



STATEMENT DN-105

THERAPEUTIC TOUCH: Healing Science or Psychic Midwife?

by Sharon Fish

Summary

Therapeutic Touch, an intervention practiced by thousands of nurses worldwide, is being promoted by some as a unique contribution to the new "science of healing." Others see it as nothing more than a timeworn technique rooted in a mystical mix of Eastern/occult philosophies. Significantly, Therapeutic Touch is one of the most visible examples of an increased acceptance of psychic healing in health care.

In January, Fred Ames was rushed to the hospital with acute abdominal pain. His wife, Anne, noted that his pancreas was completely necrotic by the time doctors did the first of seven surgeries. Fred wound up in the intensive care unit (ICU) with nine drains and tubes going in and out of his body.

Anne recalled that a nurse approached her one morning and said, "I should have asked your permission first, but I really wanted you to know that at night I go in to see your husband, and I've been doing a thing with him called Therapeutic Touch. What would you think if I did it with Fred now that he's alert?" Anne told her, "Go ask him."

Fred's response was, "Fine, if it helps me, no matter what it is, give it a shot. I mean, it's taking so long the medical way, let's try this."

Fred described the first Therapeutic Touch session of which he had any memory:

I remember Therapeutic Touch being done at night in the dark and hands just going over my body, maybe an inch or so off my body from my head to my toes. And I remember the nurse saying, "Well, it feels warm over here or over there." And that would be interesting because sometimes the doctor would come in the next day saying, "Hey, you've got an inflammation here," and that had been the hot spot the night before.

The nurse also taught Anne how to do Therapeutic Touch, and sometimes they did it together. Anne described one of those sessions:

The nurse would say, "Let's do it on each side and then let's switch sides so we can see if I'm feeling the same as you're feeling." It got to the point where the nurse was obviously more tuned in than I and her hands would get so hot she'd have to wash them under cold water. My hands would get hot but hers would be just burning. After Fred was moved to the regular floor she would still come as often as she could.

When Fred finally came home, Anne continued to do Therapeutic Touch on him. She attended classes herself that were taught by another nurse and held at a New Age bookstore.¹

THERAPEUTIC TOUCH GOES MAINSTREAM

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The experience Fred had in the hospital was not an isolated one. Conservative estimates are that close to 100,000 nurses have been trained to perform the technique called Therapeutic Touch. One is as likely to find them practicing the technique in Beijing as in Boston due to extensive training efforts that have been conducted with missionary zeal in over 65 countries.

Therapeutic Touch has been taught as a required or elective part of the curriculum in over 80 colleges and universities, with research-based and popular anecdotal articles abounding in nursing journals. Furthermore, Therapeutic Touch has gone mainstream in society. It was the subject of a recent segment on NBC's popular *Unsolved Mysteries*. The Reader's Digest Association also helped popularize it with an article in their *Family Guide to Natural Medicine*.²

Funding for Therapeutic Touch is readily available and much of it is federal. Examples include a \$200,000 grant by The Division of Nursing, U.S. Department of Health and Human Services to D'Youville Nursing Center in Buffalo, New York to train student nurses in the technique,³ and a Department of Defense grant of \$355,000 to a research team at the University of Alabama, Birmingham to study the effects of Therapeutic Touch on burn patients.⁴

An Office of Alternative Medicine has also been established within the National Institutes of Health (NIH) to fund research on unconventional interventions. This attests to the popularity of Therapeutic Touch and related practices, such as Reiki, Reflexology, and Rolfing.⁵

WHAT IS THERAPEUTIC TOUCH?

Therapeutic Touch is described in the literature as a derivative of the laying-on of hands, or as an ancient mode of healing recaptured and revised.⁶ No actual physical contact occurs between the person doing Therapeutic Touch and its recipient, but touch *is* involved if one believes in an assumption foundational to its practice — people "do not stop at their skins."⁷ What is actually touched is believed to be a person's energy field.

Long-time practitioners of Therapeutic Touch maintain that the human body is simply a localized expression of a universal energy system. The body is built up and maintained by nourishment but penetrated and kept alive by an energy called *prana* (a Sanskrit word meaning "vital force") that flows through and is transformed by energy centers in the body called *chakras* (Sanskrit for "circle" or "wheel"). Healthy people have an overabundance of prana; ill people have a deficit. A person with an overabundance of prana can deliberately, with conscious intent, transfer this energy to a patient. The energy flow surrounding the ill person can be perceived, that is, intuitively assessed and directed through the hands of a healer in the absence of any physical contact.⁸

How to Do It

Therapeutic Touch is generally taught and practiced as a four-step process. *Centering*, sometimes referred to as the yoga of the mind, is the first and clearly the most important step. To prepare to do Therapeutic Touch the healer must enter an intuitive state of awareness where she (or he) is relaxed and quiet. The practice of various meditation techniques (for example, the repetition of a mantra) can help a person learn to center.

Assessment comes next. The healer places her hands two to four inches above the patient, palms down and open, and then slowly hand-scans the patient's entire body from head to toe, intuitively searching for any imbalances in the person's energy field. Areas of pain and accumulated tension or inflammation are believed to be perceived in the hands as various sensations such as tingling, unusual pressure or pulsation, and heat or coldness. These sensations are thought to reflect blocked or accumulated energy.

Unruffling is the third step. The hands now become more active and the healer may engage in circular sweeping motions designed to "decongest" the patient's energy, distributing any excess energy to areas of low flow and sometimes removing it altogether by sweeping it down and out through the feet. The healer will usually shake her hands vigorously to rid herself of any excess energy she may have accumulated.

Modulation comes next and involves transferring subtle healing energy from the healer to the patient or redirecting the patient's own energy. The healer's hands often hover over certain parts of the body previously assessed as imbalanced.

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The Therapeutic Touch session ends when the healer "intuitively feels" the patient's energies are back in balance. This occurs generally within five to fifteen minutes of the Therapeutic Touch process.⁹

Advocates claim Therapeutic Touch can do just about anything one wants it to do, from soothing a crying infant and relieving headaches to decreasing blood pressure and elevating hemoglobin levels. And, to the delight of the holistically inclined, it's totally noninvasive — a claim many believe is subject to dispute.

Botanical, Theosophical, and Metaphysical Roots

Therapeutic Touch was formally introduced to the nursing world in a 1975 article published in the *American Journal of Nursing (AJN)*, one of the most widely read journals for practicing nurses.¹⁰ The author was Delores Krieger, R.N., Ph.D., a professor at New York University (NYU).

Krieger based her own initial research, which measured the effect of Therapeutic Touch on hemoglobin levels in humans,¹¹ on studies conducted by Bernard Grad, a Canadian biochemist. Grad had examined the growth of barley seeds in response to being watered from flasks held by Oskar Estebany, a psychic healer.¹²

Though Krieger is the person most visibly associated with Therapeutic Touch, primary credit for its development as a practice must go to her mentor, Dora Kunz. Krieger understatedly described Kunz as a woman "born with a unique ability to perceive subtle energies around living beings."¹³ Kunz is, in fact, a self-proclaimed psychic and past president of The Theosophical Society in America (see sidebar). Photographs from her book, *The Personal Aura*, depicting rainbow-hued energy fields around people who served as models, introduce a three-part video on Therapeutic Touch produced by the National League for Nursing (NLN).¹⁴ The NLN is the agency that accredits nursing schools in the United States.

Additional credit for the development of Therapeutic Touch in its present form must go to NYU's former dean, Martha Rogers, one of the most renowned and influential of all nursing theorists. Since her death in 1994 she has become somewhat of a cult figure besides. Rogers's conceptual model that describes a human being as an evolving four-dimensional energy field has helped launch a whole generation of students who have studied such subjects as clairvoyance, precognition, Eastern mysticism, and out-of-body experiences in addition to Therapeutic Touch.¹⁵

CHARGES OF PSEUDOSCIENCE

Therapeutic Touch has not been without its critics, both inside and outside of nursing. One of the first to voice skepticism concerning the scientific claims of Therapeutic Touch was noted nursing theorist Myra E. Levine. In a letter to the editor following Krieger's description of her research in *AJN*, Levine raised issues of truth-in-advertising and professional accountability:

The pretense of the healers that they perform scientific therapies is unconscionable.

In our struggle to achieve academic recognition as a profession, we simply can't afford to indulge in this kind of charlatanism. Therapeutic Touch challenges the validity of modern nursing research, teaching and practice. If its practitioners insist on their healing roles, let them honestly call themselves faith healers and stop claiming they are nurses who heal.¹⁶

Twelve nurses, all faculty from the Department of Physiological Nursing, University of Washington, also wrote the *AJN* editor, taking Krieger to task for numerous and obvious methodological flaws related to small sample size, self-selected subjects for research, improper use of statistics, and a failure to measure what her research was intended to measure because hemoglobin was not a true measure of oxygen uptake. The faculty spoke out about the journal's attempt "to embellish a totally unscientific process with the aura of science."¹⁷

One of the most vocal critics of Therapeutic Touch research is the National Council against Health Fraud (NCAHF), headquartered in Loma Linda, California. Of primary concern are studies NCAHF President William Jarvis, Ph.D. says fall into the category of "pathological science" or fraud in the name of science.¹⁸ Researchers who seem driven by a need to prove their chosen interventions actually work and who resort to elaborate rationalizations to explain away any insignificant findings are especially suspect.

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A case in point is one heavily NIH-funded study by Janet Quinn of the University of Colorado designed to test the validity of Rogers's energy theory. Quinn compared a true Therapeutic Touch intervention with a mimic Therapeutic Touch intervention on a sample of 153 patients in a coronary intensive care unit. Variables studied included anxiety, systolic blood pressure, and heart rate measured before and after each intervention. Quinn had hypothesized a priori that all measures would be significantly lower in the true Therapeutic Touch group; her research failed to support any of her stated hypotheses. She faulted her own methodology, actually quite sound, for the study results.¹⁹

Undaunted by facts, Quinn concluded her article, published in the research journal *Nursing Science Quarterly*, with the kind of statement that keeps nonprofit agencies like the NCAHF in business:

Therapeutic Touch continues to be experienced clinically as a uniquely rich and powerful mode of helping/healing which nurses have only just begun to understand from a scientific point of view. There is a need to be cautious and creative in conducting this scientific study lest, like the butterfly that is pinned down for closer inspection, the phenomenon is destroyed in the attempt to understand it.²⁰

In some studies, however, statistically significant differences between Therapeutic Touch and mimic touch or no-touch (control) groups have been detected. This has led some critics to acknowledge that *something* may be happening to patients receiving Therapeutic Touch that may help promote, at the very least, a measurable relaxation response that has nothing to do with rebalancing energy.

One mechanism by which Therapeutic Touch might work could be a type of placebo effect that is a function of some implied or suggested therapeutic benefit by the person doing the treatment and perceived as such by the patient who desperately wants to relax, sleep, or experience less pain. A simple belief that a therapy will indeed be effective for them could also trigger responses of the parasympathetic nervous and immune systems that can decrease anxiety, lower blood pressure and heart rate, and decrease muscle tension and pain. Similar effects on the body have been studied in response to music therapy and relaxation techniques associated with biofeedback.

One accepted theoretical rationale for why certain nontraditional therapies actually produce results is associated with the growing field of *psychoneuroimmunology* (PNI),²¹ or the study of the effect of the mind on the body. For many, this offers a more plausible interpretation for any healthful effects of Therapeutic Touch, uncontaminated with metaphysical explanations.

SUPERNATURAL CONCERNS

It is precisely these metaphysical explanations for Therapeutic Touch that should cause concern — attempts to reinterpret them with logical and nonmystical explanations notwithstanding. Many Christian nurses practicing Therapeutic Touch either ignore those mystical explanations or try to reconcile them to their own interpretations of Christian healing. Patients too are generally uninformed about why or how the energy-infusing technique their nurses may be practicing on them is supposed to work. Nor are they told that what is being practiced on them is not science according to the prevailing definitions of science. It is, pure and simply, religion, and certainly not everyone's brand of religion.

At the very heart of the controversy over Therapeutic Touch lies a question about the true (not merely perceived or constructed) nature of reality and the true nature of any energy involved in its practice. Not all energy forces are scientifically verifiable and explainable by the natural laws of this world for a primary reason: they are not all *of* this world. According to biblical theism, there is such a thing as supernatural, metaphysical reality and supernatural forces are at work *in* the world — forces of good (of God) and forces of evil (of Satan).²²

It is not safe for anyone to assume that the energy Therapeutic Touch enthusiasts claim to be channeling is a force of good or godly power. In fact, it seems safe to conclude that it is not, as it is clearly associated with world views that are in opposition to Christianity and practices explicitly forbidden in Scripture. And those practices are clearly associated with attempts to make contact with spiritual (not truly scientific) forces and manipulate them in various ways.

One of the most powerful Scripture passages concerning occult and psychic involvement records God speaking to the Israelites through Moses about some of the things they must separate themselves from. God tells them not to imitate the detestable ways of the nations they will be living among. They are not to practice divination, sorcery, or witchcraft, or cast spells or interpret omens; neither is there to be found among them anyone who is a medium or a spiritist or who consults with the dead. God calls anyone who does any of these things detestable, and judgment will fall on nations who practice them. The final reminder is pointedly clear: though other nations engage in such practices, Israel is not permitted to do so. These practices are considered an abomination to the Lord and a violation of Israel's covenantal relationship with Him (Deut. 18:9–12).

In the New Testament newly converted believers confessed their occult practices and burned their books of magic (Acts 19:11–20). This and other examples testify to the fact that God's words to Israel are no less applicable to the Christian.

That Therapeutic Touch is frequently associated with all of the above practices is not immediately apparent to the novice nurse healer attending a workshop or class. A more detailed analysis of the Therapeutic Touch literature and some historical perspective are needed to uncover just exactly what Therapeutic Touch may lead to.

Krieger is careful to point out in all of her writing and teaching that Therapeutic Touch does not have a *particular* religious context. In one sense she is right. All assumptions that underlie its practice are explicitly *syncretistic*, derived from cosmic concepts common to a welter of non-Christian religions and philosophies such as Hinduism, Buddhism, Taoism, and Theosophy.

In addition to commonly held pantheistic or emanational assumptions about the universal nature of reality (i.e., all is God, or the universal energy system is the force of God emanating out like a series of concentric circles), the true goal of metaphysical healing in all of the above philosophies is to help people believe that they are inherently divine or to realize their identity with the One.²³ This is particularly applicable to the healer.

To attain this mystical understanding it becomes increasingly necessary to open oneself to a wide and indiscriminate variety of spiritual experiences accessible through various techniques. These techniques enable entry into the world of the supernatural or paranormal, where there is potential to communicate with angels or spirit entities. What promoters of energetic healing modalities like Therapeutic Touch fail to say is that the entities or angels one may meet on one's metaphysical journey are fallen ones.

Psychic and Occult Associations

Krieger may take care to avoid identifying Therapeutic Touch as specifically religious in nature, but other nurses who are writing about it clearly identify it as a type of spiritual healing. One of the most candid is Barbara Blattner, whose textbook, *Holistic Nursing*, is based on a course she taught nursing students at San Francisco State University.²⁴ Blattner states that Therapeutic Touch is a form of psychic healing which she defines as "conducting and channeling the superconscious energy that is the source and intelligent center of all life" characterized by "a feeling of unity with all other beings."²⁵

Blattner's healing energy is intelligent; it has personality. But this intelligent energy would lead us astray and deny us the integrity of our personalities. Nowhere in Scripture are we urged to merge into undifferentiated union with either other people or with God. God respects our unique individuality as separate from His own. Concepts of personhood, individual integrity, and interpersonal relationships are foundational to the Christian world view and, due to Christianity's influence on nursing, foundational to nursing as well; they are foreign to the impersonal world view supporting Therapeutic Touch.

Blattner also recommends that the "occult sciences" be used by nurses to develop intuitive assessment skills for use in psychic healing. Specifically she writes of astrology, numerology, tarot, chiromony (palm reading), and graphology or the study of handwriting.²⁶

Practically, if not theoretically, Krieger also associates herself with the occult. She urges students of Therapeutic Touch to tap into their subconscious by a variety of methods that include dream interpretation, the drawing of mandalas, and divination by means of the I Ching.²⁷ Developing latent telepathic abilities in communication is also encouraged. Such abilities are considered natural byproducts for those who regularly practice Therapeutic Touch

and have learned to alter their state of consciousness through techniques such as visualization and yogic mantra meditation.²⁸

The Witchcraft Connection

Another tradition closely associated with Therapeutic Touch is witchcraft/Wicca or, more accurately, neopaganism. Stewart Farrar writes about the Wiccan healing ritual in which diagnosis is largely a clairvoyant art and treatment involves a laying-on of hands characterized by "electromagnetic passes" over the body identical to Krieger's step of assessment. In Wiccan healing, energy is not unruffled but neutralized, after which the patient is filled with healing vibrations in a step similar to Therapeutic Touch's modulation. As with Therapeutic Touch, the hands of the Wiccan healer become warm and palms may tingle or begin to radiate. The solution, in addition to running the hands under cold water, is to vigorously shake off the excess negative energy.²⁹

The American Nurses Association, at their 1994 annual convention in San Antonio, offered an "all-new format." This included — in addition to traditional continuing education tracks — a track for the healing arts practitioner; its symbol, not surprisingly, was a crystal. Program offerings included a seminar entitled, "Crones, Nurses and Witches," designed to explore the concept of energy fields and their relationship to Therapeutic Touch.³⁰

Spiritualist Healing

Some Therapeutic Touch practitioners are also actively engaged in healing activities within their own churches — specifically, spiritualist churches. Interviews conducted with health-related personnel who both practiced and taught Therapeutic Touch to nurses and nursing students revealed that four had "converted" to spiritualism after a few years or months of Therapeutic Touch involvement. They each considered themselves to be practicing mediums and had attended workshops on both Therapeutic Touch and spiritualist healing at Lily Dale, New York (one of the largest spiritualist training camps in the world) and/or at Pumpkin Hollow, Craryville, New York (the annual training site for Krieger-taught workshops, owned and operated by The Theosophical Society). When asked if there were any differences between Therapeutic Touch and spiritualist healing, one nurse/medium said, "You can label it whatever you want, but they are basically the same."³¹

The practice of medium-ship, long associated in the spiritualist tradition with facilitating communication from the dead to living relatives, has taken on a distinctively Theosophical and New Age hue for these nurse mediums. Their primary interest was contacting higher-order spirit guides who could instruct them in the finer points of healing through energy manipulation. (The fact that many nurses are charging fees for various touch therapies in private practice may be an additional incentive to encourage this particular form of mediumship.)

A permutation of Therapeutic Touch that is now gaining currency in nursing at a rapid rate and, in some circles, actively competing with it, is a technique called Healing Touch. Promoted through local branches of nursing associations and offering special rates to students, Healing Touch is making inroads into nursing schools. It consists of three separate weekend workshops that move people through the rudimentary teachings of Therapeutic Touch to how-to-do-it workshops on contacting one's healing spirit or angel guides.

Mary Jo Trapp Bulbrook, R.N., Ed.D., a Healing Touch practitioner and instructor who presented a workshop to nurses in Rochester, New York, claimed her techniques are "original in the form channeled to her" by her guides. Certified by the American Holistic Nurses' Association, Healing Touch workshops are also based on the writings of such notables as the deceased but ever-popular channeler Alice Bailey and Rosalyn Bruyere, founder and director of the Healing Light Center in Glendale, California. Bruyere is a specialist in helping people understand how to raise their kundalini (Sanskrit for "serpent power") energy, intended to awaken spiritual as well as physical consciousness.³²

Mesmerism Revisited

One other, not insignificant historical movement feeding into the present-day practice of Therapeutic Touch is the phenomenon of *mesmerism*. Mesmerism evolved out of what might be called the "magnetic school of philosophy,"

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whose adherents likened the human body to a giant magnet. A standard medical practice to promote healing for some physicians in the 15th and 16th centuries was to run real magnets over the patient's body in order to regulate some sort of life force that supposedly extended into the body from the cosmos at large.

Franz Anton Mesmer (1734–1815), a Viennese physician, was particularly enamored with this notion of magnetic medicine, though he eventually concluded that it was not the magnets that were actually responsible for cures. Rather, he maintained, it was something called *animal magnetism* or a subtle fluid in the body (cp. subtle energies) that needed to be controlled or expelled from the body for it to heal. He soon abandoned the need for magnets altogether, believing that his hands alone could get the job done. After his hands "passed over" the patient, he often shook them to expel the magnetic force(s).³³

Accused of charlatanism by the Viennese medical fraternity, Mesmer eventually relocated to Paris where he continued his magnetic ministry, sometimes magnetizing not only with his hands but simply "mesmerizing" people with his gaze alone. Convulsive movements, piteous moans and groans, sardonic laughter, and torrents of tears were not uncommon reactions of patients according to J. P. F. Deleuze, a librarian who documented the French phenomenon in 1843. According to Deleuze: "The master, erecting his fingers in a pyramid, passed his hands all over the patient's body, beginning with the head, and going down over the shoulders to the feet. He then returned again, to the head, both back and front, to the belly and the back; he renewed the process again and again, until the magnetized person was saturated with the healing fluid and was transported with pain or pleasure, both sensations being equally salutary."³⁴

In 1838, mesmerism crossed the Atlantic, introduced by Charles Poyen, a former French medical student, and his traveling companion, Cynthia Gleason, a clairvoyant who diagnosed patients when in a trance. Mesmerism was clearly undergoing a mutation that paved the way for the birth of spiritualism 10 years later. The New World was ripe for a new and novel quasiscientific religious philosophy, and mesmerism was only too willing to oblige as it took on a distinctively metaphysical hue.

Soon, entranced patients were no longer merely being mesmerized solely to effect direct physical cures, but were, in their entranced or altered states of consciousness, being asked by the healer to access spiritual realms and relay any messages back to earth. Mesmerism was now a primary technique for entering a state of higher consciousness, the better to make contact with cosmic forces and reap spiritual as well as physical benefits. Historian Robert C. Fuller wrote that mesmerism had "unwittingly played midwife to trance mediumship."³⁵

HANDS OFF THERAPEUTIC TOUCH

Therapeutic Touch is also playing midwife, helping bring to birth in nursing a host of spiritually illegitimate and dangerous practices that include mediumship and more. Those who say they can practice the technique of Therapeutic Touch and divorce themselves from its occult associations need to be reminded that apart from the occult, Therapeutic Touch would not exist. It is rooted and grounded in psychic soil and it bears related fruit.

Therapeutic Touch is not a practice Christians can engage in without seriously compromising their faith and potentially endangering their relationship with God. He alone can teach the true meaning of the laying-on of hands to comfort, care, and cure.

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NOTES

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- ¹Taped interview with the author.
- ²Delores Krieger, contributor/consultant, "The Healing Touch," *Family Guide to Natural Medicine* (Pleasantville, NY: The Reader's Digest Association, 1993), 94–97.
- ³Vern L. Bullough and Bonnie Bullough, "Therapeutic Touch: Why Do Nurses Believe?" *Skeptical Inquirer*, Winter 1993, 169–74.
- ⁴Reported by Rita Healy and Jennifer Mattos, "A No-Touch Therapy," *Time*, 21 November 1994, 88.
- ⁵NIH Guide for Grants and Contracts, 26 March 1993 and 7 January 1994.
- ⁶Delores Krieger, *Living the Therapeutic Touch* (New York: Dodd, Mead and Company, 1971), 7.
- ⁷*Ibid.*, 33.
- ⁸Delores Krieger, *How to Use Your Hands to Help or to Heal* (New York: Prentice Hall Press, 1979).
- ⁹*Ibid.* See also Janet Macrae, *Therapeutic Touch: A Practical Guide* (New York: Alfred A. Knopf, 1991).
- ¹⁰Delores Krieger, "Therapeutic Touch: The Imprimatur of Nursing," *American Journal of Nursing*, May 1975, 784–87.
- ¹¹Delores Krieger, "The Response of In-Vivo Human Hemoglobin to an Active Healing Therapy by Direct Laying-On of Hands," *Human Dimensions*, Autumn 1972, 12–15.
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- ¹⁶Myra E. Levine, "Letter to the Editor," *American Journal of Nursing*, August 1975, 1383.
- ¹⁷Barbara Walike, et. al., *American Journal of Nursing*, August 1975, 1275, 1278, 1292. See, e.g., Linda Rosa, "Therapeutic Touch: Skeptics in Hand to Hand Combat Over the Latest New Age Health Fad," *Skeptic* 3 (1994): 40–49; Sharon Fish, "Therapeutic Touch: Can We Trust the Data?" *Journal of Christian Nursing*, Summer 1993, 6–8; Bullough and Bullough, 169–74.
- ¹⁸NCAHF Bulletin, May/June 1992, and personal correspondence. The National Council against Health Fraud, P.O. Box 1276, Loma Linda, CA 92354. (909) 824-4690.
- ¹⁹Janet F. Quinn, "Therapeutic Touch as Energy Exchange: Replication and Extension," *Nursing Science Quarterly* 2 (1989): 79–87.
- ²⁰*Ibid.*, 87.
- ²¹See, e.g., Robert Adar, ed., *Psychoneuroimmunology* (New York: Academic Press, 1981); Philip Clark and Mary Jo Clark, "Therapeutic Touch: Is There a Scientific Basis for the Practice?" *Nursing Research*, January-February 1984, 37–41.
- ²²See, e.g., Elliot Miller, "The Christian, Energetic Medicine, and 'New Age Paranoia,'" *Christian Research Journal*, Winter 1992, 24–27.
- ²³Brooks Alexander, "Occult Philosophy and Mystical Experience," *SCP Journal*, Winter 1984, 13–19; and Paul Reisser, Teri Reisser, and John Weldon, *New Age Medicine* (Downers Grove, IL: InterVarsity Press, 1987).
- ²⁴Barbara Blattner, *Holistic Nursing* (Englewood Cliffs, NJ: Prentice-Hall, 1981).
- ²⁵*Ibid.*, 84–85.
- ²⁶*Ibid.*, 329, 331.
- ²⁷Krieger, *How to Use Your Hands*, 80.
- ²⁸*Ibid.*, 71.
- ²⁹Stewart Farrar, *What Witches Do* (Custer, WA: Phoenix Publishing, 1983), 129–37.
- ³⁰*The American Nurse*, official newspaper of the American Nurses Association, January 1994. Convention bulletin insert.
- ³¹Interviews with author; phone conversations with The Theosophical Society and Pumpkin Hollow Farm.
- ³²Mary Jo Trapp Bullock. Handout information available at workshop. Wellness Network and North Carolina Center for Healing Touch, 413 Waterside Drive, Carrboro, NC 27510.
- ³³D. Scott Rogo, *New Techniques of Inner Healing* (New York: Paragon Press, 1992), 9–15.
- ³⁴Quoted in *ibid.*, 15–16.
- ³⁵Robert C. Fuller, *Mesmerism and the American Cure of Souls* (Philadelphia: University of Pennsylvania Press, 1982), 98.

SIDEBAR: A BRIEF HISTORY OF THEOSOPHY

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It is not enough to say that Helena Petrovna Blavatsky, a.k.a. Madame Blavatsky, was the primary force behind the emergence of the esoteric tradition called Theosophy.¹ Indeed, Blavatsky might well be called the matriarch of the New Age and the catalyst for the current revival of the paranormal in all aspects of American society.

Allegedly trained in occult philosophy in Tibet and influenced by Hinduism in India, Madame Blavatsky, a Russian-born psychic, settled in the United States in 1873. She claimed she had been sent to America by her Lodge (populated by members of the Universal Mystical Brotherhood) to share truth and unveil error. Two years after her arrival, she cofounded the Theosophical Society of New York City with Colonel Henry Steele Olcott, a lawyer with a keen interest in psychic phenomena.

Theosophy was dedicated to the blending and promotion of ancient and occult religions and philosophies. These included, but were not confined to, Hinduism, Buddhism, Taoism, the Egyptian Hermetic traditions, Neoplatonism, the Cabala, Rosicrucianism, Freemasonry, mesmerism, and spiritualism.

Spiritualism in particular was a major player in Blavatsky's early efforts to convert and disciple the West. In 1848, Margaret and Kate Fox had officially launched the spiritualist movement by claiming they could communicate with the spirit of a murdered peddler buried beneath their upstate New York home. The art of mediumship caught on quickly and seances to contact deceased loved ones became a popular pastime in the years surrounding the Civil War.

Blavatsky was not impressed. She scoffed at American spiritualism's lack of sophistication, labeling it necromancy and a sacrilege that dishonored the dead.

It was not that Blavatsky was opposed to mediumship (she was a medium), but she insisted that the spirits she channeled bore little resemblance to anyone's deceased relatives. She claimed those she contacted were superhuman adepts or "Masters" eager to impart esoteric information to select human beings who would help their generation gain a right understanding of the occult. These adepts were considered to have evolved spiritually to the point where they had merged into the universal environment, unseen but ever present.

In her book *Isis Unveiled*, Blavatsky developed the notion of an emanational cosmology, a reverse Darwinism with a metaphysical twist. According to this world view, humans have not evolved but have devolved or descended into matter (a physical body) and are now in the process of returning to a spiritually pure state of at-One-ment with the universal, impersonal Absolute from which they originally sprung. The true aim in life is to return to a realization of one's godhood.

Accompanying this view of humanity is a belief in reincarnation that, for most people, means seemingly endless return visits to earth in different human bodies until all of their moral or karmic debt has been paid. Blavatsky believed the whole universe was reincarnating toward higher levels of consciousness, including animals and inanimate objects.

Blavatsky's view of reincarnation was responsible for a shift in spiritualist thinking and practice. If people reincarnated there was not much point in trying to conjure up deceased Aunt Mabel. It was appropriate, however, to try to contact highly evolved souls who already attained cosmic consciousness and could offer those still cycling through mortal existence some tips on how to get off the karmic wheel more quickly.

The 20th century channeling phenomenon is rooted and grounded in Theosophical thought. Current fascination with angels also reflects the Theosophical and Gnostic notion of highly evolved beings who serve as intermediaries between the seen and the unseen worlds, between flesh and spirit.

After Blavatsky died in 1891, the Society she founded split into various branches and splinter groups. The most notable branch was led by Annie Besant, an Englishwoman who had converted to Theosophy in 1889 after reading Blavatsky's *The Secret Doctrine*. A colleague of Besant was C. W. Leadbeater, an ex-Anglican minister turned Buddhist and clairvoyant. Leadbeater and Besant attempted to strengthen the ties between Theosophy, science, and psychic phenomena, coauthoring a book called *Occult Chemistry*.

Besant spent a number of years in India developing the society Blavatsky had founded in Adyar, Madras. She was joined by Leadbeater, who had been expelled from the Theosophical Society earlier following charges of pedophilia, but was readmitted by Besant after she became president. In India the two began to groom a young boy named Krishnamurti to be the next vehicle of the Supreme World Teacher or Christ. (Theosophists believe the "Supreme

World Teacher" periodically enters the body of a human disciple to provide new revelation and guide the spiritual evolution of humanity.)

An attempt by Besant to surround Krishnamurti with twelve "apostles" (including herself) failed when he renounced Theosophy and his own claim to any special title. Four years later Besant died but Theosophy continued to thrive, as did the now famous Krishnamurti. The foundation named after him is dedicated to the propagation of individual mystical self-validating experiences and the rejection of any authority outside the self.

Although she was rejected by Annie Besant's Adyar-based Theosophical Society, Alice Bailey (1880–1949), divorced English wife of an Episcopal priest, was another influential leader in the Theosophical tradition. Her contribution — carried out in the context of her own Theosophical splinter group, the "Arcane School" — was some two dozen books on occult philosophy, allegedly channeled through her by the Tibetan Master Djwhal Khul. Distinctive New Age themes began to surface, combining sociopolitical concern, spirituality, and the notion of a centralized world government led by a New Age Christ and administered by a spiritual hierarchy of Masters.

Alice Bailey died without realizing her vision, but the Theosophical tradition lived on. In 1975 Dora Kunz, a psychic with reputed healing powers, became president of the Theosophical Society in America. Headquarters were now in Wheaton, Illinois. The Theosophical Publishing House was established (Quest Books) with publications supported by The Kern Foundation. Under Kunz's leadership, Theosophy reflected a greater interest in both physics and psychic healing — specifically, healing through touch. Theosophical thought thus began its subtle and steady move into mainstream health care in America.

— Sharon Fish

¹Greek: theos (god) + sophos (wisdom). Sources for this summary include the writings of Helena Petrovna Blavatsky and primary and secondary sources on the history of spiritualism and Theosophy from the Rare Books Collection, Rush Rhees Library, Rochester, New York.

SIDEBAR: A NEW AGE FOR NURSING

A nursing professor in Kansas prepares her students for their clinical experience partly by telling them to each go to a New Age bookstore and buy a crystal necklace, making sure the crystal is pointed at both ends. Part of their nursing care could include directing this necklace at their patients, allowing their own "good energy" to flow through the crystal and into patients who need their energy replenished. Alternatively, they could hang the crystal on their patients' IV poles where it can absorb and refocus the universal energy of the environment as needed.

At a Catholic nursing home in Pennsylvania, the instructor begins the Therapeutic Touch workshop by shutting off the lights and leading the group of nurses in a relaxation and awareness exercise. In the background a tape recorder plays a song over and over again in Sanskrit. After the lights are turned on a nurse asks the instructor what the words to the song mean. She is told the Sanskrit words translate, "I bow down to the divine within."

Critical care nurses have been learning new methods to help themselves and their patients relax for over a decade. Creative visualization exercises by Shakti Gawain, a popular New Age writer, are sprinkled throughout *Cardiovascular Nursing: Bodymind Tapestry* (C. V. Mosby, 1984), a textbook endorsed by the American Association of Critical Care Nurses. The text omits the fact that visualization of the kind Gawain encourages can easily introduce one to "spirit guides."

The book table at the entry-level workshop on Healing Touch, promoted by a local district of the American Nurses Association, displayed angel tee shirts and channeled books (along with order forms for audiotapes) from such "Ascended Masters of the Great White Brotherhood" as Ashtar, the Archangel Michael, Mother Mary, and Hilarion.

Crystal healing, worship of the god (or goddess) within, altered states of consciousness, and channeling are but a few of the practices promoted by nurses in a variety of settings across the United States. Course content ranging from aromatherapy to zone therapy is being taught for academic and continuing education credit in hundreds of hospitals and schools of nursing. A nursing elective on alternative healing at the University of Rochester, New York includes information on how to construct a Native American sweat lodge, demonstrations of aura reading by the minister of a local spiritualist church, the use of dowsing rods (L-rods) to biomechanically evaluate the extent of a patient's etheric energy field, and a lecture on Wiccan healing. Richard Gerber's *Vibrational Medicine* (Bear and

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Company, 1988) is the course text. The book is dedicated to "the vast spiritual Hierarchy which silently works to uplift the human condition." One back-of-the-cover endorsement is from Kevin Ryerson, a trance channeler in Shirley MacLaine's *Out on a Limb* (Bantam Books, 1986).

Nursing theory, the stuff out of which nursing research and practice evolves, also increasingly reflects the world view of New Age mysticism. One of the most metaphysically minded nursing theorists influencing doctoral students around the globe is Margaret A. Newman, Ph.D., professor of nursing at the University of Minnesota and author of *Health as Expanding Consciousness* (C. V. Mosby, 1994, 2d ed.). Newman's theory of nursing is constructed upon foundational concepts from such Theosophically friendly thinkers as Itzhak Bentov, Rupert Sheldrake, David Bohm, and Arthur Young.

Bentov contributes the belief that even rocks evolve, possess consciousness, and resonate with energy. One implication of this belief is that some rocks, like crystals, are more highly evolved than others and can be used for healing.

Sheldrake, a biochemist who has been a member of the Theosophical Society in Britain, contributes to Newman's theory of evolving consciousness the notion of morphic resonance, a belief that has helped open research doors in nursing and other disciplines to experimentation related to telepathy, ESP, and other paranormal phenomena. Sheldrake himself has noted that his general hypothesis of formative causation recalls elements of various occult systems — for example, the concept of the etheric body and the doctrine of the Akashic records familiar to psychic healers and Theosophists.

Bohm, a quantum physicist, contributes a belief in the underlying oneness and unity of all things, and the undivided wholeness of the universe. His theory of "implicate (or enfolded) order" is viewed by many seeking support for a metaphysical world view as virtually identical to the implicate level of subtle, indivisible reality known as Brahman in Hinduism and the Void in Tibetan Buddhism. External reality (the explicate order, maya, or the nonvoid) is seen as either an illusion or a creation of consciousness that can also be transformed by consciousness (with obvious applications to health care).

Young's theory of evolution as movement from light to determinate matter and back to light or a state of superconsciousness where the spacial-temporal self is transcended is simply a rewording of Theosophy cofounder Madame Blavatsky's emanational cosmology. Young himself was heavily influenced by the Mahatma Letters, a book put together by A. B. Sinnett in the late 1800s from letters he allegedly received from a superhuman "Master"; the letters describe seven stages of evolution.

The influence of Bentov, Sheldrake, Bohm, Young, and a host of other metaphysically inclined and Theosophically influenced scientists on nursing should not be underestimated. They have provided Margaret Newman with the basis of a theory of evolutionary transformationalism that effectively replaces the concept of patient as person with the notion of patient as evolving energy field. Other influential nursing theorists who share similar or related new consciousness beliefs are Jean Watson, Martha Rogers, Rosemary Rizzo Parse, and Joyce Fitzpatrick.

Renewed emphasis on the spiritual dimension of care in nursing is a natural and welcome response to the biomedical model that often reduces the patient to a mere collection of body parts. But the totalizing spirituality much of nursing is currently embracing is equally disturbing. There is no room in this world view for an infinite yet personal God and for finite and fallen, yet unique and valuable persons made in God's image and likeness. If everything is spiritual or evolving into divinity, the physical and finite rapidly become irrelevant. Not only the human body but death and disease are ultimately viewed as illusions. The soul suffering the ravages of a terminal illness or plagued by the emotions of despair, guilt, and doubt is simply left to ponder his or her own lack of metaphysical enlightenment. In New Age nursing, the end result of the evolution of consciousness is, ultimately, the devolution of personhood.