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A Unitary Theory of Healing Through Touch

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Touch is an essential human care need. Touch has been described as vital for growth and development; those deprived of touch fail to thrive.¹ Touch is integral to nursing practice, both in instrumental forms such as touching during procedures, and in nurturing forms like touching to communicate support, connection, and compassion. A considerable amount of research has been conducted on the benefits of touch. This research supports massage as a beneficial modality for symptom management and anxiety, and as one of the most effective forms of touch.² Benefits of massage therapy include decreasing the stress response, increasing activation of the cerebral cortex and attentiveness, relieving pain, reducing fatigue, decreasing depression, improving sleep quality, increasing feelings of wellbeing, and enhancing immune function.^{2–7}

Despite research addressing the benefits related to therapeutic massage, there are no descriptive or explanatory theories that provide a perspective on the experience of touch. The purpose of this paper is to disseminate a practice-based nursing theory of healing through touch developed through the lens of Rogers' Science of Unitary Human Beings (SUHB). This theory was constructed from the findings of a qualitative descriptive study of the experiences of touch for those with advanced cancer receiving both massage therapy and simple touch. This qualitative descriptive study was nested within a large multisite randomized controlled trial (RCT), Reducing End-of-Life Symptoms with Touch (REST).⁸ The REST study itself was not framed within the SUHB.

Review of Literature

The study that generated this theory yielded narrative descriptions of the experience of receiving massage and simple touch. The literature reviewed included studies of receiving touch in a healing context. Several studies focused on experiences of people receiving massage therapy. In one study, two main narratives emerged: *being detached from the body* and *being in touch with the body*.⁹ In a study of massage during pregnancy, researchers found “sounds and other noises become disconnected from the surroundings during the massage ... and time and space disappear”.^{10(p173)} A common finding of experiencing

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The first author is a white, cisfemale, first-generation college graduate and a highly-educated academic from European heritage. The second author is a cisfemale nurse scientist with clinical experiences caring for gender-diverse communities in acute, post-acute, and ambulatory settings. The authors draw from their experiences, identities, and the literature to inform their analysis, interpretation, and conclusions reported in this article.

relaxation and feeling good are consistent descriptions of experiences with massage therapy.^{10–14} Van der Riet explored cancer patients' experiences with their bodies during massage, and reported that massage promotes an awareness of mind and body, *and* body and person no longer being separate.¹⁵ “Mind and body are experienced as connected. Massage offers a reclaiming of the damaged body”.^{15(p10)} Another study reported that during light pressure massage, recipients experienced “unconditional attention that was new.”^{12(p100)} Massage therapy has been described as offering participants a *retreat* from the feeling of uneasiness connected with chemotherapy.¹³ Massage as distraction or interruption also has been reported as a relief, allowing the patient a momentary respite from suffering.^{11,13} A study of caregivers' experiences of receiving soft tissue massage as a support while caring for a dying family member revealed three themes: *being cared for*, *body vitality*, and *peace of mind*.¹⁶ Despite worries, tiredness, and fears of the future, caregivers described peace of mind as a sense of self-transcendence, a possibility to achieve a moment of tranquility. “The experience of being in a timeless zone during the massage sessions could therefore be explained as an instant pause in life where time ceased to exist”.^{16(p2231)}

While the experiences of receiving touch therapies were overwhelmingly positive, Ekerholt and Bergland found receivers of massage had both positive and negative experiences.¹⁷ They identified themes around *ambiguity of pleasure* and *provocation*. “Massage could be agreeable and relaxing, but could also open up for unpleasant feelings”.^{17(p139)} Participants shared that unpleasant feelings occurred when they realized touch was allowing them to connect with their own feelings and becoming aware of issues that had been previously suppressed. Similarly, Menard found that while participants' experiences were not always positive with regard to expectations of relief of pain, they overwhelmingly attributed positive mental health outcomes to the *quality of touch*, *communication with the provider*, and *the nature of the setting*.¹⁸

A prominent finding in the literature was the connections felt between the person giving and receiving touch. Themes described by patients include: *presence in relationship*,¹⁹ *development of a positive relationship and feeling special*,¹¹ *connection with the therapist*,¹⁴ and *a confirmation of caring*.¹³ Cronfalk et al found contact between the therapist and the participant was a positive experience allowing feelings and moments of stillness.²⁰ Nelson found a theme of *reconnecting to life through caring*, and that hospice residents “felt cared for by staff during and after the delivery of complementary therapies; the burden of disease (i.e., physical, emotional, spiritual distress) seemed less, allowing residents to ‘feel’ like they had more energy and a desire to participate in life”.^{19(p157)} Dunwoody, Smyth and Davidson reported that recipients being treated for cancer described feelings of communication through touch, security, and empowerment.²¹ Others found that recipients of massage described themes related to their connection to the therapists: *being embraced by safe hands*, *sensing new emotions*, and *being touched physically and emotionally*.²² Patient experiences with caring touch from an anthroposophic perspective, have also been described from a clinical context.²³ This research suggested that touch provides an anchor and a meaningful relationship, is an interplay (encounter with another human being), is perceived as beneficial and alleviating symptoms, and is experienced as caring. Leonard and Kalman found the meaning of touch for patients undergoing chemotherapy to include:

*building rapport within the healthcare setting, adjusting to changing patterns of touch with family and friends, and intentionally incorporating the therapeutic use of touch.*²⁴

Recipients of various forms of massage reported relief from symptoms and feelings of wellbeing. For example, participants described gaining a feeling that their body was functioning again.¹⁰ A study of persons with osteoarthritis of the knee revealed three salient themes: *relaxation effects, improved quality of life, and accessibility of the therapy in treating osteoarthritis.*²⁵ The authors also noted statements of empowerment with an improved ability to perform activities of daily living. In a descriptive phenomenological study with pre-hypertensive women, six themes emerged: *relaxation, sleeping better, reduction of anxiety and tension, reduction of fatigue, invigorating experience, and improve relationship and connecting.*²⁶ As a whole, massage provided existential respite, mainly by counteracting loneliness, meaninglessness, and anxiety that interfere with family and social relationship.²⁶ These patients described a positive sense of existential well-being, that they were in a space away from and beyond their current situation that influenced their relationships and improved their connections with others.²⁶ An analysis of interviews from female cancer patients receiving aromatherapy massage revealed themes of *comfort and reconnection to daily life, a moment to forget the disease and communicate with their failing body, and being pampered and cared for with their dignity preserved.*²⁷

Hanley, Coppa and Shields published a theory of healing through therapeutic touch (TT).²⁸ Therapeutic touch, a biofield or energy field modality is characterized by assessing and repatterning the human energy field; the therapist does not physically touch the skin of the healee or recipient.²⁹ Their practice-based theory was developed from the narratives of advanced therapeutic touch practitioners, rather than the recipients of TT. A participatory reflective dialogue provided opportunities for practitioners to share their personal experiences of TT in healing and to engage in small group community dialogues and focus groups to participate in theory development. The theory was developed within a Unitary Science conceptual system with assumptions of human energy field, wholeness, compassion, intention, relationship and change serving as the foundation. Five concepts of *consciousness, order, patterning, epiphanal knowing and engaging presence* composed their practice-based theory of healing through TT.

Description of the parent study

Our practice-based theory was developed from research originating from a larger study.⁸ This larger study was a three-year multisite randomized controlled trial with the aim of determining the efficacy of massage for decreasing pain and symptom distress, and improving quality of life for persons with advanced cancer enrolled in hospice care. Investigators randomly assigned 380 adults to two groups: one (n=188) receiving massage therapy and another group receiving simple touch (n=192). The massage intervention involved light Swedish massage with some trigger-point therapy provided for 30 minutes by professional massage therapists. Simple touch sessions consisted of light touch with both hands applied to 10 specified locations on the body for three minutes at each location, for a total time of 30 minutes. Trained volunteers who had no body or energy work training provided the simple touch intervention. Participants received up to six, 30-minute

treatments over a two-week period, with at least 24 hours between treatment sessions. Participants completed visual analog scales measuring pain and mood before and after each session. Surveys were also completed of pain, symptom distress, and quality of life at baseline, after each week of enrollment, and one week after study completion. Both massage and simple touch were associated with an immediate and sustained pain reduction, with massage being more effective than simple touch immediately after treatment sessions. The differences between groups however, were not clinically significant. Both groups demonstrated statistically significant improvements in physical and emotional symptom distress as well as quality of life across weekly assessments without increasing pain medication. Overall, there were no clinically or statistically significant differences between the study groups. Both forms of touch were perceived by participants as improving pain, symptom distress and quality of life, important findings for persons with advanced cancer, and the basis for not distinguishing between massage and simple touch in the qualitative study.

Qualitative Component of the REST Study

During data collection, it was found that participants were sharing some profound and insightful experiences with those providing the treatment and collecting data, and the quantitative measures in the study design were not capturing these experiences. With this realization, another study was designed to explore and understand these experiences.

The purpose of this nested study was to answer the research question: What are patients' experiences of receiving massage therapy and simple touch? A qualitative descriptive design was used to answer this question. Participants who received massage or simple touch were recruited to participate in the interviews. The study was approved by the Colorado Multiple Institutional Review Board with separate consents obtained for participation in the qualitative study. The investigators trained data collectors in qualitative interviewing. Those receiving training conducted structured interviews with the participants receiving massage or simple touch who consented to this part of the study. The interview guide is outlined in Table 1. The interviews lasted 30–45 minutes and were tape-recorded, de-identified, and transcribed. The sample size was a function of number of those participants in the parent study who felt well enough to volunteer and the number of trained data collectors who were able to conduct the interviews.

Seventeen transcribed interviews were analyzed. Transcriptions were imported into ATLAS.ti (Scientific Software Development GmbH, Berlin) to organize, code, and categorize text. Conventional qualitative content analysis was used to analyze the narrative responses to the interview questions.³⁰ One researcher read 10 transcribed interviews and assigned codes within ATLAS.ti to the corresponding text. Codes were derived from key phrases within the text that captured important meanings. Following this process, both researchers together read aloud each of the 10 transcribed interviews. This process allowed the researchers to reflect on the interviews together and accept, add to, and/or revise the codes developed by the first researcher. After the proposed coding was reviewed, agreed-upon codes and general definitions were created. During this process, codes were collapsed into 61 codes. During the process of coding the remaining interviews (n=7), an additional

three codes were added for a total of 64 codes with discrete definitions. Examples of codes and their meaning included:

- Comforting – feelings of comfort from touch
- Escaping – going to another place, letting go and permission to let go
- Energy – relief from fatigue experienced from the touch
- Focusing – being in the moment or in a peaceful time; meditating

Codes were then collapsed into themes based on syntheses of meanings. The seven themes for the study were: *sensing, reflecting, connecting, after experience, making it better, most helpful, and recommendations*. The first themes related to the participants' experiences of receiving either massage or simple touch. The last three were specific responses to the questions on the survey related to what participants liked most and least, if and how touch was helpful, and recommendations related to the treatments. In reviewing the themes of sensing, reflecting and connecting and their meanings, it was apparent that these could be represented in a theoretical model that described experiences of receiving massage and simple touch for these participants.

Theory Development

Therefore, the Theory of Healing through Touch emerged from a retroductive constructivist process. Retroduction refers to the process of systematically and analytically applying reflexive movements between concept development, data coding, data analysis, and interpretation.³¹ This movement of going back and forth between data coding, data analysis, and interpretation allowed the researchers to remain in constant discovery, continuously comparing meanings and nuances at each stage of the analysis.^{31–33} The process was retroductive in that it utilized both inductive and deductive methods of knowledge development. The theory development process held to constructivist assumptions that a practice level theory is not developed *a priori*. This level of theory is developed within the context of the more abstract framework of a paradigm, grand or middle-range theory.^{34,35} In other words, the larger theoretical context is always in mind as the theory is constructed. In this case, the theory was developed within Rogers' Science of Unitary Human Beings.^{36,37} From the perspective of this Science, human beings are viewed as energy fields in continuous, mutual process with the environmental energy field. Fields are by their nature whole, irreducible, pandimensional, and characterized by patterning that is perceived through its manifestations. The open process of human-environment field patterning is innovative and unpredictable. Healing from this perspective comes from its etymological root meaning "whole". Healing is a transformative process that has been described by unitary scholars as re-membering one's integral nature, awareness of wholeness, appreciating wholeness, and coming into right relation.^{38–40}

The Theory of Healing through Touch was developed to explain how touch is related to the unitary experience of healing. The three themes of sensing, reflecting and connecting were defined through this unitary lens and related to the experience of healing. Conceptual

linkages were clarified to illuminate the relationship of the concepts to the more abstract concepts within Unitary Science of wholeness, awareness, and presence.^{39,41–43}

Concepts of the theory of healing through touch

The three concepts of the practice level theory of healing through touch, were constructed from the qualitative themes of the study: sensing, reflecting and connecting. These themes originate from the experiences of those receiving massage and simple touch. Each will be described with examples from the participant narratives.

The first concept, Sensing is described as perceiving the whole, one's unitary nature, through bodily feelings. It is theoretically linked to the SUHB concept of wholeness. The physical body is a manifestation of the human energy field and bodily sensations may be extrasensorial, that is beyond what we perceive as the "five senses". Touch is a particular sense that is experienced through the body, and the experience of wholeness is encoded within the localized, bodily perceptions of touch. We are not our bodies, and the sensation of touch reminds us of that. While touch is a sensory experience, it goes beyond sensing a particular area of the body to an experience of our whole being. Touch is a reminder of our pandimensional unitary nature, and in this way relates to healing: re-mem-bering our integral nature. It is a reminder of our wholeness, human-environment integrality. The concept of wholeness was one of Rogers'³⁶ original concepts, later captured in her postulates energy field, open systems and pattern and in her principle of integrality.³⁷ Rogers'³⁷ defined a unitary human being is "an irreducible, indivisible, pandimensional energy field identified by pattern and manifesting characteristics that are specific to the whole which cannot be predicted from knowledge of parts" (p. 29).

Participants in this study described feeling sensations such as tingling, warmth, being blanketed, relaxation, calmness and out-of-body sensations related to receiving the touch therapies. Table 2 includes quotes from participants according to codes, and the theoretical linkages to the concept of Sensing. These sensations were not particulate, but rather were a perception of the whole.

The second concept of the theory, Reflecting, is defined as integrating information toward transformational perspectives and is linked theoretically to the SUHB concept of awareness. Touch deepens knowing. The body is not "solid", but is a manifestation of the energy field. This field is pandimensional, defined as "a non-linear domain without spatial-temporal attributes".^{37(p29)} Pandimensional awareness is expanding perceptions beyond three-dimensional space and linear time. The body as a field manifestation possesses this non-local, atemporal awareness. Touch facilitates an enhanced awareness so that perceptions, experiences and expressions can be accessed, considered, reexamined, enjoyed or detested. Touch has the potential to bring forth experiences and meanings. Touch is interpreted, not just felt; it communicates something from past-present-future. We assign meaning to touch, and it may elicit experiences that we may not have imagined or don't know how they arrived. Touch may awaken our pandimensional awareness. This can explain why touch can be interpreted so differently and may be associated with unanticipated emotions. For example, someone who has experienced abuse can interpret touch through

the lens of this awareness, and it may be uncomfortable or even intolerable. The spatial-temporal experience during massage or simple touch was a quiet time, where there was space for reflection, and the integration of information or expanding awareness may occur. Participants described this as a time when a variety of unexpected thoughts and feelings emerged. They had realizations and created new meanings during the time they experienced the touch therapies. Some described it as a time for prayer, reverie, and renewing thoughts. Table 3 shows the codes and participant statements regarding Reflecting and the theoretical interpretations from a unitary perspective. Awareness is a concept within the SUHB and captures a dimension of healing through touch.

The third concept, Connecting, is defined as experiencing self as integral with others and the environment; it is linked to the concept of presence within the SUHB. Integrality is a principle within the Science of Unitary Human Beings and refers to the inseparability between persons, others and their world. Connecting was experienced by participants as an awareness of being-with another (the therapist), a loved one not physically present, or a spiritual figure. Touch is a vehicle for facilitating what Phillips^{42,44} refers to as pandimensional awareness-integral presence that “opens perception-experience of visible-invisible phenomena of the universe energyspirit for living and transcending”.^{43(p44)} Touch breaks down barriers of perceived separateness and facilitates a sense of presence, and may communicate that the one touching can and wants to understand the recipient’s experience. Touch breaks through the experience of isolation. When receiving touch, the realization that one is not alone may surface. The experience of pandimensional awareness, sensing a presence beyond spatial-temporal boundaries, may occur. Phillips’^{43,44} theory of pandimensional awareness-integral presence offers the possibility of different forms of communication including nonlocal communication.⁴² Through touch one can experience the presence of a mother’s gentle caress from the past, or the company of a meaningful spiritual being. Touch is communicative; intentions of caring and anger, support and control, nurturing and impatience can be shared through touch. When touch is provided as an expression of caring, it is usually received as a message of presence and concern; although, as stated earlier, it is possible on rare occasions to trigger associations with abusive or unwanted touch. Table 4 contains examples of participants’ statements related to Connecting.

The three themes of sensing, reflecting and connecting are not mutually exclusive; subtleties of meanings overlap, and they occur in a dynamic, non-linear flow that may be experienced all-at-once. From a Rogerian Science perspective, healing through touch is perceiving the whole, one’s unitary nature, through bodily feelings, integrating information toward transformational perspective, and experiencing self as integral with others and the Universe.

Touch as Sanctuary

Upon reflecting/contemplating the findings of the study, an overarching theme of *Touch as Sanctuary* emerged. This theme captures the experience of how persons at end-of-life experience receiving touch as a therapeutic modality. There were no differences among participants in the experiences of receiving massage or simple touch. Participants described receiving touch as being in a sacred space, a place of renewal and transformation. It was

described as a safe space where shifts in patterning occur, characterized by feelings of peace, comfort and unity. Sanctuary is defined as a place of refuge, rest, peace and safety, a haven. Also, a sanctuary is a holy place or shrine. Both meanings capture the experience shared. Through touch, participants were able to access this refuge from pain, anxiety and conflict where they sensed themselves as whole, could reflect and experience shifts toward greater awareness and reconciliation, and could meaningfully connect with themselves, another, and something beyond themselves. The experience of sanctuary was pandimensional, that is, beyond three dimensional space and linear time. The processes of sensing, reflecting and connecting during touch, create conditions for the emergence of Sanctuary. Sanctuary captures the essence of healing through touch.

Discussion of Theory

The findings from this study revealed conceptual linkages between the themes and the dynamic process co-created by healer (giver of touch) and healee (receiver of touch). The themes were linked theoretically to the Science of Unitary Human Being (SUHB). Sensing was related to Wholeness; Reflecting was related to Awareness, and Connecting was related to Presence. This schema illuminates a co-created sacred space for renewal and transformation of healing as Sanctuary. The concept of sanctuary was supported by the research that in the experience of massage perception of space and time is altered,¹⁰ a retreat,¹³ a sense of being cared for,¹⁶ and experiencing a place to experience peace and energy.¹⁶

Sensing (Wholeness)

In this study, participants described a touch as a unitive experience with words such as gentle, pain (relief), pleasurable, relaxing, stimulating, tickling, tingling, and warmth. Similarly, the literature brings to attention these experiences and described touch as soothing and relaxing. One participant shared that touch felt as if she were in a hot bath and had fallen asleep, becoming aware of her entire body. In another study the experience of receiving massage was described as being embraced, sensing new emotions.²² Other researchers described experiences as feeling the body was functioning again.¹⁰ Other metaphors in the literature included statements of floating freely, feeling in the air, and a feeling of lightness.¹²

There was no separation of perceptions labelled as assigned to “mind” or “body”; a unitary perception was supported in the literature and could be described as feeling whole and being touched.²⁴ One participant in Ekerholt and Bergland’s study referenced a unitary feeling of relaxation that resulted in a sense of utter contentment.¹⁷ Others described the experience of massage as paradoxically being detached and more aware of the body.⁹ In one study, participants experienced body and mind as indestructible completeness.¹⁶ In another study, participants described having a sense of complete tranquility, feeling younger and more positive the entire time touch was occurring and that feeling lasted for days.²⁶ Others indicated they felt pleasure, happy, and satisfied. One participant stated reflected in a way that wholeness could be described: “I felt more composed some how, it’s difficult to explain but I felt strengthened in some way.”^{26(p392)}

The literature also reflects on receivers of touch realizing a lack of separateness of mind and body suggesting they did not have a sense of wholeness prior to touch. Øien, Iversen, and Stensland found the inductive themes of *my back as a tortoiseshell* and *being divided in body and mind*.⁹ In other work, when a receiver of touch had her feet worked on she shared, “So when I said to her ‘now my feet are very happy’ it was not the whole truth. I felt that my feet said ‘thank you, we have been longing for love’”.^{23(p837)}

Reflecting (Awareness)

Reflecting and having the opportunity to process concerns, reconcile conflicts, and coach self is woven in the literature, validating that the theory accommodates existing research. Argen and Berg found during massage, that thoughts are shattered and trust is born. Massage provided a diversion of thoughts and relief of symptoms providing access to the whole body.¹⁰ Touch promotes a distraction with relaxation sounds and imagery.⁴⁵ Touch facilitates an existential time of respite,¹⁶ a distraction from the frightening experience of illness,¹³ a time to remove self from the whole situation including family, home, work and realizing this moment and time belongs to you,²¹ bringing up previously suppressed feelings,^{14,17} and epiphanal knowing.²⁸

Ekerholt and Bergland found participants had to concentrate and be present in the moment.¹⁷ The emergence of self-confidence, empowerment, and transcendence was also expressed by study participants, suggesting having a time to reflect and experience the moment strengthened the soul.⁹ Likewise, in another study, a participant shared “I don’t quite know how to express myself...but I feel like I have gotten some strength and balance”.^{11(p182)}

An experience of increased self-confidence and the discovery of one’s own capacity was noted by Billhult and Määttä.¹² Likewise, this renewed strength is discussed in Bredlin’s study when a participant shared “A few months back, I’d covered myself up because I didn’t like looking, but I don’t avoid the mirror as much as I would have before”.^{14(p118)} Similarly, receivers of touch reflected on how they would avoid touching and looking at themselves after surgery and realized that was time to accept and take care of themselves.²⁷

Connecting (Presence)

Perhaps one of the most moving dimensions of the findings, was the relationship to the provider of touch. Touch invites the awareness of integral presence with Energyspirit.⁴³ Others support our findings. For example, providers of touch helped alleviate feelings of loneliness with thoughtful attention and intention.¹⁶ Participants have also stated that the provider of touch provided a sense of acceptance, regardless of the patients’ loss of hair, eyebrows, and eyelashes due to chemotherapy.¹³ The provider of touch was not afraid of touching the person, and this provided a sense of presence and unconditional caring.

A sense of safety and security with the provider of touch revealed the importance of awareness of power,²¹ closeness, and a positive relationship¹¹ resulting in a strengthened connection.²⁴ These elements are vital, anchoring and offering meaning to the encounter with another human being.²³

Ozolins, Hörberg, and Dahlberg described one theme in their research as touch as an interplay:

Through touch, the patient is held in an encounter with another human being. The meaning of interplay and coexistence becomes tangible. Touch provides the opportunity to meet another person, closely and genuinely, as it is associated with a longing for togetherness. To be sheltered in someone's arms is experienced as a profound readiness for responsibility, yet it is also a way to face one's self through the other. In situations of touch described as a pleasant contact for the patients, the patient and the carer come together in a rhythmic interplay with each other.^{23(p837)}

There are similarities between Hanley, Coppa and Shields'²⁸ theory of healing through therapeutic touch (THTT) and this theory of healing through touch (THT). Both were founded on the assumptions from the unitary-transformative paradigm. As many practice theories, the concepts of the THT, Sensing, Reflecting and Connecting, were at a lower level of abstraction than the concepts of the THTT. The THT was developed from the perspectives of those receiving touch (massage and simple touch), while the THTT was developed from the narratives of those providing the modality. The concept of consciousness in the theory of THTT was related to reflecting in the THT. Both suggest that the process of healing is deeply reflective; the authors of THTT refer to it as "access to the inner self",^{28(p376)} similar to integrating information toward transformational perspectives which we relate to expanding pandimensional awareness. The concept of engaging presence was defined in the THTT as "an intentional compassionate attunement for the purpose of mutual interconnectedness..."^{28(p376)} with similarities to the concept of connecting in the THT that refers to touch facilitating a sense of belonging and diminishes isolation and the sense of aloneness. Through the experience of receiving touch there is perception of integral presence, a realization that one is not alone.

Implications for Nursing Practice, Research and Policy

The Theory of Healing through Touch is useful as a guide for nursing practice. Touch is a powerful tool for expressing caring, that is literally right in our hands. In observations of healthcare encounters, instrumental touch, or touch used to provide necessary procedures, is most prominent. The intentional use of touch for the purposes of expressing caring and compassion, offering support, communicating presence and connection, and providing comfort and alleviating suffering, should be a standard of care given the support of the research generating this theory.

Touch is not welcomed by all persons. For example, patients who have experienced trauma or abuse may have difficulty with touch. In some cultures touching is considered inappropriate. For this reason, assessing whether touch is perceived as appropriate and accepted is important.

Touch as a health patterning modality can be integrated into nursing care. Examples can be: greeting patients with a handshake, touch on the arm, or hug (if acceptable and appropriate); offering a back, hand or foot massage or just stroking or laying hands intentionally on the body to provide comfort or relaxation; holding a hand to communicate presence and caring

intentions when someone is afraid or upset. Touch provides a sanctuary, a safe space for rest and retreat from stress. It promotes a sense of wholeness, expands awareness and facilitates perceptions of boundaryless presence. The competent use of touch should be included as part of any Foundations/Fundamentals of Nursing course.

Other caregivers can be taught to provide comforting forms of touch. In this study family members were hesitant to touch loved ones with advanced cancer. Family members did express a desire to learn in order to provide intentional simple touch to their loved ones, because they witnessed how beneficial it was. Spreading the word about the value of touch through lay literature and teaching family members ways to provide comforting forms of touch, can benefit caregivers who want to be able to help.

The isolation of those hospitalized during the COVID-19 pandemic brings to light the suffering experienced from touch deprivation in healthcare institutions. "Due to visitor restrictions, those hospitalized during the pandemic may have experienced significant loss of the comfort and nurturing family and friends normally provide. An encounter with a massage therapist may be the only time a provider enters the room for the sole purpose of providing comfort and caring touch." ^{46(p469)}

The theory of Healing through Touch can be tested and further developed. The theory was developed from research with persons in hospice care with advanced cancer. Researchers can explore if the theory is relevant with other populations or if it is situation-specific. Additional qualitative studies can explore the pandimensional experiences that accompanied touch. The differences experienced for those receiving massage and simple touch can be explored. An instrument might be developed to measure healing through touch by developing items that explicate the concepts of: Sensing, Reflecting, Connecting and Sanctuary. Subsequently, the instrument can be used to measure outcomes of touch therapies.

Understanding the theoretical and empirical support for the integration of massage and other forms of touch into healthcare can be used to create cogent arguments for policy change. Healthcare organizations need to be aware of the benefits of touch to persons receiving care in many settings, and offer massage, comfort touch and even simple touch to those receiving care. Insurers can be encouraged to support the provision of these forms of touch in policies sold to their clients. Healthcare policy needs greater emphasis on promoting the use of integrative therapies that can improve healing and quality of life.

Conclusion

The theory of Healing through Touch was developed from a study of the experiences and perceptions of persons receiving massage and simple touch as part of an investigation examining the outcomes of these forms of touch for patients with advanced cancer enrolled in hospice care. A content analysis of tape-recorded interviews conducted through the lens of the SUHB yielded three major themes to describe these experiences: Sensing, Reflecting and Connecting. The overarching theme of touch as Sanctuary captured the experience of healing. These themes were linked to theoretical concepts in the Science of Unitary Human

Beings: wholeness, awareness and presence. The theory has pragmatic value for guiding practice and informing future research and policy development.

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References

1. Montagu A *Touching: The Human Significance of the Skin*. 3rd ed. Harper Paperbacks; 1986.
2. Field T *Touch for socioemotional and physical well-being: A review*. *Dev Rev*. 2010;30(4):367–383. doi:10.1016/j.dr.2011.01.001
3. Alizadeh J, Yeganeh MR, Pouralizadeh M, Roushan ZA, Gharib C, Khoshamouz S. The effect of massage therapy on fatigue after chemotherapy in gastrointestinal cancer patients. *Support Care Cancer Off J Multinatl Assoc Support Care Cancer*. 2021;29(12):7307–7314. doi:10.1007/s00520-021-06304-8
4. Sahraei F, Rahemi Z, Sadat Z, et al. The effect of Swedish massage on pain in rheumatoid arthritis patients: A randomized controlled trial. *Complement Ther Clin Pract*. 2022;46:101524. doi:10.1016/j.ctcp.2021.101524 [PubMed: 34953451]
5. Arslan G, Ceyhan Ö, Mollao lu M. The influence of foot and back massage on blood pressure and sleep quality in females with essential hypertension: a randomized controlled study. *J Hum Hypertens*. 2021;35(7):627–637. doi:10.1038/s41371-020-0371-z [PubMed: 32678299]
6. Kuon C, Wannier R, Harrison J, Tague C. *Massage for Symptom Management in Adult Inpatients With Hematologic Malignancies*. *Glob Adv Health Med*. 2019;8:2164956119849390. doi:10.1177/2164956119849390 [PubMed: 31106038]
7. Boyd C, Crawford C, Paat CF, et al. The Impact of Massage Therapy on Function in Pain Populations-A Systematic Review and Meta-Analysis of Randomized Controlled Trials: Part II, Cancer Pain Populations. *Pain Med Malden Mass*. 2016;17(8):1553–1568. doi:10.1093/pm/pnw100
8. Kutner JS, Smith MC, Corbin L, et al. *Massage Therapy versus Simple Touch to Improve Pain and Mood in Patients with Advanced Cancer*. *Ann Intern Med*. 2008;149(6):369–379. [PubMed: 18794556]
9. Øien AM, Iversen S, Stensland P. *Narratives of embodied experiences – Therapy processes in Norwegian psychomotor physiotherapy*. *Adv Physiother*. 2007;9(1):31–39. doi:10.1080/14038190601152115
10. Agren A, Berg M. *Tactile massage and severe nausea and vomiting during pregnancy women’s experiences*. *Scand J Caring Sci*. 2006;20(2):169–176. doi:10.1111/j.1471-6712.2006.00394.x [PubMed: 16756522]
11. Billhult A, Dahlberg K. *A meaningful relief from suffering experiences of massage in cancer care*. *Cancer Nurs*. 2001;24(3):180–184. [PubMed: 11409061]
12. Billhult A, Määttä S. *Light pressure massage for patients with severe anxiety*. *Complement Ther Clin Pract*. 2009;15(2):96–101. doi:10.1016/j.ctcp.2008.10.003 [PubMed: 19341988]
13. Billhult A, Stener-Victorin E, Bergbom I. *The Experience of Massage During Chemotherapy Treatment in Breast Cancer Patients*. *Clin Nurs Res*. 2007;16(2):85–99. doi:10.1177/1054773806298488 [PubMed: 17452429]
14. *Mastectomy Bredin M., body image and therapeutic massage: a qualitative study of women’s experience*. *J Adv Nurs*. 1999;29(5):1113–1120. doi:10.1046/j.1365-2648.1999.00989.x [PubMed: 10320494]
15. van der Riet P *Massaged embodiment of cancer patients*. *Aust J Holist Nurs*. 1999;6(1):4–13.
16. Cronfalk BS, Strang P, Ternstedt BM. *Inner power, physical strength and existential well-being in daily life: relatives experiences of receiving soft tissue massage in palliative home care*. *J Clin Nurs*. 2009;18:2225–2233. doi:10.1111/j.1365-2702.2008.02517.x [PubMed: 19583654]

17. Ekerholt K, Bergland A. Massage as interaction and a source of information. *Adv Physiother.* 2006;8(3):137–144. doi:10.1080/14038190600836809
18. Menard C. *Through the Eyes of Clients: A Qualitative Examination of Massage Therapy Outcomes and Factors Influencing Change.* The Chicago School of Professional Psychology; 2006.
19. Nelson JP. Being in tune with life: complementary therapy use and well-being in residential hospice residents. *J Holist Nurs Off J Am Holist Nurses Assoc.* 2006;24(3):152–161. doi:10.1177/0898010105282524
20. Cronfalk BS, Åkesson E, Nygren J, et al. A qualitative study—Patient experience of tactile massage after stroke. *Nurs Open.* 2020;7(5):1446–1452. doi:10.1002/nop2.515 [PubMed: 32802364]
21. Dunwoody L, Smyth A, Davidson R. Cancer patients' experiences and evaluations of aromatherapy massage in palliative care. *Int J Palliat Nurs.* 2002;8(10):497–504. [PubMed: 12419989]
22. Lämås K, Graneheim UH, Jacobsson C. Experiences of abdominal massage for constipation. *J Clin Nurs.* 2012;21(5–6):757–765. doi:10.1111/j.1365-2702.2011.03946.x [PubMed: 22098585]
23. Ozolins LL, Hörberg U, Dahlberg K. Caring touch—patients' experiences in an anthroposophic clinical context. *Scand J Caring Sci.* 2015;29(4):834–842. doi:10.1111/scs.12242 [PubMed: 26178972]
24. Leonard KE, Kalman M. The Meaning of Touch to Patients Undergoing Chemotherapy. *Oncol Nurs Forum.* 2015;42(5):517–526. doi:10.1188/15.ONF.517-526 [PubMed: 26302280]
25. Ali A, Rosenberger L, Weiss TR, Milak C, Perlman AI. Massage Therapy and Quality of Life in Osteoarthritis of the Knee: A Qualitative Study. *Pain Med Malden Mass.* 2017;18(6):1168–1175. doi:10.1093/pm/pnw217
26. Garakyaraghi M, Givi M, Moeini M, Eshghinezhad A. Qualitative study of women's experience after therapeutic massage. *Iran J Nurs Midwifery Res.* 2014;19(4):390–395. [PubMed: 25183981]
27. Ho SSM, Kwong ANL, Wan KWS, Ho RML, Chow KM. Experiences of aromatherapy massage among adult female cancer patients: A qualitative study. *J Clin Nurs.* Published online March 2, 2017. doi:10.1111/jocn.13784
28. Hanley MA, Coppa D, Shields D. A Practice-Based Theory of Healing Through Therapeutic Touch: Advancing Holistic Nursing Practice. *J Holist Nurs Off J Am Holist Nurses Assoc.* 2017;35(4):369–381. doi:10.1177/0898010117721827
29. Krieger D. Dialogue on Therapeutic Touch. Live presentation presented at: First Annual TT Dialogues; August 2010; Columbia Falls, MT.
30. Hsieh HF, Shannon SE. Three approaches to qualitative content analysis. *Qual Health Res.* 2005;15(9):1277–1288. doi:10.1177/1049732305276687 [PubMed: 16204405]
31. Altheide DL. Reflections: Ethnographic content analysis. *Qual Sociol.* 1987;10(1):65–77. doi:10.1007/BF00988269
32. Charmaz K. *Constructing Grounded Theory: A Practical Guide through Qualitative Analysis.* 1st ed. Sage Publications Ltd; 2006.
33. Glaser B, Strauss A. *The Discovery of Grounded Theory: Strategies for Qualitative Research.* Aldine Transaction; 1967.
34. Smith MC, Parker ME. *Nursing Theories and Nursing Practice.* 4 edition. F.A. Davis Company; 2015.
35. Walker LO, Avant KC. *Strategies for Theory Construction in Nursing.* 6th ed. Pearson; 2019.
36. Rogers ME. *An Introduction to the Theoretical Basis of Nursing.* F.A. Davis Company; 1970.
37. Rogers ME. Nursing Science and the Space Age. *Nurs Sci Q.* 1992;5(1):27–34. doi:10.1177/089431849200500108 [PubMed: 1538852]
38. Smith MC. Caring and the science of unitary human beings. *ANS Adv Nurs Sci.* 1999;21(4):14–28. [PubMed: 10385469]
39. Cowling WR, Smith MC, Watson J. The power of wholeness, consciousness, and caring a dialogue on nursing science, art, and healing. *ANS Adv Nurs Sci.* 2008;31(1):E41–51. doi:10.1097/01.ANS.0000311535.11683.d1 [PubMed: 20531260]

40. Quinn JF. Holding sacred space: the nurse as healing environment. *Holist Nurs Pract*. 1992;6(4):26–36. doi:10.1097/00004650-199207000-00007 [PubMed: 1400658]
41. Barrett EAM. Power as knowing participation in change: what’s new and what’s next. *Nurs Sci Q*. 2010;23(1):47–54. doi:10.1177/0894318409353797 [PubMed: 20026728]
42. Phillips JR. Unitariology and the Changing Frontiers of the Science of Unitary Human Beings. *Nurs Sci Q*. 2019;32(3):207–213. doi:10.1177/0894318419845404 [PubMed: 31203779]
43. Phillips JR. Rogers’ Science of Unitary Human Beings: Beyond the Frontier of Science. *Nurs Sci Q*. 2016;29(1):38–46. doi:10.1177/0894318415615112 [PubMed: 26660775]
44. Phillips JR. New Rogerian Theoretical Thinking About Unitary Science. *Nurs Sci Q*. 2017;30(3):223–226. doi:10.1177/0894318417708411 [PubMed: 28899269]
45. Rodeheaver PF, Taylor AG, Lyon DE. Incorporating patients’ perspectives in complementary and alternative medicine clinical trial design. *J Altern Complement Med N Y N*. 2003;9(6):959–967. doi:10.1089/107555303771952299
46. Tague C, Seppelfrick D, MacKenzie A. Massage Therapy in the Time of COVID-19. *J Altern Complement Med N Y N*. 2021;27(6):467–472. doi:10.1089/acm.2021.0045

Table 1.

Interview guide

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1. In general what was it like to receive touch in the study?
 2. What kinds of physical sensations did you experience as you received the study treatment?
 3. What thoughts or perceptions did you have as you received the study treatments?
 4. Was there anything else that happened to you or any feelings that you experienced during the study treatments?
 5. How long did any of these sensations, perceptions or experiences last?
 6. Were there differences in how you experienced the touch over the course of the six treatments?
 7. What did you like most about the study treatment?
 8. What did you like least about the study treatment?
 9. In what ways if any was this touch helpful to you?
 10. What are your suggestions for changing the treatment that you received?
 11. Would you recommend the study treatment you received to others?
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Table 2:

Participants' descriptions of Sensing with codes and interpretations from a Unitary perspective

Examples of descriptions of Sensing	Theoretical interpretations within Unitary Science
<p>Tingling (code): "When the therapist placed her hands on me it was a very warm feeling and then a tingling, almost like when you put peppermint lotion on or something like that. And it continued even after she took her hands off and went to the next spot. So that was nice".</p> <p>Warmth (code): "Mostly just the warmth of the hands was a really wonderful feeling. It goes beyond the top of your skin, you feel warmer inside with the warmth you are receiving".</p> <p>Relaxing (code): "The overall relaxed feeling lasted for awhile. I'd say a couple of hours."</p>	<ul style="list-style-type: none"> • Awareness of physical sensations resulting of touch persist after touch ceases; one can pandimensionally perceive one's integral nature through touch. • References to sensory impressions such as warmth, tingling, calmness, pain, pleasure, stimulating, tickling, relaxation, peacefulness, out-of-body that go beyond the physical location of the touch and are received as a whole body sense rather than a local experience. • The body becomes perceived differently as pattern rather than part; subject rather than object. People attune to their bodies rather than feeling separated from them. The mind-body separation fades. They feel the body as a manifestation of the whole.

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Table 3.

Participants descriptions of Reflecting with codes and interpretations from a Unitary perspective

Examples of descriptions of Reflecting	Theoretical interpretations within Unitary Science
<p>Interrupting (code): "It was a nice diversion, a time I could forget about it (illness)."</p> <p>Spiritual experience (code): "I was praying in between...It was a quiet time for me".</p> <p>Time set aside (code): "It gave me another place and time that was quiet and I was able to connect again". "This is my opportunity, my time to not think about any of those things and to breathe and to think about being relaxed and letting her (the touch provider) do what she does to make that happen".</p> <p>Self-coaching (code): "I would say to myself 'I can do this' and self-talk about it.</p>	<ul style="list-style-type: none"> • Awareness shifts from health concerns toward a more desired focus. • Providing quiet space and time for reflective practice and relaxation. • Reference to thinking about many topics that arise such as family perceptions, fears, gratitude, helping others, hope, giving self-positive messages, appreciating the time of silence, dwelling on the uncertain and unfamiliar to become more at ease. • Acquiring the time and space to process concerns, review memories, address fears, find meaning and purpose in their struggle and remember, reconcile, and witness their transformative journey.

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Table 4.

Participants descriptions of Connecting with codes and interpretations from a Unitary perspective

Examples of descriptions of Connecting	Theoretical interpretations within Unitary Science
<p>Therapist connection (code):</p> <p>“It was a good time to talk to a person that I felt was safe to talk to...you know you’re sharing something that you need to talk about”.</p> <p>“You are very careful sometimes about talking with family because you don’t want to frighten them or you don’t want to worry them, and I know that’s not good...she was an open person so you could say things that bothered you...you have a release because you said it”.</p> <p>Human touch (code):</p> <p>“A sense of touch is a connection with another human being”.</p> <p>“Just the touching and the human relation and the relaxation was just unbelievable”.</p>	<ul style="list-style-type: none"> • Reference to experiencing a dissolution of boundaries leading to perception of shared humanity. • References to feelings of safety, receiving needed attention, empathy, feeling cared for, presence, experiencing pandimensional awareness and pattern recognition. • Awareness of not being alone and that others care about them. • Affirmation of humanity, that their existence matters.

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