

**Position Paper of The Catholic Medical Association  
and The Linaere Institute**

## **“Therapeutic Touch” Is Not a Catholic Hospital Pastoral Practice**

by

**Patrick Guinan, M.D.**

*The author is President of the Chicago Catholic Physicians' Guild and  
Assistant Professor of Urology, University of Illinois.*

---

“Therapeutic touch” is an increasingly popular form of healing intervention. But is “therapeutic touch” medicine or religion? If medicine, have its techniques been evaluated by scientific standards and are they scientifically valid? If a religion, is it compatible with Catholic doctrine? This position paper will address these issues. We will first define “therapeutic touch,” give a brief history and outline its economic impact; second, review “therapeutic touch’s” record of scientific and clinical efficacy; and finally, examine “therapeutic touch’s” role as a Catholic pastoral care practice.

### **I. “Therapeutic Touch” Defined**

“Therapeutic touch” can be defined as a method of correcting a disruption of the flow of energy surrounding a person’s being, which results in disharmony of the body, mind, and/or spirit.<sup>5</sup>

A practitioner of “therapeutic touch,” by holding his/her apposed hands palms down, two to six inches from the patient and moving them over the patient can discern the patient’s harmful energy and can rechannel the energy effectively to other areas resulting in improvement in the patient’s physical or spiritual problem.

## II. History of “Therapeutic Touch”

The founder of modern “therapeutic touch” was Doris Krieger, R.N., Ph.D., who, as the head of the Nursing Department at New York University (NYU) School of Medicine, was influential and was able to promote “therapeutic touch” in the nursing profession. Two of her writings<sup>6,7</sup> were seminal in their influence.

Dr. Krieger, who was always interested in healing, studied the work of Oskar Estabany in the 1960s. Estabany was a faith healer who said that he was able to manipulate the healing energies of Jesus Christ. Krieger observed Estabany and felt his “energetic intensity” which “built up in the rooms in which he did his healing.”<sup>3</sup> Estabany, as reported by Grad, was able, by the laying on of hands, to accelerate wound healing in mice<sup>4</sup> and to speed the growth of barley seeds.<sup>5</sup>

Further literature reviews led Krieger to conclude that healing by the laying on of hands has as its basis the Sanskrit concept of “prana” as “human life energies.” Illness is a deficiency of prana.<sup>3</sup> The healing person is able to transfer their excess healing energy to the sick person who has a deficiency of this energy.

These concepts have found their way into the nursing literature.<sup>6</sup> The popularity of the cult of “therapeutic touch” gradually grew in the nursing profession. “Therapeutic touch” received its official imprimatur when, in 1994, the North American Nursing Diagnosis Association added the diagnosis of “energy field disturbance” to its list of accepted nursing diagnoses.<sup>7</sup>

While Krieger promoted therapeutic touch a more theoretical basis for the practice came from another nursing philosopher, Martha Rogers. She developed a theory called the “science of unitary human beings.”<sup>8</sup> In 1990 Rogers defined a “unitary human being” as “an irreducible, indivisible, pandimensional energy field.” Pandimensional was a “nonlinear domain without temporal or special attributes.” Later Rogers stated that humans did not have energy fields, they were energy fields.<sup>9</sup> Rogers’ theory is reflected in contemporary nursing textbooks.<sup>10</sup>

While modern “therapeutic touch” originated with Krieger, the movement and its supporting ideas have a remarkably long and complex history. Its immediate antecedents are the theosophical mysticism and psychic healing popularized by the medium Madame Blavatsky with her book, the *Secret Doctrine*.<sup>1</sup> Blavatsky’s philosophy was a gemish of oriental pantheism, nineteenth century science, and occult magic, that is, in great part, the basis of contemporary “New Age” beliefs.

Human history has recorded two basic differing schools of thought. One is what could be called “realist” and springs from the Greek philosophers, principally Aristotle, which posits material objects as real and

knowable by the human mind. The other trend is more pantheistic and flows, in part, from Hindu and Buddhist thought. In this latter view the world is composed of forces that produce complimentary energy, e.g., the yin and the yang, which in turn holds what we observe in existence. The realist would say that thoughts and objects are distinct and separate. The pantheist says objects, even humans, are only expressions of cosmic energy. This energy inhabits observable objects as well as human beings. Misdirected energy in patients can cause distress and illness and this becomes the focus of the “therapeutic touch” practitioner. Sickness is a maldistribution of “human life energies” and the healer can shift energy to the benefit of the patient. Krieger laid hands on anemic patients and reported that hemoglobin levels were increased.

Krieger was extremely influential because of her apparently scientific experiments, but more importantly, because of her position at the NYU School of Nursing. Critical to her influence was the fact that she shifted the emphasis of “therapeutic touch” from a religious experience to a healing technique. She secularized and gave a scientific cover to a faith healing practice. The concurrent efforts of the nursing profession to gain independence from physicians was also instrumental in her success. Suffice it to say that “therapeutic touch” is now taught in over 100 universities and many schools of nursing.

Another factor has been the rise of what is known as alternative and complimentary medicine as opposed to allopathic, or regular medicine practiced by mainstream medical doctors. The desire for autonomy, or choice, not only in health care, but in other aspects of society as well, has been growing since the 1960s. Alternative and complimentary medicine fills this need, and “therapeutic touch” is an example par excellence.

### **III. Economic Influence of “Therapeutic Touch”**

“Therapeutic touch” is now promoted as an aspect of the broad field of alternative and complementary medicine. Allopathic medicine is limited to medical doctors and is regulated by the 50 states. Alternative and complimentary medicine, on the other hand, reflects the desire of patients to be more in control of their own health. In general it has no licensing standards. Vitamin and herbal medicine is an example. Alternative and complimentary medicine is a multimillion dollar business with an estimated 425 million patient visits in 1990, compared to 388 million to primary care physicians.<sup>11</sup> In 1998, the United States Congress established a National Center for Complimentary and Alternative Medicine at the National Institutes of Health.

“Therapeutic touch” is a not insignificant aspect of the practices recognized by this Institute. Krieger herself claims to have taught over

43,000 nurses this technique as well as thousands of lay people. “Therapeutic touch” is promoted by the American Nursing Association, the National League of Nursing, the Nurse Healers and Professional Associates Cooperative, and the American Holistic Nursing Association.

#### **IV. Summary**

“Therapeutic touch,” despite its origins in theosophical mysticism now aspires to be an aspect of alternative and complimentary medicine. To achieve health it corrects a patient’s aberrant energy fields by the laying on of hands. It now has the tacit approval of much of the nursing profession.

#### **V. The Evidence for Scientific Validity**

There are relatively few studies, that are reasonably scientifically controlled, that evaluate the clinical efficacy of “therapeutic touch.” Allopathic medicine treatments are held to a higher standard of scientific efficacy than alternative medicine treatments. However, if “therapeutic touch” proponents claim their treatment is objective, as they do, it should be subjected to scientific testing.

This in general has not been the case. In locations where “therapeutic touch” practitioners have desired continuing medical credits, insurance reimbursement and/or licensing privileges from accrediting agencies, they have been hesitant to submit “therapeutic touch” to objective evaluation.<sup>1</sup>

However, there have been some studies. Two of the earlier studies were reported by Grad. They are double-blinded experiments of first, mice with cutaneous wounds<sup>4</sup> and the second, growth differences of barley seeds.<sup>5</sup> In each instance Oskar Estabany, by only the laying on of hands, was able to accelerate healing and stimulate growth. Krieger<sup>2</sup> evaluated hemoglobin levels and observed that “therapeutic touch” treatment correlated with a rise. Schotfeld,<sup>12</sup> Walike<sup>13</sup> and Clark & Clark<sup>14</sup> were all critical of Krieger’s methodology. Turner<sup>15</sup> reported that therapeutic touch reduced pain in burn patients but Wagner<sup>16</sup> was critical of that research. Gordon<sup>17</sup> studied 31 patients with osteoarthritis and noted that “therapeutic touch” relieved pain. The studies of Wirth<sup>18</sup>, Rosa<sup>19</sup>, Long<sup>20</sup> and Glickman<sup>21</sup> all failed to support a beneficial effect for “therapeutic touch” (See Appendix I, Literature Review, p. 12).

“Therapeutic touch,” since it is not an FDA regulated drug or standard medical therapy, is not required to meet rigorous standards of efficacy. Many studies do not support the effectiveness of “therapeutic touch.” Those that do oftentimes are methodologically weak.

## VI. Is “Therapeutic Touch” a Religion?

In this section we will demonstrate that the origins of “therapeutic touch” are religious and that it is essentially what is now known as a “New Age” religion.

Religion is an appreciation of the transcendent. The transcendent can be an intelligent personal god, as in the Catholic and Jewish religions, or a pantheistic immanent energy force, as is the case in Eastern religions.

The god of the transcendent religions is a personal, knowable, all-powerful being distinct from all other beings, including humans. The idea of a transcendent god is of rather recent origin, probably beginning 3,000 years ago with the development of the Jewish religion.

The idea of an immanent god goes back to human prehistory, when man was basically animistic. He worshiped the sun, the animals, and nature itself. These religions were pantheistic. There are several discernable developments, the first of which was the Hindu religion of north India. The Hindu religion noted that there were life forces which animated nature and human experience. They were called Chakras. These in turn influenced other Far Eastern religions, such as Buddhism and Shintoism, and their offsprings, including Yoga and Tantrism.

According to the Eastern view, our consciousness participates in these life forces and some of their adepts are able to see the future, communicate with the dead, and work magic. Healing is a power claimed by mediums who can control Chakras. There is a clear difference between Christian miracles worked through intercessory prayer to God and healings performed by fakirs channeling energy by their own power.

Another discrete development was Gnosticism, which arose about 200 A.D. in the Near East. The Gnostic practitioners had knowledge which resulted in special powers and energy beyond the natural. Gnosticism was a major foe of early Christianity.

Christianity dominated until the Enlightenment and the Reformation, when there was a resurgence of immanentist influences. Magic, the occult, alchemy and witchcraft all became more popular. The breakdown of Christendom allowed a reappearance of psychic energy, gnostic knowledge, and life forces. Organizations such as Freemasonry, Rosicrucianism, and the Theosophical Society promoted these ideas.

More recently, since perhaps the 1960s, the term “New Age” has been applied to such activities as channeling, engrams, and Yoga. Roger’s “science of unitary human beings,” defined as a nonlinear domain without “temporal or special attributes”, which is another explanation of the theory of “therapeutic touch,” is another aspect of “New Age” thinking.

In general, “therapeutic touch” practitioners do not claim that it is magic, but rather that their training allows them to feel the energy fields and

to move these fields for the good of the patient. “Therapeutic touch” claims scientific validity but as noted above, the evidence is weak.

## VII. “New Age” Aspects of “Therapeutic Touch”

Since Krieger popularized “therapeutic touch” in the 1970s, the movement has emphasized the medical benefits of “therapeutic touch” and has downplayed its considerable religious baggage. “Therapeutic touch” is essentially a “New Age” manifestation in a medical setting. “New Age” philosophy is well defined in the recent Vatican document, *Jesus Christ, The Bearer of the Waters of Life*.<sup>22</sup> “New Age” is the belief that conscious reality consists of cosmic energy and pantheistic forces that can be known and controlled by an elite knowledgeable in this mystical system. “New Age” is in direct contrast to traditional Western Judeo-Christian culture that posits a personal God and humans endowed with a free will. “New Age” accepts magic and the occult energy reflected in Hindu Chakras and the Buddhist Tao.

Gnostic beliefs go back to the origins of human history. They were present in Egyptian, Indian and Chinese beliefs. Inasmuch as Athens and Rome were influenced by Eastern philosophies, “New Age” beliefs were present there as well. Christianity suppressed “New Age” practices for the most part, but with the enlightenment in the 18th and 19th centuries there was a resurgence of Gnostic ideas. The Theosophical Society in the latter 19th century became a focus of “New Age” practices and can be considered a direct forerunner of “therapeutic touch.”

The heart of “therapeutic touch” is the channeling of the patient’s energy by the practitioner to restore health in the patient. It is difficult to see how this is anything but based on “New Age” theory.

There are fundamental differences between Catholic and “New Age” spirituality. Catholic holiness is a relationship with God which deepens and becomes stronger, but God remains separate. “New Age” holiness results in an inflow in energy and a gradual fusion with God. Catholic spirituality views both the Christian and God as persons relating to each other. The “New Age” adept relates to God in a fusion or energy exchange. There is no God out there. God is within. We are God.

“New Age” emphasizes the follower’s cosmic knowledge of a universal good. This direct communication denies the revealed contents of faith and the mediation of the Church. In summary, while “therapeutic touch” attempts to assume the mantle of scientifically valid medical care, it still appears to be basically a “New Age” manifestation.

## VIII. Pastoral Care Concerns

Pastoral care has always been a concern of the Catholic Church. Christ considered Himself a healer, physical as well as spiritual. Of His 41 miracles, 31 were the curing of physical illnesses such as blindness, leprosy, hemorrhaging, and even death.<sup>23</sup> He told His disciples to preach the gospel, but also to heal the sick. Curing illness was one of the principal missions of the early Church, its role being delegated to deacons.

This tradition continued, and during the Dark Ages, with the breakdown of civil order, when traditional medical practice ceased, religious institutions provided perhaps the only source of medical care, especially for the poor. The first medical schools at Padua and Salerno were in Catholic universities.

In the United States, it was the Catholic religious sisters who founded more hospitals between 1850 and 1960 than any other organizations.<sup>24</sup> Oftentimes these hospitals were in support of immigrant groups, but others were treated as well.

Other than medical care, the principal mission of these Catholic hospitals was to minister the Catholic faith and the sacraments to their patients. They discharged this role in an exemplary fashion. The Catholic hospitals also fostered codes of medical ethics which are the standards of the medical profession. *The Ethical and Religious Directives*<sup>25</sup> are the current guidelines for Catholic hospitals and are comprised of six parts.

The second part outlines the norms for pastoral care in Catholic hospitals and consists of thirteen directives. It specifically quotes the Bishops' Pastoral "Health and Health Care", noting that health care also extends to the spiritual nature of the person.<sup>26</sup> Pastoral care refers primarily to the administration of the sacraments.

These norms require that, to state the obvious, pastoral care in Catholic hospitals be Catholic. Since "therapeutic touch" techniques are prevalent in the nursing profession they are being practiced in Catholic hospitals. Not uncommonly, "therapeutic touch" techniques are taught to pastoral care team members. These pastoral care team members then conduct therapeutic touch sessions with patients. The patients are then confused as to whether the "therapeutic touch" is pastoral or therapeutic. "New Age" religious practices have no place in Catholic hospitals and they should certainly not be promoted by pastoral care team members who are oftentimes priests and religious.

## IX. Conclusion

"Therapeutic touch" is a "New Age" religion and incompatible with Catholicism. It should not be promoted by Catholic pastoral care health teams.

Catholic hospital pastoral care teams carry on the mission Catholic hospitals have always had and that is to bring the Faith to its staff, but particularly, to the patients entrusted to its care. The Faith consists of having the Mass and the sacraments available and maintaining Catholic medical ethical standards. Sickness is a time of unusual vulnerability when spiritual support is especially needed, particularly for those approaching death. The orders of religious women who founded the hospital system in the United States saw this religious role as primary. Catholic hospital pastoral care teams should do no less.

---

### **Appendix: Literature Review**

1. Grad(4) *Int. J. of Para* 1961 (Accelerated wound healing in mice)
2. Grad(5) *Int. J. of Para* 1963 (Enhanced plant growth)
3. Krieger(2) *Am J Nurs* 1975 (Therapeutic touch increased hemoglobin levels)
4. Schotfeld (12) *Nurs Res Conf* 1972 (Critical of Krieger's research)
5. Walike(13) *Am J Nurs* 1975 (Critical of Krieger's research methodology)
6. Clark & Clark(14) *Nurs Res* 1984 (Critical review)
7. Turner(15) *Burn Study* 1998 (Therapeutic touch reduced pain)
8. Wagner(16) *Burn Study* 2000 (Critical of *Burn Study* methodology)
9. Gordon(17) *J. Family Practice* 1998 (TT effective in osteoarthritis)
10. Wirth(18) *Comp Ther in Med* 1996 (TT efficacy inconclusive)
11. Rosa(19) *JAMA* 1998 (44% concordance)
12. Long(20) *Sci Rev of Alt Med* 1999 (Energy not detected)
13. Glickman(21) *Sci Rev of Alt Med* 1998 (Practitioner correct 11 of 20 times)

## References

1. J. Stahlman, "A Brief History of Therapeutic Touch," *Therapeutic Touch*, Bela Scheiber & Carla Selby, eds., (Amherst, NY: Prometheus Books, 2000), pp. 21-51.
2. D. Krieger, "Therapeutic Touch: The Imprimatur of Nursing," *Am J of Nursing* (1975) 75: 784-87.
3. D. Krieger, *The Therapeutic Touch: How to Use Your Hands to Help or to Heal*, (Engelwood Cliffs, NJ: Prentice-Hall, Inc., 1979).
4. B. Grad, R. Caroret, & G. Paul, "An Unorthodox Method of Treatment of Wound Healing in Mice," *Int J of Parapsychology* (1961) 3: 5-24.
5. B. Grad, "A Telekinetic Effect on Plant Growth," *Int J of Parapsychology*, (1963) 5: 117-33.
6. L.J. Carpentino, *Nursing Diagnosis: Application to Clinical Practice, 7th edition*, (Philadelphia: Lippincott, 1997).
7. North American Nursing Diagnosis Association, 1994. NANDA Nursing Diagnosis: Definitions and classification. 1995-1996. Philadelphia: North American Nursing Diagnosis Association.
8. M.E. Rogers, "Nursing: Science of Unitary, Irreducible Human Beings: Update, 1990," in *Visions of Rogers' Science-Based Nursing*, E.A. Barrett, ed., (New York: National League for Nursing, 1990), pp. 5-11.
9. M.E. Rogers, "Nursing Science and the Space Age," *Nursing Science Quarterly*, (1992) 5:27-34.
10. J. Black and E. Malassarin-Jacobs, *Medical Surgical Nursing*, (Philadelphia: W.S. Saunders and Co., 1993), p. 336.
11. D. Eisenberg, R. Kessler, C. Foster, et al., "Unconventional Medicine in the United States," *NEJM* (1993) 328:252-264.
12. R.M. Schotfeld, Critique of "The Relationship of Touch, With the Intent to Help or Heal, to Subjects' In-Vivo Hemoglobin Values: A Study in Personalized Interaction," *Nursing Research Conference* 9: 59-71.
13. B. Walike, P. Bruno, S. Donaldson, R. Erickson, et al., "... attempts to embellish a totally unscientific process with the aura of science..." in Letters, *American Journal of Nursing* 75 (August): 1275, 1278, 1282.
14. P.E. Clark, and M.J. Clark, "Therapeutic Touch: Is There a Scientific Basis for the Practice?," *Nursing Research* 33(1): 37-41.

15. J.G. Turner, A.J. Clark, D.K. Gauthiere, et al., "The Effects of Therapeutic Touch on Pain and Anxiety in Burn Patients," *Journal of Advanced Nursing* (1998) 28(1): 10-20.
16. Mahlon Wagner, "Recent Research in Therapeutic Touch," in *Therapeutic Touch* Bela Scheiber and Carla Selby, eds., (Amherst, NY: Prometheus Books, 2000) pp. 262-274.
17. Andrea Gordon, Joel Mergenstein, Frank D'Amico and David Hudgens, "The Effects of Therapeutic Touch on Patients with Osteoarthritis of the Knee," *J. of Family Practice* (1998) 47: 271-277.
18. D.P. Wirth, J.T. Richardson, W.S. Eidelman and A.C. O'Malley, "Full Thickness Dermal Wounds Treated with Noncontact Therapeutic Touch: A Replication and Extension," *Complementary Therapies in Medicine* (1993) 4(3): 14-20.
19. L. Rosa, E. Rosa, L. Sarner and S. Barrett, "A Closer Look at Therapeutic Touch," *JAMA* (1998) 279 (13): 1005-1010.
20. Rebecca Long, Paul Bernhardt, and Willa Evon, "Perceptions of Conventional Sensory Cues as an Alternative to the Postulated 'Human Energy Field' of 'Therapeutic Touch'," *Sci Rev of Alt Med* (1999) 32.
21. Robert Glickman and Ed Gracely, "Therapeutic Touch, Investigation of a Practitioner," in Bella Scheiber and Carla Selby (Amherst, NY: Prometheus Books, 2000) pp. 234-244.
22. Pontifical Council for Culture and the Pontifical Council for Interreligious Dialogue, "Jesus Christ: The Bearer of the Water of Life," 2003 <http://www.vatican.ca>
23. P. Guinan, "Christ the Physician," *Linacre Quarterly* (2001) 68: 314-318.
24. P. Guinan, "Catholic Healthcare: We are Losing the Identity Battle," *Homiletic and Pastoral Review* (1999) 99: 52-55.
25. United States Conference of Catholic Bishops, *Ethical and Religious Directives*, 1995.
26. "Health and Health Care: a Pastoral Letter of the American Catholic Bishops," *USRB*, 1981, Washington, D.C.