

# Therapeutic Touch: A Bridge To The Inner Self

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## **“Bridging Medicine and Spirituality”**

Thank you so much for inviting me to your Second Spiritist Medical Congress in the United States. I am sure there are as many ways to heal as there are ways for people to relate to each other; our commonality is in the expression of compassion to help or to heal those in need.

One of the earliest ways to heal, by the laying-on of hands, as you may know, left signs of its use in the geographical locus of your language, your heritage tongue, Portuguese, in the mountainous boundary between what is now Spain and France, in the Pyrenees. There, in the pictographs of the Cave of the Three Brothers, signs of the laying-on of hands have been etched as one of man's earliest historical records. On the other hand, the mediumistic séance, which found popularity in the West only a few centuries ago and is embedded in the Spiritist movement, has been called the forerunner of modern psychotherapy. This broad spectrum of healing ways is an indication of the diversity of natural spiritual functions to which this Congress speaks.

I speak to you today of a type of healing that my colleague, Dora Kunz, and I founded here, in the United States, 36 years ago. Therapeutic Touch (TT), we recognize, has two aspects: the practice and facilitation of healing and, in pursuit of that lifeway, the TT therapist undertakes an inner journey. It is this aspect, the inner work, that I'd like to concentrate on today.

Therapeutic Touch is a contemporary interpretation of several ancient healing practices. At a minimum this spectrum includes:

- First, and most importantly, the sustained centering of the TT therapist's consciousness throughout the entirety of the TT session, so that, in Jungian terms, one could think of this maintenance of a state of sustained centering of one's consciousness as the ground against which the enactment of the specific healing techniques act as figures.
- Secondly, some aspects of the laying-on of hands.
- Additionally, the therapeutic use of both the TT therapist's and the healee's vital-energy and psychodynamic energy fields.
- Techniques of deep visualization.
- The knowledgeable use of the TT therapist's own chakra complex.
- The use of the breath in the expression of intentionality.
- The understanding of compassion as power.
- Mind-to-mind communication, particularly with those who are in critical condition, near death, or unable to communicate, children, and persons who are psychotic.

Moreover, Therapeutic Touch has had a broad psychosocial impact in the world of academe, the health field and the community. At this time it is estimated that Therapeutic Touch has been taught in well over 100 foreign countries and the United States, and to more than 200,000 people in the health field. Statistics are not available for the large numbers of laypeople taught TT. At this time we have had an estimated 45-50 doctoral dissertations on Therapeutic Touch that have been accepted, between 25-30 post-doctorate researches on the Therapeutic Touch process have been completed, and an endless number of masters' theses have been written on the topic. In spite of all the complex variables hidden in the healing process, we are getting better at the research. Most notably, I recommend to you a post-doc investigation that is currently attracting considerable attention:

“Therapeutic Touch Affects DNA Synthesis and Mineralization of Human Osteoblasts in Culture. Ankur Jhaveri, S.Walsh, Y.Wang, M.McCarthy and G. Gronowicz. *Jl Orthopaedic Research* 2008. (Accepted 3/27/08).

It is worth noting that this was a seminal study re: its laboratory techniques. Among the findings, it was demonstrated in controlled studies that Therapeutic Touch significantly increases human osteoblast DNA synthesis, differentiation and mineralization. All these findings hold promise for future researches on human sarcoma, osteoporosis, pathological fracturing of bone tissue, etc.

For researches on Therapeutic Touch that are currently in the hopper, I would suggest getting in touch with Dr. Decio Iandoli, who is at this Congress. He is Project Director of a three-part research on TT being done at the University of St. Cecilia in Santos, right outside of San Paulo, Brazil. He tells me that the first two parts of this study are ready for publication. For an indication of how Therapeutic Touch continues to be used abroad, I have posted a photograph of a Tibetan monk, who had been taught Therapeutic Touch by one of my longtime students, Cheri Brady. The monk is seen doing Therapeutic Touch to a child at an orphanage in Dolongi, India two weeks ago.

Therapeutic Touch has been used during many large-scale disasters. During the 9/11 terrorist attack, at a major first-responder catastrophic medical center in New York City, there was a Therapeutic Touch team in place 24/7 for the first two weeks following the bombing of the World Trade Building. The greater number of those they treated were fatigued and wounded hospital staff and emergency personnel, for, as you know, most of those on site were killed. Another site of mass tragedy where TT teams recently held healing sessions was right here in Florida, during the hurricane named Katrina.

Very recently, beginning January 2008, a new avenue has opened to the teaching of Therapeutic Touch, and that is happening through another TT student's work. Peggy Frank has been teaching Therapeutic Touch at women's health clinics in deeply stressed, tribal war-torn third-world countries, so that at this time, there are on-going TT clinics in Rwanda, Kenya, The Republic of Congo, and Tanzania. After learning TT, these native women return to their villages in the jungle bush, where they are most often the only relief available to their war-mangled and nutrition-deprived relatives.

There are hundreds of anecdotes about Therapeutic Touch that can be told, and most are as stirring as those I've related above; however, let me tell you one more, for I would be remiss if I skipped this particular account to this particular audience of medical doctors. This is about another nurse, Joanne, who works in the neonatal ICU of a very large medical center in New York City; however, somewhat similar stories have been told to me by nurses doing TT in other parts of the country. What I am about to relate does not happen every time; however, it has occurred often enough to seriously confront the laws of probability.

As you are aware, although birthing is a natural event, in the United States there is a notable percentage of newborns who are failure-to-thrive babies. These form the majority of the census of the neonatal ICU in which Joanne works. If any of these babies no longer show vital signs, even after heroic work to save them, the ICU medical team removes the tubing and other life-saving measures from the baby's body and goes on to help other children. In that now quiet room, Joanne has then picked up the baby and done Therapeutic Touch to the child, and simply and amazingly frequently, in a short time that baby's vital signs have been restored. The medical team has then returned, reintubated the child, and in a few weeks that child has gone home to a happy family.

What is it that we are actually doing ?.

- Therapeutic Touch facilitates vital-energy flow,
- The Therapeutic Touch therapist can remove or break up congestion or pressure in the healee's vital-energy field,
- TT can dampen the intensity of subtle energy flow,
- The TT process can free up bound energy or blockage in the healee's vital-energy field,
- Synchronize dysrhythmias in subtle energy flow and repattern, rebalance, or knit together disrupted energy flows so that they can once again function as an integrated whole.

How does this happen ? The best answer, I find, is to restate that question as: What body systems are most sensitive to Therapeutic Touch ?

- By far, the greatest sensitivity to Therapeutic Touch is the autonomic nervous system; which is to say, psychosomatic illnesses. This is no small accomplishment, since this array of illnesses accounts for over 70% of the world's health problems.
- The body systems that are next most positively reactive to treatment by Therapeutic Touch are the circulatory system, the lymphatic system and the genitor-urinary system.
- The musculoskeletal system responds next best, but notably less so than those mentioned above,
- The endocrine system is most variable; for instance, there is a gender difference, with females responding most sensitively, and some endocrine glands do not respond remarkably at all, such as the pituitary and the pancreas glands. The most responsive gland seems to be the adrenal glands, in both the female and the male.

Interestingly, we have seen some strangenesses in reference to the effect of Therapeutic Touch on the central nervous system. I shall mention just two cases, one regarding coma, and the second in relation to persons with fully transected spinal cord. We have had several reports from

around the country similar to the one I shall relate about persons in coma who were treated with Therapeutic Touch. They were each treated for several weeks and finally came out of the coma. The compelling fact is that while they were in coma and apparently were unconscious to happenings occurring nearby, they somehow picked up conversations made at the bedside, and in several incidences picked up the name or nickname of nurses doing TT to them, this information coming from conversations the nurse had with other staff members in the room. The healee could then talk about these incidences once they had recovered. I frankly cannot assign a reference to Therapeutic Touch that would enlighten us as to why this happened, other than powerful synchrony. However, it is a clue to me that we need to learn a great deal more about human consciousness, particularly in reference to communication between healer and healee during the healing moment.

The second incident, concerning persons who had transected spinal cords occurred when I gave a workshop on Therapeutic Touch for an in-service program at a Veterans Administration hospital. As I was circulating among the nurses who were doing TT to injured vets in the spinal cord trauma ward, I became aware of some loud voices. Following the sound, I found an argument in progress between a vet lying face down on a Strykker frame and a nurses' aide. The substance of the disagreement was that the vet insisted that he could feel where the nurse's hands were, and the aide told him he was crazy, that not only was the patient lying face-down into a face mask that prevented him from seeing the nurse, but the nurse never touched his back, for she was working (in his subtle energy field) about 3 or 4 inches above his body surface.

The commotion attracted several people. There were 6 nurses doing Therapeutic Touch to patients with transected spinal cords who were also on Stryker frames in that section of the Unit, and so we decided to do an impromptu experiment. All 6 patients were turned on their Stryker frames so that they were in the same position as the original patient, and their individual nurses then did TT to them. The findings were that all 6 knew when their nurse started TT from certain "feelings" in their backs that had changed noticeably, and 5 of the 6 could repeatedly and correctly define which areas were being treated.

The key to our success, I think, begins with sustained centering. This, as noted above, is a state of consciousness in which the TT therapist begins the TT session and which she maintains throughout the session, the meanwhile doing whatever TT techniques are appropriate. To translate to you an immediate sense of what sustained centering does for the TT therapist and the state of consciousness it evokes, I would like to read the following personal experience of the transition of thought to the transpersonal level of consciousness as it occurred during a Therapeutic Touch session. It should be noted that the decoding of experiences at the transpersonal level is based on intensely personal impressions and, therefore, its transcription is highly individual.

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\* Maintaining a state of sustained centering, I become cognizant of successive waves of quieting, which slowly ebb into the tranquility of stillness.

\* My attention is directed toward a more profound realm, and there is a felt shift in consciousness to an attitude of deep listening.

- \* A sense of interiority, a “feel” of other than 3-dimensionality accompanies this translation of consciousness, and I am cognizant of a background rhythm, a radiating pulsation that is both visual and audial.
- \* I become increasingly aware that luminous, patterned movements arise from the healee’s subtle-energy fields.
- \* This realization is closely followed by a sense of intentional mindfulness, as I seek meaning of the signs and symbols embedded in these radiant flows.
- \* To do this I use my hand chakras in inner-directed movements that scan this transluscent streaming, and in no-time I am able to transliterate a sense of the non-physical, patterned media in which my hand chakras are operating, and, often quite suddenly, I find signification.
- \* It is because meaning does arise out of this experience and informs my attempts to help or to heal others in need that the maintaining of the sustained centering experience is both effortless and satisfying.

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From this extemporaneous account one realizes that the importance of sustained centering throughout the healing act is that it becomes an act of interiority, an act of self-exploration. This shift in consciousness sets up conditions that attract the TT therapist’s inner self to take an intimate part in the therapist’s life activities. We have profiled the changes in the TT therapist that are characteristic of this shift:

- There is a rapid psychomotor quieting of the physical body,
- A significant lessening of usually uncontrollable verbalizations (“monkey chatter”) in the brain,
- A sense of timelessness pervades,
- A profound stillness and a sense of peace,
- A diminution or shift of egocentric focus
- \* There is greater clarity in recognition of compassion as power,
- An increase in self-confidence,
- A strong grasp of intuitive insights and access to deep inquiry,
- A tacit understanding of the power of effortless effort when, for instance, working from the crown chakra, and
- The amazing realization that the deeper one goes within oneself, the easier it is to heal.

It becomes apparent that this is increasingly so as the inner self becomes the secret ally on this healing path, the Guide, the Teacher who helps the TT therapist become self-aware, an attainment that is the stated goal of this Newer Age quest into who we really are.

Experientially, at least, we now realize that Therapeutic Touch is an opportunity to touch another level of consciousness, a new path of self-realization of our ability to compassionately help those in need, an inner journey to what we are in the depths of our consciousness. This understanding comes with the conscious liason of the individual’s inner self. If the TT therapist is doing Therapeutic Touch correctly, she will not be personally attached to the outcome of the TT interaction, for she is calling upon a source other than her self-willed persona. From this more impersonal stance she can reflect and, as a model, perhaps open up for the healee a glimpse or an

impression of the healee's own inner experiences with his own inner self. He then may find out that the very act of believing that the inner self is accessible lends courage and decisive purpose to one's life. Life itself then becomes more meaningful, more interesting, and ... more fun !

Thank you once again for having me. I enjoyed being with you very much.

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**References:**

- Dora Kunz with Dolores Krieger, PhD,RN. The Spiritual Dimension of Therapeutic Touch. Rochester, VT.: Bear & Co. 2004.
- Dolores Krieger. Therapeutic Touch As Transpersonal Healing. New York: Lantern Books, 2002