

Conceptual/Theoretical

A Practice-Based Theory of Healing Through Therapeutic Touch

Advancing Holistic Nursing Practice

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Journal of Holistic Nursing
American Holistic Nurses Association
Volume 35 Number 4
December 2017 369-381
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10.1177/0898010117721827
journals.sagepub.com/home/jhn



For nearly 50 years, Therapeutic Touch (TT) has contributed to advancing holistic nursing practice and has been recognized as a uniquely human approach to healing. This narrative explores the development of a practice-based theory of healing through TT, which occurred between 2010 and 2016. Through the in-depth self-inquiry of participatory reflective dialogue in concert with constant narrative analysis, TT practitioners revealed the meaning of healing within the context of their TT practice. As the community of TT experts participated in an iterative process of small group and community dialogues with analysis and synthesis of emerging themes, the assumptions and concepts central to a theory of healing emerged, were clarified and verified. Exemplars of practice illustrate the concepts. A model of the theory of healing illuminates the movement and relationship among concepts and evolved over time. Feedback from nursing and inter-professional practitioners indicate that the theory of healing, while situated within the context of TT, may be useful in advancing holistic nursing practice, informing healing and caring approaches, stimulating research and education, and contributing to future transformations in health care.

Keywords: *theory; Therapeutic Touch; healing modalities; healing; common themes; reflection; dialogue*

Healing as a human potential was one of the primary assumptions underlying the early development of Therapeutic Touch (TT) by Dolores Krieger and Dora Kunz (Krieger, 1979). Initially, described as a contemporary interpretation of ancient healing practices (Krieger, 1979; Macrae, 1987), through research and experience, TT has evolved as a holistic evidence-based therapy that is practiced worldwide (Coppa, 2008; Hanley, 2008; Therapeutic Touch International Association, 2012).

During the subsequent 45 years, TT has been practiced in a variety of health care settings and taught in undergraduate and graduate programs around the world. Doctoral and postdoctoral research

studies using quantitative and qualitative approaches contributed to the evolving knowledge base of TT.

Authors' Note: The authors acknowledge Dr. Dolores Krieger for her encouragement and commitment to fostering innovative approaches to healing praxis and the expert Therapeutic Touch practitioners who participated in the Montana Dialogues from 2010 to 2016, without whose insights and explorations this project would not have succeeded. Our grateful appreciation to Dr. Mary Fenton, Dr. Ann Peden, and Dr. Donna Schwartz-Barcott for their thoughtful reviews of the manuscript. Please address correspondence to Mary Anne Hanley, PhD, RN, QTTT, Faculty RN-BSN Program, Sul Ross State University/Rio Grande College, 995 Alcalá Dr. Saint Augustine FL, 32086, USA; e-mail: mahanley@att.net.

This body of knowledge provides support for ongoing inquiry into development of TT as a transpersonal holistic therapy. Healing has emerged as an important central concept experienced by both providers and recipients of TT. While there is a large body of literature related to healing as a process, there is not a clear and succinct theory of healing derived from experiential knowledge of health care providers or practitioners.

The purpose of this article is to build on existing work and describe the developmental process for establishing a practice-based theory of healing based on the narratives of advanced TT practitioners. An interpretive narrative approach was used to highlight theoretical potentials of TT as an exemplar for a practice-based theory of healing.

Literature Review

The literature, well known to TT practitioners and scholars, is included in this review. This existing body of work, related to TT, healing, and human energy fields, provided the knowledge base that was instrumental in supporting theory development.

Therapeutic Touch

Kunz and Krieger developed TT, in what Krieger (2010) described as “a time of transitional consciousness.” In 1972, they used specifically designed experiences and research evidence to establish TT as a healing modality. Their premise was that TT used the human energy field as a means to help and heal others (Baldwin & Hammerschlag, 2014; Krieger, 2002; Levin, 2011). Acknowledged as a compassionate transpersonal healing practice (Krieger, 2002), the goal of TT is to help facilitate the recipient’s innate healing potential. Three underlying principles of TT are compassion, the willingness of the practitioner to help or heal another, and nonattachment to outcome (Krieger, 1979; Kunz & Krieger, 2004).

TT reflects the nursing process within the context of the unitary energy field process reflective of Rogers’s (1970) science of unitary human beings. TT was specifically designed as a human–environment energy process. The elements of the TT process begin with centering or quieting the mind to focus on the needs of the healing partner. Once centered, the practitioner assesses the person for discomfort, stress, or signs of distress, which may be expressed as energetic imbalances, such as anxiety.

Based on the assessment, a plan is devised to provide compassionate support, comfort, and promote a sense of balance. Last, the treatment session is evaluated to measure the results of the session. Depending on the situation, the practitioner may or may not make physical contact with the person receiving TT.

As a transpersonal approach to helping another participate in personal change, TT provides a purposeful and intentional means of acting, creating, promoting, and ordering patterns of wholeness through the compassionate use of self. One of the unique aspects of TT as a healing process is the integrality of the complex concepts that emerge and merge between the practitioner and recipient throughout the process.

Researchers and practitioners have explored the process of TT, the effect of the therapy on recipients, and the experiences of both recipients and practitioners (Therapeutic Touch International Association, 2012). Evidence supporting the usefulness of TT is reflected in the research base, initiated by Krieger (1973) with the first study of TT and changes in hemoglobin levels, conducted in 1972, in which she demonstrated significantly improved heme levels in persons who received TT in comparison with persons who did not receive TT, and it continues to develop through clinical research conducted by bench scientists (Gronowicz, 2007; Gronowicz, Secor, Flynn, Jellison, & Kuhn, 2015) and through clinical studies exploring the application of TT to persons experiencing a variety of health challenges. Researchers have examined the use and effectiveness of TT in caring for persons experiencing pain (Anderson & Taylor, 2012; Coakley & Duffy, 2010; Dorri & Bahrami, 2014; Monroe, 2009; McCormack, 2009), living with dementia (Woods, Craven, & Whitney, 2005; Woods et al., 2008); experiencing anxiety (Jackson et al., 2010), and living with heart failure (Shields, 2008) and prior to medical interventions (Madrid, Barrett, & Winstead-Fry, 2010). Additionally, researchers explored the use of TT across the life span as well as the experiences of practitioners who use TT (Coppa, 2008; Hanley, 2008). As a model of healing, TT sits within a much broader context of human being, becoming, and flourishing (Hanley, 2015a).

The Concept of Healing

Healing is a ubiquitous cross-cultural phenomenon. The role of healing in health and well-being has

been described in the literature and holds a central role in the process of TT. Healing has been described and defined by numerous authors within the context of contemporary nursing (Cowling, 2000; Fenton, 1997; Kritek, 1997; Quinn, 2000, 2013), in qualitative studies (Smith, Zahourek, Hines, Engebretson, & Wardell, 2013), and as achieving greater order, coherence, balance, cohesion, or the right relationship (Bohm, 1996; Quinn, 2013). According to Kunz (1995), wholeness, order, and compassion are characteristics of healing.

Researchers highlighted the participatory (Cowling, 2000), reciprocal (Zahourek, 2004), and relational (Smith & Reed, 2008) nature of healing within the context of a unitary worldview, which reflected shifts in awareness and change. The transformational nature of healing was a consistent theme described by Rosa (2011) in that healing relationships can provide energy for future change and new approaches to relationships with self and others. In practice, healing, as a central focus or purpose, emerges through a compassionate relationship with self or another, and occurs as a change in perception or emancipation from a particular moment, pattern, or experience (Hanley, 2015a).

Unitary Science

Within science, different worldviews provide structure for understanding life processes and relationships among people and their environments. Rogers (1970, 1994) proposed a unitary science, since described within a simultaneity and transformative paradigm (Fawcett, 2013), that outlined and described the nature of human beings as energy fields in continuous relationship with the environment. Rogers's (1994) principles of homeodynamics describe the nature, direction, and characteristics of change. The increasing capacity to be aware of oneself in relation to others and to appreciate the unity of all things (Kunz & Krieger, 2004) underscores the relational nature of healing and the potential mutual transformation of self and others central to both the process and outcome of healing. Within a unitary transformative framework, theory is context based and used to describe or explain a phenomenon of concern (Malinski, 2006). Consistent with her theory, Rogers envisioned its application in areas that went beyond traditional nursing practice, including “. . . practice incorporating noninvasive therapeutic

modalities, such as Therapeutic Touch . . .” (Malinski, 2017, p. 488).

Why a Theory

Theory is a dynamic organizing framework that supports knowledge development and application to practice (Kim, 2010; Reed & Shearer, 2011) based on the philosophies of holism, health orientation, person centeredness, and caring (Kim, 2015). The scope or the reach of a theory is brought forward by the nature of the phenomenon it proposes to describe, explain, or predict (Fawcett, 2017).

Theories designed to encompass a broad area of science (i.e., Rogers's science of unitary human beings) are considered grand theories. The terms within a theory offer an organizational and logical structure for understanding phenomena through deductive and inductive study (Malinski, 2006). Middle-range theories are less abstract and deal with a specific phenomenon of practice or research and establish relational statements between concepts that can be described or tested (Butts, 2017; Kim, 2010; Reed & Shearer, 2011).

Practitioners in the health sciences categorize actions by identifying clinical processes, patterns, and concepts used as a means of achieving goals when caring for individuals, groups, and the health care community at large. Practical knowledge from experience is not theory. Theory provides the rules for carrying out the practice or process.

Theories that stream from practice, or praxis-based theories (Buchanan, 1994), enhance the understanding of situational knowledge from practice experiences. Such theories provide useful scaffolding from which the provider can describe and evaluate current practice models, using them as templates on which to build new models of practice. Clinicians, researchers, and educators need such an organized perspective to support future practice, scholarship, and teaching. According to Walker and Avant (2011), such theories do not change the logistics of practices, linear elements, or procedures in any given therapeutic process.

Developing theory from practice begins cognitively by thinking carefully about the practice, and requires practitioners to recall their experiences with the practice (Walker & Avant, 2011) and to articulate these so the intricacies and meanings

become explicit. The process of remembering is an intimate one, initially entered from general recollection and moving to deeper knowing. Recollecting a particular practice helps practitioners transcend the restrictions of theory.

In the case of the evolving theory of healing, TT experts initially focused on the steps and the specific processes of the practice. These evolved as meanings of the experiences within the community were articulated and synthesized into an illustrative narrative of healing and underlying concepts. The organization of this practice-based theory of healing evolved through analysis of group narratives and in-depth reviews of the literature encompassing healing, the human energy field, and TT.

Reflection and Dialogue: Approaches Used to Develop a Theory of Healing

From 2010 to 2016, Krieger invited expert TT practitioners, teachers, and researchers to convene annually, in what has become known as the Montana TT Dialogues in Columbia Falls, Montana. Initially, invitees were drawn together to participate in a dialogue on the future consciousness of TT and on practice experiences in order to gain a deeper understanding of the process of TT. At the conclusion of the first year's meeting, Krieger posed the question about whether it was possible to elaborate a theory of healing derived from the practice of TT. This question guided the participatory explorations that took place over subsequent years.

Over a 5-year period, between 2011 and 2016, more than 89 TT practitioners met in Columbia Falls. Supplied with decades of philosophy, assumptions, and deepening experiences of TT, the group moved into what Krieger (2010) described as "a time of participatory consciousness," which enabled the community to explore the meaning of healing through TT.

During each annual meeting, didactic and experiential activities were designed to create an environment that supported the participants' knowledge and skills of dialogue (Bohm, 1996) and reflective practice (Johns, 2013). According to Bohm (1996), dialogue is concerned with how thought (about a subject) is generated and sustained on a composite or collective level. Dialogue is an approach to realizing

shared meaning of concepts of concern to a community. Different from discussion, dialogue is purposefully focused on gaining insight into how we think about what we are thinking about, and its meaning. It requires deep listening, respect, and a willingness to let go of held beliefs. Dialogue is concerned with people thinking together, rather than defending an opinion.

Johns (2013) described reflection as the mindful awareness of self within or after an experience. During the reflective process, the person views the situation contextually and moves toward deeper understanding as the ideal vision of an experience is compared with what actually occurred. He described a typology of reflective practices as going from "doing reflection [the epistemological approach] towards being reflective [the ontological approach]" (p. 2).

The process of exploring practice within the community is illuminated as practitioners initially engage in self-reflection. Discussion deepens into dialogue with self and others. This purposeful exploration mirrors the experiences lived by practitioners. When a community engaged in dialogue perceives something together and is successful in developing a group cohesiveness, the dynamics foster a participatory consciousness whose bonded focus may be able to succeed beyond our usual, individual reach of mind (Hanley, 2013; Krieger, 2012). As individual meanings weave into those shared by other practitioners, the emerging insights provide a link between experiential knowledge and theory development.

Reflective dialogue represents the interface between reflective practice and the purposeful exploration within a community of peers to develop insights regarding a particular situation or practice. Using purposeful reflective dialogue practice as a participatory approach, the community examined and challenged the underlying assumptions of TT and explored the processes and meanings of their experiences of providing or receiving TT.

Individual reflective practice, structured focus groups, and community reflective dialogue helped providers identify and recall meaningful aspects of their TT practices and explore the possibility of identifying and describing processes of healing embedded in their practices. The authors explored the meaning of healing using TT practice exemplars. The participating TT experts engaged in a dialogic community in which a shared meaning and consensus regarding

healing occurred. Second, the TT experts examined ways in which the theory could potentially inform practice.

By adopting participatory processes, the authors were empowered to move beyond the original constructs of TT to envision more abstract patterns that emerged as new conceptual connections. The focus of the dialogues shifted from describing TT to understanding the healing potential of TT by the practitioner and recipient—the healing partners—and gaining insights into the assumptions and concepts associated with healing. Through reflective dialogue and narrative analysis, we began to articulate a beginning theory of healing through the practice of TT.

The Process of Exploring the Unfolding Narratives of Healing

The narrative unfolding of reflective dialogues contributed to an iterative analysis of practice and appreciation of meanings shared within the community. The reflective dialogue created an environment in which the TT experts moved from reflection-on-experience (what was done) to reflection-within-experience (carefully examining one's own behaviors, emotions, and knowledge) and finally to critical inquiry (discovering the meaning),

The process employed during each annual TT Dialogue are illustrated in Table 1. The members shared their ideas about healing within the larger community and in smaller focus groups. These processes allowed us to share experiences, insights, and meanings associated with our practice of TT and particular aspects of healing over time. Each focus group designated a leader and scribe to record their shared understanding of TT and healing. The emerging narratives were recorded using audio technologies and individual scribes.

The experience of participating in reflective dialogue evolved over time. The early dialogues, in the larger community and in focus groups, focused on the experience of receiving or providing TT and reflected the language of the TT process. The facilitator guided and clarified emerging narratives as we differentiated the processes and experiences of healing from the processes and experiences of TT.

Striving for greater understanding and meaning, we began to explore more deeply our awareness of TT as a healing process. Between annual meetings,

Table 1. Evolving Group Process

Participatory Reflective Dialogue	
Personal reflective process	Community members shared TT practice experiences
Small group dialogue	Shared experiences and meaning of TT practice
Community dialogue	Facilitated process to illuminate emerging aspects of healing
Reflective dialogue—focus groups	Facilitated process to illuminate emerging aspects of healing
Facilitator	Used narrative analysis to synthesize themes from focus groups and identify and define concepts of the evolving theory of healing; sought external reviews and appraisals of concepts and definitions; facilitated community reflective dialogue to gain deepening understanding of meanings of healing
Community reflective dialogue	Appraised emerging theory narratives to reveal foundational assumptions underlying the theoretical concepts

Note: TT = Therapeutic Touch.

the facilitator reviewed the transcripts of community and focus group dialogues. Using narrative and constant comparative analysis, the facilitator synthesized themes revealed from the descriptions of TT and the meaning of healing identified during the community's reflective dialogues. The themes and emerging concepts of a theory of healing were presented to the community at subsequent meetings. Through this iterative process of analysis, clarification, revision, and verification using community and focus group dialogues, the theoretical concepts were refined. The working theory, model, and concepts were shared with experts in holistic theory development and holistic practice, beyond that of TT, for feedback and appraisal. The resulting external feedback was provided to the community members for their consideration as the theory evolved.

Foundational ideas embedded within the concepts were revealed through constant comparison of the narratives and included compassion, wholeness, human energy field, and resonance. One participant described herself as “an instrument of compassion” interacting simultaneously with the healing partner, contributing to a “beginning of the future.”

The authors conducted ongoing analysis of literature associated with principles and practices of healing, and compared this additional analysis with

the group and community narratives. Through this process, links between and among the theoretical concepts were identified and assumptions based on philosophies and practical knowledge were shared with community members. Thus, a broader, more abstract and systematic explanation of healing emerged, which informed the framework for an evolving, practiced-based theory of healing.

A Practice-Based Theory of Healing

Koerner (2011) asserted that healing begins with consciousness. This proposed practice-based theory of healing evolved within the context of the experiential knowledge of TT practitioners. The stories of TT practitioners reflected the stories of holistic nurses in the study by Hines, Wardell, Engebretson, Zahourek, and Smith (2015). The experiential insights revealed through the holistic nurses' stories affirm the concepts and assumptions that emerged during TT Dialogues. The TT Dialogues participants' narratives provided the basis for this theory of healing, describing the healing process as ". . . creating, acting, and deep listening, experienced as a shift in consciousness, interacting simultaneously with one another . . ." during TT sessions. The initial concepts of the theory, emerging from the dialogue, included consciousness, empathy, awareness, healing moment, pattern, order, use of self, synchronicity, creativity, and transcendence. These concepts were refined and clarified over time.

Healing

Initially, the process of healing was expressed as the concept Healing Moment, which was described as the primary outcome of a healing relationship and was considered by the community as "the expression of change as the potential of a healing interaction." Through reflective dialogue and analysis, this concept expanded over time into a key component, assumed within the definition of healing.

Healing is an inner experience, a human potential and function, expressed as a shift in consciousness in which the practitioner and healing partner experience transformation or change. Healing creates new meaning and promotes generativity. Each experience of healing generates new meaning and the potential for change. Healing was expressed by

the healing partners, in the participatory groups, as a mutual awareness and experience of change. Within this shared awareness is the mutual appreciation of transformation, serendipity, and synchrony that occurs as each person is changed through the relationship with one another.

Healing may be revealed as an experience of understanding of one's destiny, a shared unity with the other, where each recognizes his/her worthiness as reflected by the other. Healing is experienced as transcendence, and reflects a therapeutic reciprocity that is continuous and simultaneous. Within the healing relationship, resources for healing are made available, as is support to energize change or to emancipate the self from previous patterns (Hanley, 2015a).

Assumptions Underlying a Theory of Healing

Theoretical assumptions are underlying ideas presumed to be true and form a foundation for theory development (Chinn & Kramer, 2015). While assumptions may be stated and easily recognized, they may also be implied and more difficult to see. Assumptions are integral in all aspects of theoretical structure and context. The interrelated concepts of the theory are consistent with and reflective of these foundational assumptions.

The practice-based theory of healing, drawn from TT practice, is situated within a unitary framework and is consistent with Rogers's (1994) assumption that humans are unified wholes. Rogers' Science of Unitary Human Beings provides the foundation for examining the human experience of healing. Interrelated concepts, including human energy field, wholeness, compassion, intention, relationship, and change, were identified that elucidate the relational experiences of the practitioner and healing partner. The concepts that emerged from the groups were compared with the literature, making clear the assumptions underlying the theory of healing. The assumptions with brief definitions are provided in Table 2. Assumptions underlying a theory of healing were revealed through continuing comparative analysis of community members' and focus group narratives.

Human Energy Field. The human energy field is a vital energy, a continuous whole recognized by its

Table 2. Assumptions Underlying a Theory of Healing

Assumptions	Definition
Human energy field	A luminous field of energy that comprises a person, extends beyond the physical body, and is in a continuous mutual process with the environmental energy field, characterized by flow, rhythm, symmetry, and gentle vibration (Shields, Fuller, Resnicoff, Butcher, & Frisch, 2016)
Wholeness	The human–environmental field is a unitary system in continuous process; the human and environment are energy fields; they do not have energy fields surrounding them
Compassion	Quality of being that “powers the engine” (Krieger, 1987) of a healing relationship; an integrative force that underlies the act of healing, allowing the practitioner access to the inner self, facilitating a path for the flow of universal healing
Intention	Purposefully choosing a direction; it is that cognitive decision of the practitioner to enter into a healing relationship with another that creates a new and unique flow of consciousness
Relationship	Phenomenon influencing, interacting, and influencing the potential for expressing change and is based on trust, openness, and presence in which both acknowledge a shared role in the healing process.
Change	Proposes that healing manifests as transformation and is expressed as new patterning characteristics experienced by the healing partners

Note: TT = Therapeutic Touch.

unique pattern, more than and different from the sum of parts; it is dynamic, creative, nonlinear, and unpredictable and flows in lower and higher frequencies (Shields et al., 2016). The human–environmental field is a unitary system in continuous process. The fields are pandimensional, “without spatial or temporal attributes” (Rogers, 1992, p. 29). Healing, as a human potential (Krieger, 2012), can be actualized as the practitioner draws on the universal network of intelligent forces that underlie human healing (Krieger, 2011).

Wholeness. Wholeness, within the theory of healing, creates the space for practitioners and healing partners to experience individual and relational wholeness, unrestrained by linear thinking, artificial boundaries, and reductionism.

Compassion. Compassion is a desire to help and heal grounded in trust. Compassion is a necessary state of consciousness as a practitioner purposefully and intentionally shifts his/her consciousness to a sustained center state for the purpose of compassionately engaging in a healing relationship. Compassion is egoless. Through a heart-centered connection, the practitioner and the healing partner are more able to experience a shift in internal awareness and openness to the unfolding healing process.

Intention. Intention is focusing of the mind with the purpose of directing universal and vital energy to help another. Within the theory of healing, intention is a purposeful shift in consciousness that allows the practitioner to communicate energetically with the healing partner leading to the healing state. Zahourek (2014) differentiated intention and intentionality: Intentionality is “the capacity for, and the quality of intention; it activates intention” (p. 7). She described intentionality as a dynamic, evolving state, unique to a person and contextually informed.

Relationship. Another assumption is relationship, an expression of trust and openness between the practitioner and healing partner experienced through presence and commitment to be of help. Healing evolves within the context of relationship and is a transpersonal process (Krieger, 2014). Within this process, each partner experiences intentional and unintentional alterations in self-awareness and perception that influence an openness to and understanding of the healing process.

Change. Change may be expressed through new patterning of human energy field characteristics. The experience of change moves each person to a deeper awareness and a new place of surrender, trust, and freedom. Change may be viewed as emancipatory. Ultimately, the assumption of change underlies the theory of healing and posits that healing manifests as change and transformation in both practitioner and healing partner.

The model of a practice-based theory of healing (Figure 1) illustrates the direction and nature of change manifested in the theory and articulated through the conceptual relationships revealed through the experience of practitioners of TT (Hanley, 2015b). Within context of a unitary framework, change is proposed as continuous, mutual,

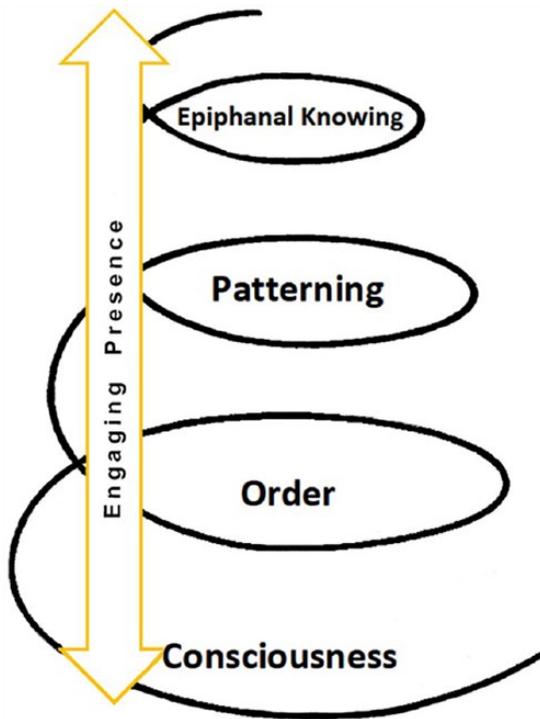


Figure 1. Model of a Practice-Based Theory of Healing

and although anticipated, is unpredictable in nature, sharing unique characteristics and expressions. The practice-based theory of healing explicated in this narrative reflects the relationship between the practitioner and healing partner in which change or transformation is experienced by both simultaneously.

Concepts

The five principle concepts drawn from the dialogues comprising a theory of healing are defined and included in Table 3. The following describes the roles and relationships the concepts have with one another in support of a practice-based theory of healing. Members of focus groups provided summaries of their dialogues to the larger group that revealed emerging conceptual patterns. These conceptual patterns were reviewed and verified by the larger community for coherence and applicability.

Consciousness. This concept was described by the focus group who explored it as “the state of being characterized by a focused awareness of our relationship to the universal healing field through access to the inner self . . . the purpose to compassionately offer help to another.” Later narratives revealed that

Table 3. Major Concepts Underlying a Theory of Healing

Concept	Definition
Consciousness	An intrinsic property of the universe, a deep awareness of dynamic universal fields used intentionally for the purpose of engaging in a relationship with another to help or heal
Order	A fundamental property of the universe, an essential principle/law underlying the intelligence foundational to the dynamic interconnected wholeness of the universe
Patterning	The continual expression of one’s unique personal field in relationship with the universal energy field
Epiphanal Knowing	A spontaneous awareness of one’s relationship with the universe in a new way, an expression of meaning and change
Engaging Presence	An intentional compassionate attunement for the purpose of mutual interconnectedness, central to the relationship fostering healing

consciousness plays a central role in the process of healing and is a predominate function of the intuitive. Compassion is a necessary state for healing to occur. During TT, the practitioner intentionally shifts consciousness to a sustained centered state of consciousness for the benefit of the person in need. Within a healing relationship, each partner has individual perceptions and awarenesses that may be similar or different. They experience intentional and unintentional alterations in self-awareness and perception that influence future understandings about their lives, extending intuitive perceptions within the relationship and with others as well as expanding their openness to future shifts in consciousness.

The capacity to extend or expand our self-awareness influences the emerging order of our lives and healing. Consciousness also accounts for the individual or personal choices, beliefs, or motivations each person brings to the healing relationship, and helps the persons involved in the healing relationship to appreciate the internal and external influences on their choices. Deliberate shifts in consciousness may be perceived by others as dissociation from the “everyday” consciousness; however, the ability to partner through conscious intentionality with another creates a new and unique flow of consciousness that

accounts for the healing moment. Within the flow of consciousness we cocreate meaning and appreciate new expressions of wholeness within ourselves and others.

Order. As a fundamental property of the universe, order was described by the TT experts who identified this concept as the relationship

we experience [as] being internally related with or connected to the wholeness of the universe. Our understanding of order is expressed through explications of wholeness, energy, energy fields, and physiological, emotional and spiritual patterns. Characteristics of order include balance, synchrony, symmetry, and resonance which guide decision making within the healing relationship.

Bohm's (1980) description of implicate and explicate order is one way to appreciate the relationship that evolves through "healing processes." Within the context of healing, order contributes to the organization of the human energy field and manifests through patterns or characteristics of the unique human energy field in relation to the environment.

Patterning. In the initial concepts, pattern appraisal and patterning were identified as separate and distinct concepts. The focus group who explored these concepts found that patterning included the process of appraisal. Thus, the focus group described patterning as occurring when the practitioner "uses and integrates intuition and knowledge . . . to assist the healing partner's energetic balance. Through this process, the practitioner models a scaffolding onto which the healing partner can build and create new potentials." They described the practitioner's and healing partner's awareness and appreciation of one another during the process of change as a mutual endeavor in a unique pattern of healing.

Patterning is revealed throughout each person's life experiences, personal characteristics, and physiological, psychological, spiritual, and energetic expressions of self. The composite of these create or compose an integrated pattern of self. Such personal field manifestations are discernable by TT practitioners who are centered, open, and sensitive to and consciously aware of changes in condition and cues within the environment. The practitioner's awareness and ability to perceive unique and common energetic

characteristics aid the healing partner by appreciating patterns of emerging change.

The partners in a healing relationship create a unique language to express evolving patterns within their relationship. Through patterning, the healing partners build on known patterns improvisationally to create new potentials. The process and outcome of the healing relationship are expressed through patterning or revealing the healing order of the partner.

The pattern of healing is perceived by some as creating wholeness and by others as an expanding appreciation of one's awareness of their implicit wholeness. Within the reflective narratives of the TT experts, patterns of healing were revealed as changes in consciousness and relationship with the inner self.

Epiphanal Knowing. This is a concept described by the focus group as follows:

Tapping into that place of unity that is powered by compassion and intention. The outcome is a profound change from within and without each person, moving that person to a deeper awareness, and a new place of surrender, trust, and freedom.

This shift in consciousness or self-awareness may be experienced by a person as a change in perception or understanding about a specific situation or life in general as the recognition of self-worth changes. Healing emerges through epiphanal experiences when an individual's wholeness is recognized by another, when resources for healing are made available, and the individual manifests a change in health patterning. Change is a potential of healing relationships and is experienced as epiphany.

Epiphanal knowing expands, opening the partners in the relationship to learning and responding to the environment with greater immediacy. The partners in a healing relationship transcend the familiar, enter the unknown, and release the genius within. They become increasingly alert and aware, knowing that healing is occurring at an intuitive level. Within the experience of healing, the outcome evolves into the beginning of a new future. Healing emerges as new patterning of human characteristics. Appreciation for one's sense of self-worth, resilience, and coherence is recognized and acknowledged, becoming foundational for living the unfolding change created during the healing relationship.

Engaging Presence. This concept is central to a theory of healing. It interconnects, attunes, motivates, and entwines throughout the concepts of the theory. The focus group described attunement as “deep listening . . . focused attention” using “kinesthetic and emotional sensing of another.” Initially, they considered empathy as a core idea of this concept in which the practitioner establishes the healing relationship and sets the stage” for a healing relationship to flourish.

Through reflective dialogue, the community came to understand that the commitment to be present with another through a healing relationship entails more than empathy. Rather, compassion was the motivating force within the healing relationship, moving the relationship forward without preconceived expectations. Thus, engaging presence is a manifestation of the practitioner’s compassionate commitment to witness and participate with the healing partner’s evolving health manifestations.

The process of helping another requires the practitioner to be consciously, intentionally, and fully present for the purpose of helping or healing. Thus, engaging presence is an expression of being compassionately aligned with another and is facilitated through sensing of another’s needs, concerns, and energetic patterning. Engaging presence represents a unique expression of the intentional use of expert knowledge and skills within the context of a healing relationship.

While the practitioner may intend to engage with another, unless this engagement is compassionately supported by being intentionally present with another, the goals of helping may not be achieved. Within the context of the engaging presence, the TT practitioner uses his/her centered state to create a healing relationship, acknowledging within that relationship the higher consciousness of self and partner. This construct is central to creating an environment for connection and the potential for change.

Theoretic Usefulness

The usefulness of a theory is validated to justify its structure and statements for accuracy and its application to a specific area of practice and or research. The literature, for the most part, supports postmodern approaches to theory evaluation. These criteria include the following: parsimony, coherence,

generalizability, predictability, scope broad enough to embrace all aspects of the phenomenon, and fruitfulness of the theory’s ability to support quantitative research and objectivity (Kim, 2010; Reed & Shearer, 2011).

The authors of this practice-based theory of healing strive for an objective foundation from which to understand and evaluate healing practices. There is support for a more all-encompassing or pluralistic approach to validate the theoretical perspectives that underlie healing as a phenomenon. Being open to all approaches that reflect the complexity of the field of healing, while staying open to new ideas that stream from continuous reflective dialogue, is essential to establishing the coherence of this theory.

The clarity of the language and the simplicity of the model of a theory of healing can be understood by all providers who engage in healing and caring practices. The participatory processes of dialogue and reflective practice with narrative analysis provided a logical yet creative approach for interpreting the meaning of experiences as the foundation for theory development.

While the practice of TT provided the unique context for this evolving theory of healing, the authors anticipate the potential for health care providers who work with other holistic approaches to appreciate the relevancy of these theoretical concepts within their practices. For a theory to be “fruitful,” a sense of pragmatic adequacy must be established through research and study of the phenomenon of focus, in this case, healing (Kim, 2010; Reed & Shearer, 2011).

Going forward, the authors embrace the support and the challenge that this theory will introduce to the healing community and welcome comments from scholars, researchers, and practitioners of healing.

Discussion

Theory development is a dynamic process that both informs and is informed by practice. This theory of healing articulates a theory that streams from practice, specifically the practice of TT practitioners. It represents a vital step in articulating a complex, unitary process that has long been a mystery. The practice-based theory of healing, while honoring the mystery, posits assumptions and concepts that can be examined through personal experiences as well as diverse research methodologies. It offers a

visual representation of healing as a holistic, evolving process.

The theory of healing situates the healing journey within the science of health and well-being, inclusive of both the healing partner and practitioner. One TT practitioner provided an example of the concept of engaging presence in her practice. When describing the TT session, she noted that the person seeking assistance was experiencing problems at work that were emotionally upsetting. The practitioner intentionally “created a therapeutic milieu, centering myself and focused my attention on her, letting go of other concerns, offering myself-being fully present, with focused attention . . . In this situation, I was creating myself as an engaged presence.”

Frequently, the term *healing* is used alongside the term *curing*. Healing is not, however, limited to those with a health challenge but rather applies to all who experience shifts in consciousness. An exemplar shared by a TT practitioner illustrated this experience. The practitioner described the patient’s continuing ill health and was concerned that healing did not occur. However, her patient shared that she was more in touch with her inner self and had “awakened her hope and confidence in her ability to heal.” The practitioner further acknowledged that

healing doesn’t necessarily occur in a linear measurement of time [rather in] various combinations of mind, body, emotional, and spiritual healing. This keeps me intrigued and in wonderment of the healing process. Each individual I work with is a totally new experience.

The assumptions and concepts of a theory of healing can be examined at any point in the spectrum of health. Comparisons with themes emerging through existing and future research, such as insights from the stories of holistic nurses (Hines et al., 2015), will aid in deepening our understanding and reveal common and enduring constructs of healing. In fact, well-designed studies may elucidate movement along the spectrum and one day offer a more quantifiable representation of healing.

There are numerous practitioners engaged in healing work, using various integrative approaches and modalities, advancing holistic practices. While this practice-based theory of healing is associated with the specific modality of TT, it could be applicable to other

approaches to care and caring. The assumptions and concepts, examined in the light of other caring approaches, will serve to further refine the theory and expand our understanding of healing in self and other. Sharing this theory of healing with the scientific, nursing, and healing communities is the logical next step in developing and validating this theory.

The participatory process of dialogue and reflective practice represents a unique approach in theory development. The sheer number of individuals who entered into the dialogic community and shared their TT practice experiences is significant. That they continue the journey and seek consensus among diverse yet common ideas demonstrates a deep level of commitment found in many advanced practitioners. Their willingness to respectfully bear witness to differences in opinions, to listen, and to be present to the process of theory development elucidates qualities foundational in holistic health practitioners.

Moving forward, the authors invite colleagues to apply this theory of healing to their practices as clinicians, educators, and researchers. The authors welcome interrogation of the assumptions, concepts, and tenets of the theory, and continuing dialogue about its application and usefulness in diverse situations. The continuous expansion of our understanding of the meaning of healing at all touch points of the health spectrum in self and other may illuminate other ways of being that support the healing process. Ultimately, we may develop a deepening awareness of the relation between healing and quality of life.

References

- Anderson, J. G., & Taylor, A. G. (2012). Biofield therapies and cancer pain. *Clinical Journal of Oncology Nursing*, 16(1), 43-48.
- Baldwin, L., & Hammerschlag, R. (2014). Biofield based therapies: A systematic review of physiological effects on practitioners during healing. *Explore: The Journal of Science and Healing*, 10, 150-161.
- Bohm, D. (1980). *Wholeness and the implicate order*. New York, NY: Routledge.
- Bohm, D. (1996). *On dialogue*. New York, NY: Routledge.
- Buchanan, D. R. (1994). Reflections on the relationship between theory and practice. *Health Education Research*, 9, 273-283.
- Butts, J. B. (2017). Components and levels of abstraction in nursing knowledge. In J. B. Butts & K. L. Rich (Eds.), *Philosophies and theories for advanced practice nursing*

- (3rd ed., pp. 91-112). Burlington, MA: Jones & Bartlett.
- Chinn, P., & Kramer, M. (2015). *Knowledge development in nursing: Theory and practice* (9th ed.). St. Louis, MO: Elsevier.
- Coakley, A., & Duffy, M. (2010). The effect of Therapeutic Touch on postoperative patients. *Journal of Holistic Nursing*, 28, 193-200.
- Coppa, D. (2008). The internal process of Therapeutic Touch. *Journal of Holistic Nursing*, 26(1), 17-24.
- Cowling, W. R. (2000). Healing as appreciating wholeness. *Advances in Nursing Science*, 22(3), 16-32.
- Dorri, S., & Bahrami, M. (2014). The effect of Therapeutic Touch on pain relief in patients with cancer. *Journal of Urmia Nursing and Midwifery Faculty*, 12, 767-776.
- Fawcett, J. (2013). *Contemporary nursing knowledge: Analysis and evaluation of nursing models and theories* (3rd ed.). Philadelphia, PA: F. A. Davis.
- Fawcett, J. (2017). Theory testing and theory evaluation. In J. B. Butts & K. L. Rich (Eds.), *Philosophies and theories for advanced practice nursing* (3rd ed., pp. 635-651). Burlington, MA: Jones & Bartlett.
- Fenton, M. V. (1997). Healing: The outcome of humanistic care. In P. B. Kritek (Ed.), *Reflections on healing: A central nursing construct* (pp. 28-38). New York, NY: NLN Press.
- Gronowicz, G. (2007). Therapeutic Touch affects osteoblast proliferation and bone formation in cell culture. *Cooperative Connection*, 27(7), 1-3.
- Gronowicz, G., Secor, E. R., Flynn, J. R., Jellison, E. R., & Kuhn, L. T. (2015). Therapeutic Touch has significant effects on mouse breast cancer metastasis and immune responses but not primary tumor size. *Evidence-Based Complementary and Alternative Medicine*. Advance online publication. doi:10.1155/2015/926565
- Hanley, M. A. (2008). Therapeutic Touch with preterm infants: Composing a treatment. *Explore: The Journal of Science and Healing*, 4, 249-258.
- Hanley, M. A. (2013, August). *Reflective dialogue and healing*. Live presentation at the fourth annual Therapeutic Touch Dialogues, Columbia Falls, MT.
- Hanley, M. A. (2015a, April). *Developing a theory of healing through Therapeutic Touch*. Paper presented at the Third International Congress on Therapeutic Touch, Seattle, WA.
- Hanley, M. A. (2015b, August). *Model of a theory of healing*. Live presentation at the sixth annual Therapeutic Touch Dialogues, Columbia Falls, MT.
- Hines, M. E., Wardell, D. W., Engebretson, J., Zahourek, R., & Smith, M. C. (2015). Holistic nurses' stories of healing of another. *Journal of Holistic Nursing*, 33(1), 27-45.
- Jackson, E., Kelley, M., McNeil, P., Meyer, E., Schlegel, L., & Eaton, M. (2010). Does Therapeutic Touch help reduce pain and anxiety in patients with cancer? *Clinical Journal of Oncology Nursing*, 12(1), 113-120.
- Johns, C. (2013). *Becoming a reflective practitioner* (4th ed.). Oxford, England: Wiley-Blackwell.
- Kim, H. S. (2010). *The nature of theoretical thinking in nursing* (3rd ed.). New York, NY: Springer.
- Kim, H. S. (2015). *The essence of nursing practice, philosophy and perspective*. New York, NY: Springer.
- Koerner, J. (2011). *Healing presence: The essence of nursing*. New York, NY: Springer.
- Krieger, D. (1973). The relationship of touch with intent to help or heal subjects: In-vivo hemoglobin values: A study of personalized interaction. *Nursing Research Conference*, 9, 39-58.
- Krieger, D. (1979). *Therapeutic Touch: How to use your hands to help or heal*. New York: Simon & Schuster.
- Krieger, D. (1987). *Living the Therapeutic Touch: Healing as a lifestyle*. New York, NY: Dodd, Mead.
- Krieger, D. (2002). *Therapeutic Touch as transpersonal healing*. New York, NY: Lantern.
- Krieger, D. (2010, August). *Dialogue on Therapeutic Touch*. Live presentation at the first annual TT Dialogues, Columbia Falls, MT.
- Krieger, D. (2011, August). *Major assumptions of Therapeutic Touch*. Live presentation at the second annual TT Dialogues, Columbia Falls, MT.
- Krieger, D. (2012, August). *Healing as a natural human potential*. Live presentation presented at the third annual TT Dialogues, Columbia Falls, MT.
- Krieger, D. (2014, August). *The transpersonal nature of healing*. Live presentation presented at the fifth annual TT Dialogues, Columbia Falls, MT.
- Kritek, P. B. (1997). *Reflections on healing: A central nursing construct*. New York, NY: NLN Press.
- Kunz, D. (1995). *Spiritual healing: Doctors examine Therapeutic Touch and other holistic treatments*. Wheaton, IL: Theosophical Publishing House.
- Kunz, D., & Krieger, D. (2004). *The spiritual dimensions of Therapeutic Touch*. Rochester, VT: Bear.
- Levin, J. (2011). Energy healers: Who they are and what they do. *Explore: The Journal of Science and Healing*, 7(11), 13-26.
- Macrae, J. (1987). *Therapeutic Touch: A practical guide*. New York, NY: Alfred A. Knopf.
- Madrid, M., Barrett, E. A. M., & Winstead-Fry, P. (2010). A study of the feasibility of introducing Therapeutic Touch into the operative environment with patients undergoing cerebral angiography. *Journal of Holistic Nursing*, 28, 168-174.
- Malinski, V. M. (2006). Rogerian science: Based nursing theories. *Nursing Science Quarterly*, 19(1), 7-12.
- Malinski, V. M. (2017). Models and theories focused on human existence and universal energy. In J. B. Butts & K. L. Rich (Eds.), *Philosophies and theories for advanced practice nursing* (3rd ed., pp. 485-518). Burlington, MA: Jones & Bartlett.

- McCormack, G. (2009). Using non-contact therapeutic touch to manage post-surgical pain in the elderly. *Occupational Therapy International*, 16(1), 44-56.
- Monroe, C. (2009). The effects of Therapeutic Touch on pain. *Journal of Holistic Nursing*, 27(2), 85-92.
- Quinn, J. F. (2000). The self as healer: Reflections from a nurse's journey. *AACN Clinical Issues*, 11(1), 17-26.
- Quinn, J. F. (2013). Transpersonal human caring and healing. In B. M. Dossey & L. Keegan (Eds.), *Holistic nursing: A handbook for practice* (6th ed., pp. 107-116). Burlington, MA: Jones & Bartlett Learning.
- Reed, P. G., & Shearer, N. B. C. (2011). *Nursing knowledge and theory innovation: Advancing the science of practice*. New York, NY: Springer.
- Rogers, M. E. (1970). *An introduction to the theoretical basis of nursing*. Philadelphia, PA: F. A. Davis.
- Rogers, M. E. (1992). Nursing science and the space age. *Nursing Science Quarterly*, 5, 27-34.
- Rogers, M. E. (1994). Nursing science evolves. In E. A. M. Barrett & M. Madrid (Eds.), *Rogers' Scientific art of nursing practice* (pp. 3-9). New York, NY: NLN Press.
- Rosa, K. C. (2011). The process of healing transformations: A model for holistic practice. *Journal of Holistic Nursing*, 29, 292-301.
- Shields, D. (2008). *The lived experience of Therapeutic Touch in persons living with heart failure* (Unpublished doctoral dissertation). Union Institute & University, Cincinnati, OH.
- Shields, D., Fuller, A., Resnicoff, M., Butcher, H., & Frisch, N. (2016). Human Energy Field: A concept analysis. *Journal of Holistic Nursing*. Advance online publication. doi:10.1177/0898010116678709
- Smith, M. C., & Reed, S. M. (2008). Developing a theory of healing through touch. *International Journal for Human Caring*, 12(3), 99.
- Smith, M. C., Zahourek, R., Hines, M. E., Engebretson, J., & Wardell, D. W. (2013). Holistic nurses' stories of personal healing. *Journal of Holistic Nursing*, 31, 173-187. doi:10.1177/0898010113477254
- Therapeutic Touch International Association. (2012). *Bibliography*. Retrieved from [www.http://therapeutic-touch.org/wp-content/uploads/2016/01/2015-TTIA-Bib-public-version.pdf](http://therapeutic-touch.org/wp-content/uploads/2016/01/2015-TTIA-Bib-public-version.pdf)
- Walker, L. O., & Avant, K. C. (2011). *Strategies for theory construction in nursing*. New York, NY: Pearson.
- Woods, D. L., Craven, R., & Whitney, J. (2005). The effect of Therapeutic Touch on behavioral symptoms of persons with dementia. *Alternative Therapies*, 11, 66-74.
- Woods, D. L., Kovach, C., Hershel, R., Joosse, L., Basmadjian, A., & Hegadoren, K. (2008). Using saliva to measure endogenous cortisol in nursing home residents with advanced dementia. *Research in Nursing & Health*, 31, 283-294.
- Zahourek, R. (2004). Intentionality forms the matrix of healing: A theory. *Alternative Therapies in Health and Medicine*, 10(6), 40-49.
- Zahourek, R. (2014). Intentionality: The matrix of healing creates caring, healing presence. *Beginnings*, 34(2), 6-9.

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