch had less pain and anxiety. Likewise, Welcher & Kish (2001) found that hospitalized patients who received Healing Touch reported less pain and felt less anxious.

In a qualitative study, Wardell (2000) found that among 12 recipients of Healing Touch, when questioned two months later, most had experienced a decrease or absence of their pain symptoms and none had had a worsening. A study by Wilkinson, Knox, Chatman, Johnson, Barbour, Myles & Reel (2002) reported improvement in overall health in 59 percent of the participants and pain relief in 55 percent.

Clinical research shows three consistent changes in individuals receiving Healing Touch: (1) a rapid relaxation response (within 2 - 4 minutes), as evidenced by reduction in blood pressure, respiratory rate and pulse, (2) a significant reduction in perceptions of pain, both physical and emotional and (3) acceleration of the healing process, affecting both physical and psychological wounds (Bright, 2002). According to Bright (2002) the more profound changes may not be immediately noticeable, even though the treatment results in relaxation followed by relief of pain and stress.

Evaluation of Studies of Energetic Healing

Critics of energetic healing studies point to the lack of control for extraneous variables, poorly defined research terms in qualitative studies, small sample sizes, and results that do not consistently show statistical significance as research flaws (Geddes, 2002). Controversy surrounds the research that has been conducted with energetic healing modalities. This controversy is exemplified by the study on Therapeutic Touch conducted by Rosa, Rosa, Sarner, & Barrett in 1998 and published in the Journal of the American Medical Association (JAMA). The controversy regarding the use of energetic treatment centers around the efficacy of treatment on patient outcomes, not on possible harm that could be caused.

There are no reports in the literature of harmful outcomes for recipients from the use of energetic modalities. An experienced Healing Touch provider cautioned the student/author to observe clients that are receiving Healing Touch for the increased possibility of side-effects from prescription medications as the effects of medications may be enhanced with energetic healing (M. Freel, personal communication, October 15, 2001). In the cases where this has been observed, the patient's symptoms were improved thus the patient's physician was able to reduce the amount of medication needed or to discontinue its use.

Research of Energetic Healing with Torture Survivors

Research results with Therapeutic Touch and Healing Touch reflecting decreased pain, anxiety and depression along with increased levels of self-esteem, well-being and overall level of energy are very relevant for torture survivors in healing from their traumatic experiences. The research results showing a decrease in hypertension and increased immune function may also be important in reducing the long-term effects of torture on survivors.

There are no reports in the literature of studies that have examined the affects of energetic healing with torture survivors. However, there is ancillary information that this modality may be of benefit to survivors. The student/author has been in contact with therapists at the International Institute in St. Louis, MO, who are using Healing Touch with refugees and torture survivors. The St. Louis therapists noted, "Several survivors were able to sleep after years of sleeping difficulties because of repeated nightmares. Clients who suffered from severe headaches and other pain experienced relief. All clients who were treated with Healing Touch reported an improvement in their overall

functioning and a decrease of depressive and post traumatic symptoms. Some were able to start processing their traumatic experiences for the first time, and thus overcome the 'block' that was preventing them from regaining some degree of functional behavior. Clients who suffered from dissociation episodes also reported improvement" (C. Lelaurin, personal communication, December 4, 2002).

Chapter 3: Project Development

Project Need and Goal

As a Healing Touch practitioner, I am aware of the benefits of this modality in reducing anxiety, physical pain, and depression in recipients of Healing Touch. For the last three years I have also worked with torture survivors at The Center for Victims of Torture in Minneapolis/St. Paul and recognized that anxiety, physical pain and depression are symptoms with which survivors are frequently coping. Clinical experience has also led me to assume that Healing Touch is culturally congruent with survivors' cultures as it is a holistic healing method that addresses mind, body, and spirit. The goals in introducing Healing Touch in an established torture treatment program are to reduce trauma symptoms and increase the sense of well-being among participants.

I utilized the health program planning process described by Ervin (2002) in the development of the Healing Touch program. This process, which is similar to the nursing process, includes a needs assessment, planning (setting goals, objectives, activities and evaluation), implementing the plan, and evaluating the plan. The process is circular in nature, so that evaluation results drive future planning and implementation of a revised program. Program evaluation utilizes many of the same of same techniques as research (qualitative and quantitative methods) but the goal is different. In research the goal is to

contribute to the body of knowledge in a specific area while in program evaluation the goal is ultimately to determine if the program should be continued, modified or discontinued. If the program objectives were successfully achieved then the assumption is that the program is effective and should be continued.

Project Objectives

The project objectives were: (1) To decrease participants' reported feelings of anxiety and depression as measured on the Hopkin's Symptom Checklist (Appendix A) compared with averages for survivors on this tool at the Center for Victims of Torture, (2) To decrease participants' reported levels of somatic pain (physical pain of un-determined origin) as measured on a numeric pain scale (Appendix B) after three to five Healing Touch sessions as compared with pain scale rating prior to the first Healing Touch session, and (3) To obtain from participants subjective statements of recognition of the therapy as being significant in increasing their sense of overall well-being.

Project Participants

Potential participants in Healing Touch therapy were self-identified or referred by a therapist or physician. Information on Healing Touch was made available to all clients of the Center for Victims of Torture by center staff through the use of printed and/or verbal information (Introductory Information handout was made in English and French which are the most commonly used languages by clients at The Center for Victims of Torture). Information on Healing Touch was made available through the use of interpreters for those survivors that do not speak or read English or French. The availability of Healing Touch therapy was emphasized by staff for those clients who had significant symptoms of anxiety, depression, complaints of pain, and for those that did

not engage in psychotherapy. All project evaluation participants were volunteers. Healing Touch was also available to any client who wished to receive the therapy but did not want to participate in the evaluation. Nine interested clients agreed to participate in the project evaluation.

Ethical Considerations

The student, Kathleen McCullough-Zander, who is also a Healing Touch practitioner, was also the project manager. The project manager met with prospective project participants prior to the scheduling of the first session to explain the therapy and evaluation components in more detail, answer any questions, and obtain written consent from those participating in evaluation. The language in the consent form (Appendix C) was written at a lower reading level than is standard to assist clients in understanding what they were agreeing to, as most refugees do not have the experience of signing consent forms in their countries of origin. Interpreters were utilized for those clients who speak languages other than English. The possible benefits and negative effects of Healing Touch therapy were explained to potential evaluation participants prior to written consent of participation. The possible benefits include increased relaxation and decreased feelings of depression and pain. Potential evaluation participants were informed that Healing Touch can precipitate an emotional release, which is therapeutic, but may also be emotionally painful. Potential evaluation participants were also informed of another possible effect of Healing Touch, which is the increased effectiveness of prescription medications. The possible side-effects from the prescription medications that the potential evaluation participants were taking were reviewed by the student/project manager with the client. The student/project manager explained to all potential project

participants, demonstrating with a doll, what hand positions and movements are used in the therapy. It was also explained to potential project participants that during the Healing Touch sessions, clients are laying down on a massage table, fully clothed, and covered with a blanket to keep warm. Potential project participants were also informed that they could stop or end a Healing Touch session at any time. Prior to the first Healing Touch session, the Healing Touch practitioner explained the Client's Bill of Rights for Alternative and Complementary Care (Appendix D) and obtained the client's signature indicating receipt of the information as required by law in Minnesota. Potential project evaluation participants were informed that all evaluation data would be kept confidential. Potential evaluation participants were informed that they could withdraw from the evaluation at any time without any negative repercussions in their torture treatment or from Augsburg College.

This project proposal was presented to the Director of Client Services, Rosa Garcia-Peloniemi; the Director of Research, Jon Hubbard; and the IRB board chair Steven Miles, at the Center for Victims of Torture. They determined that, as the project is not a research study, it was not subject to review by the Center for Victims of Torture's IRB committee. Approval from the Augsburg College IRB committee was received prior to the initiation of the Healing Touch sessions with survivors.

Project Protocol

According to Ervin's (2002) health program planning process, the following activities were planned to implement the project.

- All clients at the Center for Victims of Torture were to receive information about Healing Touch therapy.

- The project manager was notified, by clients themselves or by other staff members, of those clients that would like to receive Healing Touch.
- The project manager met with potential project participants to discuss the therapy and evaluation components in more detail, answer any questions, and obtain written consent for those participating in the evaluation.
- The project manager scheduled the first healing touch session with the client, the Healing Touch provider (one of three providers involved in the project), and an interpreter if needed.
- During the first Healing Touch session, prior to beginning the assessment, the Healing Touch practitioner explained the Client's Bill of Rights for Alternative and Complementary Care. The Healing Touch practitioner also administered the initial pain scale assessment.
- The Healing Touch therapy sessions were given by the project manager or one of two volunteer nurses who are certified in Healing Touch.
- Project participants met weekly or twice a month with a Healing Touch provider for an hour to hour and a half long sessions. Participants continued to meet with the provider as long as both feel that continual sessions were beneficial.
- After three to five sessions the Healing Touch practitioner again administered the pain scale assessment.
- Following the final session, the project manager met with the evaluation participants to administer the questions from the Hopkins Symptoms

Symptoms Checklist and to solicit qualitative feedback on the impact of Healing Touch in improving the participant's overall well-being.

The procedures used in Healing Touch involve five steps: (1) centering or focusing attention, (2) identifying the intention of the client's highest good without defining outcomes, (3) energetic assessment, (4) treatment, and (5) evaluation. The treatment goals include one or more of the following: facilitation of energy flow, dampening or quieting of excess energy activity, and overall balance in the energy flow (Bright, 2002). The treatment techniques involve the practitioner directing energy to, and within, the client's chakras and auric field by either placing hands lightly on the body over the ckakras or holding the hands within the auric field. (Bright, 2002).

Barriers to Project Development

Two barriers were identified in the development of the Healing Touch program. One barrier was limited times with available space for the Healing Touch sessions and another barrier was Center staff member's (providers representing disciplines other than nursing) lack of knowledge of this modality. As many clients as possible were seen in the limited time with adequate space, but fewer clients were able to participate than was originally planned. To increase the Center for Victims of Torture staff members' knowledge of Healing Touch, an educational in-service was offered to all interested staff and a paper containing the same information was available for those staff members who could not attend the in-service. Healing Touch sessions were then offered to all staff members that wanted to experience it. A majority of the staff experienced a Healing Touch session with favorable results - many asking for more sessions.

Chapter 4: Project Evaluation

Project Evaluation Methods

Three methods of evaluation were used to determine if the project goal had been met. In the first evaluation method participants in the project evaluation process were asked to complete ten questions on the Hopkin's Symptom Checklist following completion of Healing Touch therapy. All clients at the Center for Victims of Torture are suppose to have completed the Hopkins Symptom Checklist on intake, at six months, nine months, and again at one year for organizational purposes of evaluating treatment effectiveness. The Hopkins Checklist scores from clients who completed Healing Touch were compared with the average score of Center clients at the beginning of treatment and at six months. All clients of the Center sign a release to allow the Center the use of health care records in research, program evaluation and training to increase the effectiveness of rehabilitative program and to facilitate the training of professionals in the field of torture treatment. The Hopkins Symptom checklist is a well-known and widely used instrument to measure anxiety and depressive symptoms. The Hopkins checklist is available in a number of languages, and has been utilized with a variety of cultural groups (Hesbacker & Rickels, & Morris (1980); Winokur, Winokur, & Rickels (1984). For those participants that were not proficient in English or could not complete the Hopkins checklist in their native language an interpreter was utilized to administer the questions verbally. In the second evaluation method Healing Touch therapy participants that were involved in project evaluation were also asked to assess their level of pain on a numeric pain scale prior to the first session and again after three to five sessions. These pain ratings were compared with each other to determine if Healing Touch was helpful in

reducing survivors' somatic pain symptoms. The numerical rating scale, with numbers 0 to 10 along a straight line that denotes degree of pain, was employed to measure pain intensity. Puntillo and Neighbor (1997) write, "The numerical rating scale is often used as the 'gold standard' of pain intensity measurement and has been shown to be valid with both English and non-English speaking patients" (p.598). In the third evaluation method two qualitative questions dealing with participants' perception of changes in overall well-being were included to allow survivors' voices to be heard in the evaluation. The qualitative questions were: "What differences have you noticed in how you are feeling since you began Healing Touch?" "Can you describe how this experience has been for you?"

It was anticipated that 10 to 12 participants would be involved in the program evaluation process. However, a total of eight participants completed all evaluation measures. One participant elected to discontinue Healing Touch because she felt that it was not based in Christianity and therefore she was uncomfortable with it. Three other participants had received political asylum, and began working during the course of Healing Touch sessions and discontinued treatment at the Center.

Evaluation Findings

Hopkins Symptoms Checklist.

Table 1

Abbreviated Hopkins Symptoms Checklist Summary (n=8)

Original Hopkins #	**Question**	**Evaluation group average**
Anxiety 1	Suddenly scared for no reason	2.25
2	Feeling fearful	2.37
4	Nervousness or shakiness inside	2.12
5	Heart pounding or racing	2.37
10	Feeling restless, can't sit still	2.37

Depression 1	Feeling low in energy, slowed down	2.75
3	Crying easily	1.75
5	Poor appetite	2.62
6	Difficulty falling asleep, staying asleep	3.25
7	Feeling hopeless about the future	2.62
		2.45 overall average

The overall average of the Center's clients on the above measures at intake is 2.4, and 2.0 at six months. The overall average of program evaluation participants scores on the Hopkins Symptoms Checklist was higher than the averages of the Center's clients at both intake and at six months. This was a significant difference.

Pain (anxiety) scale measures.

Six participants had significant complaints of physical pain prior to the beginning of the Healing Touch sessions. Two participants had no complaints of physical pain but did report significant anxiety. The complaints of pain included frequent headaches, back and neck pain, and abdominal pain. All of the participants had undergone medical evaluation and treatment but continued to experience pain. The average pre-session pain scale measure for six participants was 7.5 (one to ten scale), and post-session was 3.7. A paired t-test of the evaluation resulted in $p < .027$. This reflects a statistically significant result. Two of the participants that were experiencing frequent migraine-type headaches had a complete elimination of pain after the first session. Two other participants with complaints of leg/hip pain experienced a slight reduction in pain but not elimination. One participant who had chronic liver problems due to Hepatitis C showed elimination of abdominal pain and jaundice by the end of the fifth session. The two participants who were measured for anxiety had a pre-session score of 7.5 compared with a post-session score of 5.5. Both participants reported improvement in the quantity and quality of sleep.

Qualitative statements.

The most common response from participants to the questions "Can you describe how this experience (HT) has been for you?" and "What differences have you noticed in how you are feeling?" was a reduction in anxiety. Several participants reported that their sleep had improved with a decrease in anxiety. Three participants related the experience to water – like being under a waterfall or the feeling of refreshment after a shower or swimming. Two participants reported that during the sessions they felt warmth and joy throughout their bodies. One participant found the sessions to be very comforting. Other responses included a decrease in the sensation of heaviness in the chest, a decrease in pain, and feeling less fatigued. One participant announced to his psychotherapy group that, "Healing Touch is the best thing that has happened in the past two weeks." Another participant reported, "Healing Touch has given me a lot to think about."

Analysis of findings

The higher than average Hopkins Symptoms Checklist scores after receiving Healing Touch may be related to higher than average trauma symptoms at the beginning of treatment, but this could not be confirmed as intake Hopkins scores were missing on the majority of participants from the Center's data base. This finding, as well as the inconsistency between the decrease in pain/anxiety on pre- and post- pain scale measures and the Hopkins results, may also be due to the very small numbers of participants that were measured. It could also be theorized that the Hopkin's Symptom Checklist is not a reliable tool to measure survivors' trauma symptoms. It is unknown if the amount of pain reduction reflected on the pre- and post- pain scale measurements is greater than that which normally occurs with time in torture treatment, although intuitively, based on

clinical experience, this finding seemed significant. The qualitative statements from participants were overwhelmingly positive in support of Healing Touch therapy helping improve well-being and daily quality of life. All the participants who completed the final evaluations wanted to continue receiving Healing Touch. It is unknown why one evaluation participant felt that Healing Touch did not fit with her Christian beliefs. The majority of the evaluation participants were also Christian. Some of the program evaluation findings are consistent with the research data on Healing Touch showing increased relaxation and reduction of pain for many, but not all, recipients of Healing Touch.

Chapter 5: Discussion of Implications for Nursing Practice

The primary implication for nursing practice derived from this project on the development of a Healing Touch program with survivors of torture, is that Healing Touch is a healing modality that aids in improving overall well-being and can be utilized in almost any nursing care setting. Because of the numbers of survivors of torture that are living in the U.S., nurses are caring for survivors in every area of the health care system. There are simply too many torture survivors in the U.S. for American nurses not to begin examining ways of increasing survivors' health and well-being.

Another implication of this project for nursing practice is the need for nursing to develop more theoretical models that have direct relevance in clinical practice. Healing Touch is an example of using concepts of nursing theory directly in practice. Healing Touch, based on the concepts of manipulation of the patterns of human – environmental energy patterns developed by Martha Rogers is utilized to improve patients' clinical outcomes. Rather than an application of nursing theory to the medical model, Healing

Touch is a healing modality that is firmly grounded and practiced within independent nursing practice.

The third implication for nursing from the project of Healing Touch with torture survivors concerns nursing as a discipline based on care. Nursing has always conceptualized caring as a therapeutic act that directly increases health and well-being. Healing Touch is perceived by most recipients as a caring, nurturing act. This is particularly significant for torture survivors who have experienced deliberate acts of violence and brutality.

Chapter 6: Conclusions and Recommendations

The project objectives were: (1) To decrease participants' reported feelings of anxiety and depression as measured on the Hopkin's Symptom Checklist compared with averages for survivors on this tool at the Center for Victims of Torture, (2) To decrease participants' reported levels of somatic pain (physical pain of un-determined origin) as measured on a numeric pain scale after three to five Healing Touch sessions as compared with pain scale rating prior to the first Healing Touch session, and (3) Obtain from participants subjective statements of recognition of the therapy as being significant in increasing their sense of overall well-being.

The first project objective of showing a decrease in participant's reported feelings of anxiety and depression as measured on the Hopkin's Symptom Checklist compared with averages for survivors at The Center for Victims of Torture was not achieved. More complete data may have provided some indication of why project participants' scores were higher than the average of survivors at the Center. The second project objective of

demonstrating a reduction in participant's reported levels of somatic pain was achieved and the results were statistically significant. The third project objective of obtaining subjective statements of recognition of the therapy as being significant in increasing participants overall sense of well-being was also achieved. Project evaluation participants reported decreases in anxiety, pain and fatigue, and associated feelings of refreshment, warmth and comfort with Healing Touch therapy.

The goal of this project of introducing Healing Touch therapy into an established torture treatment center was to decrease trauma related symptoms and increase the survivor's overall sense of well-being and health. Achieving the project goal was moderately successful in that two of the three overall project objectives were clearly reached. Additionally, Healing Touch therapy also appeared to be useful in helping participants relate their experiences of torture to their current physical symptoms as demonstrated by the participant who thought that Healing Touch provided him with things to think about.

A recommendation from this pilot project is that Healing Touch therapy be continued at The Center for Victims of Torture and funding sources sought to maintain and further expand the program. Another recommendation is that further studies be conducted with larger numbers of participants using a double-blind research method. Further studies over a longer period of time would increase the number of participants involved in evaluation as would collaboration with other torture treatment centers in the U.S. that might be interested in piloting a Healing Touch program within their organizations.

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Appendix A

Abbreviated Hopkins Symptom Checklist
English Version

Instructions

Listed below are some symptoms or problems that people sometimes have. Please read each one carefully and decide how much the symptoms bothered or distressed you in the last week, including today. Place a check in the appropriate column.

	1	2	3	4
Part I Anxiety Symptoms	Not at all	A little	Quite a bit	Extremely
1. Suddenly scared for no reason				
2. Feeling fearful				
3. Nervousness or shakiness inside				
4. Heart pounding or racing				
5. Feeling restless, can't sit still				
Part II Depression Symptoms				
6 Feeling low in energy, slowed down				
7. Crying easily				
8. Poor appetite				
9. Difficulty falling asleep, staying asleep				
10. Feeling hopeless about the future				

Scoring

Responses are summed and divided by the number of answered items, to generate three scores:

Anxiety = $\frac{\textbf{Items}}{\textbf{5}}$ __________

Depression = $\frac{\textbf{Items}}{\textbf{5}}$ __________

Total = $\frac{\textbf{Items}}{\textbf{10}}$ _________

Individuals with scores on anxiety and/or depression and/or total > 1.75 are considered symptomatic.

"What differences have you noticed in how you are feeling since you began H T?"

"Can you describe how this experience has been for you?"

Appendix B

Healing Touch Program Evaluation

Pain Scale

Client number: ________

Date: ____________________

Pre-treatment or Post-treatment (please circle)

Location of primary source of pain: ____

Rate the primary souse of pain:

1	2	3	4	5	6	7	8	9	10
None				Moderate					Severe

Appendix C

Center for Victims of Torture
Evaluation of Healing Touch Project
Participant Consent Form

You are invited to evaluate the Healing Touch project at the Center for Victims of Torture. The Center for Victims of Torture is conducting this evaluation along with Kathy McCullough-Zander as part of her master's degree thesis (final paper) at Augsburg College. The Center wants to learn if Healing Touch therapy is helpful for survivors.

Kathy McCullough-Zander, the Center's St. Paul Clinic nurse and a student of nursing at Augsburg College is in charge of this project.

Please read this form and ask any questions you have. After you have read this form, we will make sure that you understand all of it. Then, you can decide if you want to help with this evaluation.

Procedures

We will explain everything to you before you do anything. You can ask questions at any time.

We are asking for a total of five (5) hours of your time.

If you agree to be in the evaluation, we will ask you to do these things:

1. Rate your pain by putting a number between one (1) and ten (10) on it.
2. Receive Healing Touch therapy for as many weeks as both you and your Healing Touch practitioner feel that it is helpful for you. You will have Healing Touch every week or every other week. The treatments last one (1) hour.
3. One week after the last Healing Touch treatment, we will again ask you to answer ten (10) questions about how you are feeling. These questions are some of the ones that you filled out when you started at the Center. You do not have to talk about your torture story.
4. Rate your pain again by putting a number between one (1) and ten (10) on it.
5. We will ask you two questions on your experience with Healing Touch

Risks and Benefits of Being in the Evaluation Process

The evaluation has several risks:

1. You may become aware of difficult or sad feelings during Healing Touch. This can happen at any time during treatment, and can help in healing.
2. You may notice a change in how you are responding to prescription medications after receiving Healing Touch.

You can stop the Healing Touch therapy at any time.

You will not receive any payment for being in this evaluation.

An indirect benefit to you from being in the evaluation is knowing that you are helping to possibly improve torture treatment for survivors.

Possible benefits from Healing Touch are listed below. You can receive Healing Touch even if you do not want to participate in the evaluation.

1. Feeling less anxious or nervous.
2. Having less pain.
3. Feeling less depressed or sad.
4. If you have high blood pressure, it may be lowered.
5. You may sleep better at night.

If being in this study causes any additional problems for you, treatment or therapy will be provided as needed at The Center for Victims of Torture.

Confidentiality

The records of this study will be kept private. We will never write anything that will make it possible to identify you. Your name will not be on any of the forms. The information will never go to the police, the government, an insurance company or an employer. Study records will be kept in a locked file and only Kathy McCullough-Zander will have access to them.

We will not use a tape recorder. Your answers will be written down on paper. They will be used for educational purposes.

The only people who will see the information as you gave it (raw data) will be Kathy McCullough-Zander, her advisor at Augsburg College, Dr. Pam Weiss, and the Center Research staff person, Jon Hubbard.

All raw data will be destroyed when Kathy McCullough-Zander's thesis paper is accepted by Augsburg College. This will be by July, 2004.

Voluntary Nature of the Evaluation

You can decide if you want to be in the study or not. Your decision to be in the study or not will not affect your current or future relations with the Center or Augsburg College. Even if you decide to be in the study, you can stop at any time. Stopping will not affect your relations with the Center or Augsburg College.

Contacts and Questions

You can ask any questions that you have at any time.

If you have questions later, call Kathy McCullough-Zander, RN, BS, St. Paul Clinic Manager, The Center for Victims of Torture, 2356 University Ave., W., Suite 430, St. Paul, MN 55114, phone: 612-436-4841. Kathy is in charge of the Healing Touch project.

If you have any questions or concerns and want to talk to someone who is not at the Center you can call Pam Weiss, PhD, Augsburg College, Dept. of Nursing, 2211 Riverside Ave., Minneapolis, MN 55454, phone: 612-330-1207.

You will be given a copy of this form to keep.

Statement of Consent

I have read this information and understand it. I have been allowed to ask questions and all my questions are completely answered to my satisfaction. I agree to answer questions, have three sessions of Healing Touch, and again answer questions.

Your signature ____ Date _____________

Study supervisor's signature ________________________________ Date __________

I give permission or consent to allow the use of my answers as I said them (direct quotations) in the final report and paper.

Your signature ____ Date _____________

Study supervisor's signature ________________________________ Date __________

Appendix D

Complementary and Alternative Health Care Bill of Rights

1. Name of practitioner: Kathleen McCullough-Zander

   title: Student of Healing Touch
   (Supervisor: Susan Hageness, MA, CHT
   Adjunct faculty, Augsburg College
   612-330-1000)

   location: The Center for Victims of Torture
   717 East River Road
   Minneapolis, MN 55455
   612-626-1400
2. Training, experience, or other qualifications:
   Completion of Healing Touch Levels I, IIA, IIB

THE STATE OF MINNESOTA HAS NOT ADOPTED ANY EDUCATIONAL AND TRAINING STANDARDS FOR UNLICENSED COMPLEMENTARY AND ALTERNATIVE HEALTH CARE PRACTITIONERS. THIS STATEMENT OF CREDENTIALS IS FOR INFORMATION PURPOSES ONLY"

Under Minnesota law, an unlicensed complementary and alternative health care practitioner may not provide a medical diagnosis or recommend discontinuance of medically prescribed treatments. If a client desires a diagnosis from a licensed physician, chiropractor, or acupuncture practitioner, or services from a physician, chiropractor, nurse, osteopath, physical therapist, dietitian, nutritionist, acupuncture practitioner, athletic trainer, or any other type of health care provider, the client may seek such services at any time.

3. The client has the right under Minnesota state law (Minnesota Statutes, Chapter 146A), to file a complaint with the Office of Unlicensed Complementary and Alternative Health Care Practice, Health Occupations Program, Minnesota Department of Health, 121 East 7th Place, Suite 400, P.O. Box 64975, St. Paul, MN 55164. 651-282-6319.

4. There are no fees for Healing Touch services.

5. The client has the right to a reasonable notice of changes in services.
6. Healing Touch is an energy therapy that encompasses a group of non-invasive techniques that utilize the hands to clear, energize, and balance the human and environmental energy fields.
7. The client has a right to complete and current information concerning the practitioner's assessment and recommended service that is to be provided, including the expected duration of the service to be provided.
8. The client may expect courteous treatment and to be free from verbal, physical, or sexual abuse by the practitioner.
9. The client's records and interactions with the practitioner are confidential, unless release of these records is authorized in writing by the client, or otherwise provided by law.
10. The client has the right to be allowed access to their records and written information form the records.
11. Healing touch services are available from other practitioners in the community, and contact information will available to any client who desires it.
12. The client has the right to choose freely among available practitioners and to change practitioners after services have begun, both within The Center for Victims of Torture and with practitioners in the community.
13. The client has the right to have their services coordinated with another practitioner in the event of a transfer of services.
14. The client may refuse services or treatment, at any time.
15. The client may utilize any of the client's rights listed here without retaliation.

I have received the Complementary and Alternative Health Care Bill of Rights, and it has been explained to me in a language that I understand.

______________________________ ______________

(Client signature) (Date)

Augsburg College
Lindell Library
Minneapolis, MN 55454