

# The Use of Healing Touch in Integrative Oncology

Laura K. Hart, RN, PhD, CHTP/I, Mildred I. Freel, RN, MEd, CHTP/I,  
Pam J. Haylock, PhD, RN, and Susan K. Lutgendorf, PhD

The use of complementary therapies by patients with cancer has become increasingly prevalent; as a result, oncology nurses find themselves needing to understand those therapies and the evidence-based support for their use. This article describes the integrative use of the biofield therapy healing touch in conjunction with the chemoradiation received by patients with cervical cancer (stages IB1 to IVA) as reported in a 2010 research study. Findings indicated effects on the immune response and depression in healing touch recipients compared to patients receiving relaxation or standard care. Specifically, healing touch recipients demonstrated a minimal decrease in natural killer cell cytotoxicity over the course of treatment, whereas the cytotoxicity of patients receiving relaxation therapy and standard care declined sharply during radiation. Healing touch recipients also showed decreases in depressed mood compared to relaxation therapy and standard care recipients. The findings suggest that appropriate integration of complementary modalities into oncology care can enhance the impact of conventional care by putting patients in the best condition to use their innate healing resources.

**G**rowing evidence supports the potential benefits to patients with cancer when the best conventional care is combined effectively with complementary approaches (Deng & Cassileth, 2005; Deng et al., 2007). Patients want more information about the potential benefits of complementary therapies; in addition, they believe access to those therapies should be included in standard cancer care (Coss, McGrath & Caggiano, 1998). Complementary or integrative and alternative medicine (CAM), including healing touch, has increased in popularity. Therefore, nurses need to understand integrative oncology (Decker & Lee, 2010). This article provides information regarding the biofield modality healing touch (see Figure 1), used as an integrative therapy in a study of women receiving treatment for cervical cancer, so that oncology nurses will have greater knowledge from which to answer inquiries about biofield therapies.

Cervical cancer is the third most common cancer in women worldwide (Arbyn et al., 2011). Although chemoradiation treatment potentially is curative (Eifel et al., 2004), cervical cancer survivors frequently report acute and late side effects, compromised

## At a Glance

- ◆ Patients have expressed interest in complementary therapies and believe access to those interventions should be included in standard cancer care.
- ◆ The benefits of healing touch for patients with cancer may include immune-preserving effects, improved mood, and enhanced cognitive ability.
- ◆ By supporting patients' self-healing resources, nurses may enhance the positive outcomes of allopathic treatments such as chemoradiation.

quality of life, and psychological distress (Hodgkinson et al., 2007; Vistad, Fossa, & Dahl, 2006). In addition, Rose et al. (1999) found that among patients with locally advanced cervical cancer treated with cisplatin-based chemoradiation (N = 526), 75% reported gastrointestinal adverse effects, 37% experienced leucopenia, and 8% had neuropathy and cutaneous adverse effects.

Laura K. Hart, RN, PhD, CHTP/I, and Mildred I. Freel, RN, MEd, CHTP/I, both are associate professors emeriti in the College of Nursing at the University of Iowa in Iowa City; Pam J. Haylock, PhD, RN, is the chief executive officer of the Association for Vascular Access in Medina, TX; and Susan K. Lutgendorf, PhD, is a professor in the Department of Psychology at the University of Iowa. The authors take full responsibility for the content of the article. The research discussed in this article was funded, in part, by National Institutes of Health (NIH) grant #R21AT0095801, NIH grant #P20AT7560, and grant #UL1RR024979 from the National Center for Research Resources, NIH. The content of this article has been reviewed by independent peer reviewers to ensure that it is balanced, objective, and free from commercial bias. No financial relationships relevant to the content of this article have been disclosed by the independent peer reviewers or editorial staff. (Submitted December 2010. Revision submitted January 2011. Accepted for publication February 1, 2011.)

Digital Object Identifier: 10.1188/11.CJON.519-525