Research Corner

By Kathy Moreland Layte, RN, MScN, CNS, HTCP, Healing Touch Program Instructor

This month's ENERGY MAGAZINE is concentrating on new beginnings. Research in Healing Touch modalities is evolving and improving along with all modes of complementary and alternative therapy. There is a demand and resolve among practitioners of CAM therapies to improve the quality of research conducted in order to demonstrate effectiveness of these therapies to a public that demands and expects best practice (which is the expression of evidence based findings, availability etc). The body of clinical trial evidence that has been published has been open to a great deal of scrutiny because of low numbers of participants, lack of controls for bias, concerns about randomization processes etc.

I am thrilled to introduce Cynthia (Cindy) Loveland Cook as our guest contributor to Research Corner this quarter. Cindy was the principle investigator, for, what is considered by many to be the most well conducted controlled trial involving HT---our "new beginning" as a practice toward acceptance as an evidence based modality. Cindy's contribution to ENERGY MAGAZINE explains the committed and passionate process (and partners) involved in getting the study approved and completed in spite of intense scrutiny and skepticism.

Cook, C.A., Guerrerio, J.F., & Slater, V.E. (2004), Healing Touch and quality of life in women receiving radiation treatment for cancer: A randomized controlled trial. Alternative Therapies in Health and Medicine, 10 (3), 34-41.

When I am asked by HT practitioners or conventional healthcare personnel if there are any "well conducted" studies done in HT, this study is one of the first studies I mention. This article demonstrates the power of belief, determination and commitment of a research team and a community of healers. I thank Cindy and her team for their determination and commitment and for setting a precedent of quality for future researchers like myself and for taking time out of her busy schedule (in spite of relocating recently) to share with us the story behind the study. I look forward to sharing information about other well conducted studies in future articles.

If we are facing in the right direction, all we have to do is keep walking – Buddhist Proverb

It Took a Village: Behind the Scenes of a Healing Touch Study by Cynthia A. Loveland Cook, PhD, RN, MSW

Our journey began in 1996 when Joanne Guerrerio and I first met in the conference room of a large university-affiliated hospital that is a renowned leader in allopathic medicine. With her delightful combination of intensity and charm, Joanne told me how Healing Touch (HT) had helped so many of her oncology patients. She explained how a colleague, Vicky Slater, used it to help her father with fatigue during radiation treatment and why we should conduct a study that tested its effectiveness. I didn't know much about HT back then and had no clue how it worked. Joanne challenged me to join her in creating a study that would demonstrate its effectiveness in reducing the fatigue experienced by women going through radiation therapy for gynecological cancer.

As Joanne spoke, my intuitive self was drawn to her passion for HT and the importance of investigating such a promising intervention. At the same time, my research self told me not to embark on such a journey. After all, it was a study that was clearly "outside the box" and was not likely to get funded. It meant working evenings and weekends with what little free time I could call my own. It was likely to bring ridicule from my traditional research colleagues entrenched in allopathic treatment methods. Luckily it didn't take long for my intuitive self to override my lingering caution, and I knew I would be embarking on a study that would forever change me as a research scientist and, at the same time, contribute to building the science of HT. All these things were to come true on this empirical and spiritual journey that took us nearly a decade.

Our first decision was to use an experimental research design, namely a double-blind randomized clinical trial, to test our hypothesis that HT reduced fatigue in women with gynecologic and breast cancer who were undergoing radiation therapy. If we were going to help change people's attitudes about HT, it was clear we needed to use the "gold standard" research design used in the allopathic world to change health care practice.

Writing the proposal and getting support from key hospital personnel was the easy part. Neither Joanne nor I was prepared for the negative and, sometimes hostile, response from the two committees whose approval we needed before initiating the study. Despite my skills conducting funded NIH research and writing grant proposals, it took us over one year to get committee approvals. One physician refused to review the proposal, because s/he did not consider it to be "science." Other reviewers critiqued it with cloaked hostility. We sometimes wondered if our proposal was purposely sent out to every "hard nose" biostatistician at both the medical center and university. After our third rejection with scathing comments, I was ready to give up. However, with her fierce determination to move forward, Joanne reminded me, "We can't give up. By the time they are done critiquing our proposal, we will have the best designed study that has ever been done on Healing Touch." And so we continued.

The day that Joanne and I received all our committee approvals was a day of celebration. We now had an extremely rigorous research design that included strict mock treatment protocols, multiple HT and mock therapists, a project coordinator and stringent treatment fidelity mechanisms. The challenge we now faced was the lack of funds to implement the study, and it was clear that we couldn't do it ourselves. With her unfailing belief in the power of the Universe to guide our work, Joanne once again reassured me that it would happen -- and it did.

Many HT practitioners in the St. Louis area contributed their

time to provide treatments for the experimental group. Joanne was given permission to use her office at the hospital for both the HT and mock treatment sessions. Even with this progress, we still needed to find the funds to pay for our project coordinator and mock therapists. Luckily generous donations were made to our hospital's foundation from people in the community who knew of our study and/or those who had experienced HT themselves. Healing Touch St. Louis, an active community of practitioners who support HT education, practice and marketing, also contributed their support. Only later did I learn that Joanne and her husband, Anthony, also donated monies and supplies to move the project forward. The one example that always comes to mind was the night I found a big box outside my office from the "HT Fairy." I opened it and found a brand new fax machine -donated by Joanne because she knew it would help us communicate since we now lived in different states and worked in different places.

Eventually our journey was downhill, and we could see the "light at the end of the tunnel." During the implementation phase of our study, we did have an extensive compliance audit. Of all the studies that could have been audited. I wondered why ours was chosen. However, we continued to move forward. I recall spending many nights entering and cleaning the data from our multiple baseline and outcome questionnaires, as well as the brief instruments administered before and after each of the six treatment sessions. During this time I was rehabbing and living in an old historic 1881 building with its chilling winter drafts and ancient windows that barely fit their frames. I still recall working on the data analyses in the middle of the night with "hobo" gloves to keep my hands warm as I pounded away at the keyboard. I then understood true commitment, particularly when I had to be at work seven hours later.

For Joanne and many HT practitioners, the findings of our study were not surprising. With a rigorous research method and well-designed covariates, we found that HT had significantly improved the vitality, pain and physical functioning of women undergoing radiation treatment for gynecologic and breast cancer. After publishing our findings in Alternative Therapies in Health and Medicine, we then moved forward to disseminate our findings on how HT improved the mental health of this special population. Most recently, we have been delighted to find others replicating our methods in HT research, particularly the mock treatment protocols.

All in all, the journey on which Joanne and I embarked so many years ago has been the most challenging and most rewarding in my career as a research scientist. Joanne's optimism, creativity and determination moved us through each "flaming hoop" in all stages of its implementation. She taught me the power of perseverance and persistence in accomplishing research that was outside the mainstream of current allopathic treatment models. She taught me the power of community in bringing together the resources and synergy to overcome obstacles when people are committed to the same goal. Most of all, she taught me to believe and never give up.

