Tellington touch before venipuncture: An exploratory descriptive study

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Author(s): M Cecilia Wendler

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Abstract (Article Summary)

Tellington touch (ttouch) is an emerging natural healing modality used by nurses and other health care providers to communicate caring and connection to clients. Wendler explores and describes the experience of ttouch when administered to healthy people awaiting a routine venipuncture.

GENERAL ARTICLES

Tellington touch (ttouch) is an emerging natural healing modality used by nurses and other health care providers to communicate caring and connection to clients. This simple-to-learn and easy-to-implement form of mindful, gentle physical touch is said to help in diverse areas such as chronic pain management, labor discomfort, and postinjury pain and edema. Despite 15 years of anecdotal evidence outlining reported benefits for humans, no investigation of ttouch has yet been undertaken. This qualitative study initiates a body of knowledge about ttouch by exploring and describing the experience of ttouch when administered to healthy people awaiting a routine venipuncture. The study includes qualitative data from both the participants (n = 47) and the provider (n = I) and provides essential foundational information regarding the experience of ttouch. Implications for practice and future research are provided. Key words: caring, communication, nursing intervention, Tellington touch, touch

TELLINGTON TOUCH (ttouch) is an emerging natural healing modality being used by nurses and others as a method of communicating caring and connection with persons under their care. This simpleto-learn and easy-to-use form of mindful, gentle physical touch may be useful in a wide variety of care situations, including chronic pain management, labor discomfort, and postinjury pain and edema. Ttouch is a form of caring touch originated by equestrian master Linda Tellington-Jones 1,2 for the calming of horses and was developed as a method to enhance both equestrian training and the relationship that exists between horse and trainer/rider. TellingtonJones' work with horses and, later, other animals put her into contact with many health care providers who attended horse and companion animal trainings all over the world. These health care providers began to use some of the techniques originally developed for animals within professional practice, and reports of a wide variety of benefits for humans emerged. However, despite 15 years of anecdotal evidence (unpublished letters and case histories, TEAM News International, Santa Fe, NM), no investigation of ttouch has been undertaken yet. Using a qualitative approach, this study initiates a body of knowledge about ttouch. The study includes an exploration and description of the experience of both receiving and administering ttouch. The research question was: What is it like to receive (for participants) and give (for the practitioner) ttouch when administered to healthy persons just before receiving a venipuncture?

BACKGROUND

Touch is seen as the most fundamental and basic of senses, critical for the growth and development of human beings and other animals throughout the lifespan.3-5 Touch is the first embryonic sense to develop,6 and humans have many touch sense organs housed within the skin Many authors assert the primacy of touch as a human need4,5,7,8 and as a communicative mode.9,10

Touch is embedded deeply within the contextual situation of nursing care as it unfolds over time, and the legacy of touch in nursing is a tapestry of caring in a very wide variety of settings. Nurses touch when they perform assessments and simple procedures; they provide hugs for support and physical restraint for patient protection. Nurses touch to complete ordered therapeutic care, such as bum dressing changes, and provide a wide range of comforting touches. Frequently encountered forms of touch in nursing practice include affectional, procedural, and caring. Two well-studied forms of caring touch are therapeutic touch and massage. Therapeutic touch is an energy-based form of healing communication in which nurses use access to a perceptual "flow," often referred to as a "universal life force" to promote health through centering and directing energy through energy field contacts. Therapeutic touch has been shown to reduce anxiety 11,12 and systolic blood pressure 13 and to increase functional capacity. 14 Massage is a contact-based form of healing communication that has many identified health benefits, including enhanced growth and development in children and reduction of the negative impact of acute and chronic pain. 15 The literature reveals that a nurse's touch may be caring10,16 or torturous3,17-19 and may not always be welcome.20 It is imperative to determine both the safety and efficacy of touch interventions used in nursing practice, especially new and emerging modalities that arise from another context.

TELLINGTON TOUCH

Ttouch is fundamentally a form of healing communication10 that consists of four specific components. The first is a mindful presence, a state of mental openness and preparedness that is similar to the process of centering. The ttouch practitioner is taught to take a deep breath, ask permission of the person to receive touch, and quiet one's self and one's mind. Once centered, the practitioner, using the hands and fingers in a systematic, often circular fashion and using slight to moderate pressure, delivers touch to a particular portion of the body. Often, humans are introduced to the process by touching the socially accepted areas of the upper back, upper arms, or shoulders. Finally, during the delivery of ttouch, the practitioner uses breath control and awareness to remain focused. Touch continues until the person or the being indicates (by moving away, for example) that they have received enough touch.

Tellington-Jones1,2 has described numerous forms of ttouch, each with its own reported potential for communication and promotion of healing. Ttouch is a simpleto-learn and easy-to-implement intervention that at present requires no special certification (personal communication, TellingtonJones, November 2000). No extraneous equipment is needed, and the only requirements are the conscious intention to be present to another and a willingness to provide the intervention. Although there is movement of skin with ttouch, there is no manipulation of muscles or bones. There is also no manipulation of universal life energy but, rather, a respect and recognition of the cells' powerful ability to release "memories of pain and fear" and to "remember the cells' inherent perfection" 1,2 (personal communication, Tellington-Jones, November 2001). The techniques used in ttouch for the study are summarized below. A complete and full description of ttouch appears elsewhere.1,2,21,22

How to do the Tellington touch

The foundation of the ttouch method is based on circular movements of the fingers and hands over the body.23 The intent of ttouch is to activate the function of the cell and waken cellular intelligence. Each circular ttouch is complete within itself. Therefore it is not necessary to understand anatomy to be successful in using ttouch.

To do the ttouch, imagine the face of a clock. Place your lightly curved finger at the 6-o'clock position on your imaginary clock and push the skin clockwise around the face of the clock for one and one quarter circles. Whenever possible, support the body gently with your free hand, placing it opposite of the hand making the circle. Maintain a steady rhythm and constant pressure around the circle and a quarter, paying special attention to the roundness of the circles. After each circular touch, gently slide the hand down the body and repeat the circle. Both types of movements induce relaxation and increase self-confidence.

Finding the pressure scale

The ttouch pressures range on a scale from one to nine; for humans the range used is from one to six.23 To learn the scale, begin with the "one pressure" as a guideline. To establish this criterion, place your thumb against your cheek. With the tip of your middle finger over your closed eyelid, push the skin of your eyelid in a circle and a quarter with the lightest possible contact. Make sure you move the skin; do not just slide your finger over the skin. Take your finger away and repeat this movement on your forearm to get a sense of the pressure. Observe how little of an indentation you make in the skin.

To discover a "three pressure," make several circles on your eyelid as firm as it feels safe and comfortable. Repeat these "three pressure" circles on your forearm, noting the depth and pressure of the indentation. It still should be very light. To discover a "six pressure," press twice as deep into your forearm, thigh, or leg.

As you become familiar with the various touches, you intuitively will know which to use. If there is pain or inflammation in the body, you may have to begin with a two or three pressure. If the person you are working with is not comfortable with one form of ttouch, choose another. With practice, you will find both you and the recipient will benefit from this experience.

DESIGN AND METHOD

This study was undertaken as part of a larger triangulated study. The purpose of the larger study was to discover and describe the experience of ttouch for healthy persons as they faced a venipuncture. In the larger study, a convenience sample of participants (n = 47) received ttouch in the 5 minutes immediately preceding administration of an antecubital venipuncture for the purpose of drawing routine blood samples. All participants had experienced venipuncture at least one time previously. All those receiving ttouch in the study were asked to provide a written response to four open-ended qualitative questions:

1. What was it like to receive Tellington touch?

2. What, specifically, did you like about Tellington touch?

3. What, specifically, did you dislike about Tellington touch?

4. What suggestions do you have about Tellington touch?

As this is an exploratory study, simple qualitative descriptive methods were used. While the study participants wrote responses to these four questions immediately following the venipuncture, the ttouch practitioner documented unstructured field notes in a separate room. Together, these written notations constituted the raw qualitative data analyzed in this study.

CONTEXT

As qualitative data are contextually grounded, a description of the context is offered. The context for delivery of the intervention and the research study was an outpatient clinic serving as a physical examination site for a midwestern state national guard. As part of a military readiness initiative, citizen soldiers complete a physical examination every 4 to 5 years. A venipuncture is performed for routine laboratory work as part of the physical.

The room used for delivery of the research protocol, including delivery of a 5-minute intervention of ttouch, was quiet and well away from other clinic activities. There was no ambient music in the clinic. A research associate, a certified registered nurse anesthetist assigned to provide venipuncture services for all participants, remained in the room at all times to provide witness to and documentation of protocol adherence.

Ttouch was delivered to the study participants' social zones of the back, shoulders, and upper arms. Ttouch was administered with the recipient fully clothed. During the intervention, the seated recipient used a director-type chair constructed of natural materials of wood and cotton, while the ttouch practitioner stood. The female ttouch practitioner was a critical care registered nurse who had completed Tellington-Jones' 4-day training program in human ttouch and had 18 months of experience administering the intervention. The researcher was the ttouch practitioner in this study.

The population from which the convenience sample was drawn included members of a midwestern region national guard. Those included in the sample were volunteer citizen-soldiers, age 18 to 60 years, and normotensive without medications.24 They had resting heart rates of between 50 to 100 beats per minute, were able to read and write English, and were able to give informed consent. The sample represented the population in that most of the participants were young (M = 29.8 years, SD +/-8.6), Caucasian (n = 47), and male (n = 43). Although participants primarily were male in the study, it is to be noted that men and women appeared in the study in proportion to the underlying population of the national guard; that is, there is an approximately 10% female and 90% male representation in the population studied. All human protections required by the Combined Institutional Review Board of the University of Colorado were rigorously maintained throughout the protocol.

DATA ANALYSIS

A qualitative descriptive approach as described by Smith (personal communication, 1999) and others 25 was used in a stepwise fashion. Criteria for rigor in naturalistic research 26 were used for data gathering and analysis to obtain a thick, rich description of the experience from both the recipient and practitioner points of view.

Participant data management

When first transcribed from handwritten responses, answers to the four qualitative questions were grouped by question. All the responses to the first question were placed together and labeled by case. These were re-read and compared to original data to ensure accuracy of transcription; they were then collapsed into codes in the first of three data reductions. The first data reduction was done initially by hand and again by computer, using a split-screen methodology and the cut and paste feature of Microsoft Word. This allowed coding to remain tentative and fluid, replicated cut-and-paste manual coding, and provided visibility of data all at once. It also prevented premature exclusivity of categories, as data were not forced into categories that were dissonant with the full context of the statement.

The first coding emerged almost exclusively by using the participants' own language as identifiers, preserving especially the nouns and verbs. The second data reduction resulted in collapse of 64 original codes into the following nine categories:

1. communication

2. distraction

3. environmental/contextual

4. helpful

5. humanizing health care

6. negative effects

7. pleasant

8. relaxing

9. touch

Five of these nine categories retained the original language of the participants.

The categories of distraction, humanizing health care, and relaxing were of special interest because of the large numbers of responses that fit within these categories. Although frequency of responses to qualitative questions is, in itself, not a criterion for evaluating a qualitative study, the frequency with which the words "relaxation," "reducing anxiety," "comfort," "calm," "ease," 11 soothing," and "stress reduction" occurred is startling: a total of 132 times in 47 response sets. The notion of "distraction" during the venipuncture appeared 25 different times, and the idea of "personalizing" or "humanizing health care" was reflected in 16 responses.

The third data reduction resulted in identification of three overarching themes and included the nature, process, and outcomes of ttouch. All data offered by the participants fit into one of these themes and provided the framework for the presentation of results, described below.

Practitioner field notes: data management

All practitioner field notes were handwritten by the ttouch practitioner immediately after administration of ttouch. The transcriptionist word-processed these field notes, and the transcripts were re-read against original field notes to ensure accuracy. These, too, were collapsed into codes in the first of three data reductions. The coding was created using the practitioner's own original language choices, preserving especially nouns and verbs. The second data reduction resulted in a collapse of the 23 original codes into the following nine categories:

1. centered

2. communication

3. environmental/contextual

4. humanizing health care

5. helpful

6. negative effects

7. pleasant

8. relaxation

9. touch

The third data reduction resulted in the emergence of three themes: the nature, process, and outcomes of the intervention from the practitioner's perspective and are also described below.

RESULTS

Theme 1: nature of ttouch

The first emerging theme was the nature of ttouch. This theme included the categories of helpful, pleasant, and touch. Many participants (n = 12) compared ttouch to a massage or backrub. One stated it is "like getting a soft massage." Another said, "the touches are very gentle." However, not all participants liked the gentleness of ttouch used in the protocol. One stated "She didn't use enough pressure. It was almost too light of touch." In contrast, though, when participants were asked specifically what they disliked about ttouch, most (n = 27) identified "nothing."

The notion of helpfulness also was reflected in the first theme. In the context of an impending venipuncture, a participant commented "I had a less then [sic] fun last experience [with venipuncture], so it helped a lot."

Theme II: process of Much

The second theme was related to the process of ttouch as received and experienced; the category of environmental/contextual fit under this theme. One participant experienced ttouch as "professional and reassuring." Several (n =15) provided specific suggestions for modifying the environment or the delivery of ttouch. Another suggested the environment might be improved by "maybe possibly dimmer lights-soothing soft music-make rooms not so institutional-like ... overall better atmosphere."

Theme III: outcomes of ttouch

The third theme that emerged was outcomes of ttouch. This theme included the categories of communication, distraction, humanizing health care, negative effects, and relaxing. Some of these themes have underpinnings that may reflect ongoing processes during ttouch but were categorized into the outcomes theme to maintain the gestalt of the raw data. Participant responses reflected the idea that caring and energy were communicated. One participant stated, "it felt like someone who cared for you was there." Another participant stated that what was specifically liked about ttouch was "the energy from the other person." Communication was therefore an outcome of ttouch.

Distraction was another outcome of the intervention clearly valued by participants (n = 25). Examples of comments include: Ttouch was "very effective in taking my mind off the blood draw," and "It took my mind off the needle poking me."

Some of the most profound responses from the participants emerged into the category of humanizing health care, which was an outcome of ttouch. These comments support the assertion that the processes of ttouch produced the outcome of humanizing health care:

* Ttouch "felt like you were important, not the next one in line."

* "It made the experience more personal and not just a procedure."

* "It made the whole thing more personal. It wasn't like people were being herded like animals."

Receiving ttouch was not a universally positive experience, and participants were free with comments that expressed perceived negative effects of ttouch. Several comments (n = 6) alluded to the discomfort of having a stranger touching them, despite the positive effects at the same time. One stated ttouch was "comforting and relaxing with a hint of awkwardness." Another matter-of-factly stated, "I believe there will be always some anxiety involved when a stranger touches you." Other negative effects included the time that it took to deliver ttouch. One stated, "[I disliked that] the process takes time." For another, what was disliked was "[that] it gave me more time to think/build anxiety."

Under the overarching theme of outcomes, the largest category that emerged was relaxing, with 132 responses in the codes of "relaxation," "reducing anxiety," "comfort," "calm," "ease," "soothing," and "stress reduction." Some examples taken from the data include:

* "Tellington touch was relaxing."

* "I did find it relaxed me more than I generally am."

* "[Ttouch] really relaxed your body."

Several (n = 7) participants found ttouch relaxing although they did not feel tense initially, One commented "[Ttouch] helped to release some of the natural tenseness even when relaxed." Others (n = 13) called the intervention "soothing." A few (n = 3) thought ttouch relieved stress; one stated, "The whole experience was very stress-relieving." Thus, ttouch was experienced as a relaxing intervention by many of the participants.

RESULTS: PRACTITIONER DATA

The words "relaxation," "comfort," "calm," and "serene" appeared in the field notes frequently (n=52) and reflected both practitioner and perceived recipient experience of relaxation. Also, there were 65 references to communication in some form in the raw data. Although the number of times a word appears does not explain the importance of that idea in qualitative data analysis, the volume of responses that fit into these categories leave intriguing questions.

Theme I: the nature of ttouch

Although there were differences between the two category lists, the three overarching themes identified using the participants' responses to the qualitative questions also fit the emerging themes from the practitioner field notes. The first theme, the nature of ttouch, held the categories of helpful, pleasant, and touch. Several quotes support the helpfulness of ttouch. One participant exclamation, captured in the practitioner field notes, was a statement that this experience was "probably about the best blood draw [I've had]'" Ten times the practitioner expressed enjoyment in either the delivery or perceived enjoyment by the recipient. "I got the sense he really enjoyed ttouch," and "I enjoyed administering ttouch and I think he enjoyed receiving it."

Theme II: process of ttouch

The categories of centered and environmental/contextual were collapsed into the second theme, the process of ttouch. Centering is an important aspect of ttouch.2 Centering, as process and product, heightens attention on the recipient by consciously coming fully into the present moment, being aware of the placement of the hands and feet, and bringing an intention to care. The practitioner pointedly recorded the state of centeredness in the field notes (n = 17). Observations about disruptions in centeredness also were noted. One notation revealed, "My caffeine jitters are gone and I feel centered," and another, "I have noticed being centered is much easier after I've eaten lunch." Strategies to enhance centering also emerged. For example, one notation stated, "I closed my eyes when I could and found my ability to center myself greatly increased."

Theme III: outcomes of ttouch

The third theme, outcomes, holds the categories of communication, humanizing health care, negative effects, and relaxation. Communication as a code was very strong, revealing what was (n = 11) and what was not (n = 4) clearly communicated during ttouch. For example, one notation stated, "Her arms and back wanted 3-4 pressure, her middle back, more pressure, maybe 5" (see above for a full explanation of pressures used). Reciprocity was hinted at in this notation: "I felt as if he knew I cared."

Another form of communication in ttouch is the process of leaning into ttouch, which is thought (personal communication, Tellington-Jones, July 1996) to indicate the desire for more touch, more pressure, or both. Fifteen times the participants leaned into or relaxed into the practitioner's hands, and this fact was captured in the field notes. One notation stated, "[The participant] especially leaned into [me]," while another said, "[participant] relaxed almost immediately against my hands."

In the category of outcomes of ttouch, another form of communication occurred: synchronization of the breathing pattern. A total of nine notations indicated, as in this case, "It was easy to synchronize breathing with his." Other notations (n = 5) revealed a difficulty in synchronization of the breathing patterns: "Breath synchronization took very active thinking," and, "[we] didn't seem to synchronize breathing easily." Breath synchronization, a fundamental aspect of ttouch, is not always simple or easy to achieve and requires intention and centeredness on the part of the practitioner.

Another outcome was the discovery that either the recipient's skin was warm or hot (n = 33), or the practitioner's hands were warm or hot (n = 6). This expression of physical warmth emerged frequently from the raw data. One example noted, "his skin felt warm and glowing almost from the start," and another revealed, "we both felt warm [skin]." One stated, "My hands [were] warm after first 30 seconds of ttouch." This was seen as possible evidence of the communication of energy, as ttouch does not employ sufficient pressure to create this heat through friction.

Humanizing health care as an outcome was another category that emerged from the practitioner field notes, mirroring participant data. Presence was a common notation (n = 6); a comment reflecting this was, "I felt present to him." There were otherwise minimal data supporting this category in the practitioner data.

Negative effects also fell under the overarching theme of outcomes of ttouch. These effects ranged from a sense of awkwardness "I think [participant] felt uncomfortable at first," to tenseness (n = 8), "He seemed tense and alert. I was not sure [if] ttouch was welcome. I found myself wondering if he was comfortable." Importantly, three of the people in the ttouch group fainted just before or during the venipuncture. When questioned afterward, all revealed that it was usual for them to faint during venipunctures. According to the practitioner's field notes, one participant stated, "I always faint with needles. Always." Thus, the positive outcomes of ttouch, such as relaxation and distraction, were not powerful enough to prevent fainting during venipuncture when this was the usual participant response.

As in the participant raw data, relaxation as a category was strongly represented in the practitioner's field notes. A total of 55 responses fell into this category and reflected the relaxed and calm demeanor of the practitioner, the recipient, or both. Three examples include: "I feel calm this morning," "I feel relaxed and "[participant] and I both felt calm."

These categories collapsed into the theme of outcomes of ttouch. However, note that the category of distraction did not appear in practitioner field notes. Perhaps the experience of ttouch was not distracting for the practitioner, but rather served as an opportunity to improve focus on the recipient.

DISCUSSION

Description of ttouch

Ttouch was described at the outset of the study as a form of caring touch and healing communication10 administered through the use of gentle physical touch and consisting of four components: a mental attitude of openness, use of the hands and fingers, breath awareness, and moderate finger/hand pressure. The experience of participants in the present study indicated that ttouch was a gentle, massage-like caring touch that promoted relaxation and provided distraction as participants faced an imminent venipuncture.

In 1995, Tellington-Jones, writing about the impact of ttouch on horses, asserted, "ttouch is a series of circular touches of the hands and fingers intended to activate cellular function and to further deepen communication and understanding. [It] is used to encourage and increase relaxation, improve athletic ability, introduce a new sense of awareness, enhance healing and reduce

stress."2(p149) When these circles are performed quickly, they "awaken the body. The slower approach releases muscular tension, [and] enhances breathing."2(p151)

None of the research participants were familiar with ttouch prior to the outset of the study. The human ttouch book has not yet been written in English (personal communication, Tellington-Jones, October 2000). It, therefore, is remarkable that words chosen by Tellington-Jones to describe ttouch are mirrored in the words of the participants in this study. Of particular importance are the central ideas of relaxation and release of muscular tension noted by both the practitioner and the participants and reflected in the research results.

Tellington-Jones2 described a horse's typical response to ttouch administration. Especially at first, the horse is in a state of attention "because he is wondering what the next move will be"2(piso) and as the "horse begins to trust and enjoy what's happening ... [he will] enter a state of bodily `listening,"' and the practitioner will then begin to use ttouch "intuitively and... pleasurably."2(p150-151) These same activities seemed to be reflected in some of the responses to the qualitative questions, in that ttouch was "strange at first, but then I didn't notice it." The words "enjoy" and 11 safe" given in the qualitative data reflect the notions of trust, enjoyment, and pleasure, as described by Tellington-Jones.2

Ttouch and relaxation

In this study, the data reveal the frequent experience of relaxation for persons facing imminent venipuncture. This is similar to results found by others using various forms of caring touch.21 Ferrell-Torry and Glick,27 in a small study examining the impact of massage on subjects, found that relaxation was a common outcome. Fishman and colleagues 28 found a "general decrease in arousal and increase in relaxation response during touch" when studying a group of volunteer college students (n = 60), as did Weiss.29 If reduced anxiety is a reflection of the relaxation response, several studies demonstrated that forms of touch can relax persons.16,18,30,31

Ttouch and distraction

Ttouch was said to be a helpful distraction by many of those involved in the study. Distraction is a common intervention used by nurses and others when assisting children and adults facing noxious procedures. Distraction was defined by Vessey and colleagues as the "direction of attention to a non-noxious event or stimulus in the immediate environment."32(p170) Their research on children noted that distraction was successful in reducing the discomfort of venipuncture. Carter 33 noted that distraction in the form of social chatting and light touch helped improve rapport and reduce pain. Richert et a134 used a music video as a distraction and found it helpful for managing the anxiety of venipuncture. Sparks 35 compared touch to distraction (in the form of bubble blowing) for children receiving an immunization, and demonstrated that both interventions were effective when compared to no intervention. However, the differences between the touch and distraction were not statistically significant. Rybarczyk 36 used reminiscence as a distraction to facilitate coping for elder patients, whereas Poole 37 used family visits in the postanesthesia recovery room to reduce anxiety. Could it be that touch, bubble blowing, reminiscence, and visits, as well as ttouch, are all effective because they are distractions?

Negative effects of ttouch

A strength of the design of the present study was its open-ended nature. Although the qualitative questions were simple, they were not biased toward the positive aspects of touch. 17 With questions framed in neutral form, participants felt free to express the irritation of time delays and feelings associated with being touched by strangers.20 Further, the discovery in the present study that some touches can be experienced negatively is supported by others.17,20

Negative effects, especially those involving a sense of a stranger touching, may be overcome if nurses take the opportunity to establish a relationship with the recipient before beginning any touch procedures. This may be possible by initiating an assessment period. Tellington-Jones suggested that a period of "exploration is used to check the tension of a horse and to discover, through eliciting physical symptoms, the stress or pain that might be affecting personality,"1(p160) as horses are nonverbal. However, for human recipients, a careful history obtained prior to initiation of ttouch may provide the same information without the need to elicit symptoms specifically.

IMPLICATIONS

Nursing practice

Nurses may find it helpful to use ttouch for healthy patients and family members by:

* providing persons additional human support when there is a need to endure38 uncomfortable or embarrassing medical procedures, especially those involving needles

* using ttouch to facilitate humanizing a sometimes dehumanizing health care context

* administering a soothing, calming presence through ttouch

Respect must be given to the potential deleterious effects of touch provided by nurses,17 and any administration of a nursing therapeutic intervention involving touch needs to be given with the awareness that not all of nurses' touches are welcome.3,20 Nurses should not begin a touch intervention without a period of assessment that involves initiating a therapeutic relationship that explores the recipient's feelings about touch, and a full explanation of where and in what way caring touch is to be delivered. Further, the intervention should unfold in such a way that recipients retain the power to interrupt or terminate the intervention.

Nursing research

This study initiates a body of knowledge about ttouch and its impact on healthy persons in a clinic setting. Much more work needs to be done to explicate the potential effects of ttouch for patients experiencing a full range of health and illness challenges across the lifespan. Specific research questions that might be asked include:

* Does ttouch facilitate relaxation and distraction in persons undergoing other noxious medical procedures?

* Are there certain age groups that find ttouch especially beneficial or deleterious?

* In what ways, if any, does ttouch help to humanize a health care system highly invested in technology?

* What is the nature of energy movement in ttouch, if any?

* Is ttouch helpful and safe for acutely ill persons?

STUDY LIMITATIONS

There are several limitations to the present study. First, the study included primarily young Caucasian men. Second, the majority of participants were male military personnel, and the interventionist was female. Third, nursing presence, careful communication skills, focused attention, and skillful ministration of professional caring may have hindered the ability to determine the impact of ttouch alone. Fourth, there may have been a difference in the group of participants who volunteered for the study versus those who chose not to participate on some unknown criterion. Thus, results should be used with caution and within context.

A DEFINITION OF TELLINGTON TOUCH

For the recipient, ttouch is a gentle, massage-like caring touch that is helpful in promoting relaxation and distraction in the health care context where unpleasant or noxious stimuli might be stressful. It is experienced by most people as a pleasant, enjoyable touch that helps humanize health care through communication of caring. Although many recipients identified nothing that they disliked about ttouch, some were uncomfortable with a stranger touching them, whereas still others found ttouch time consuming.

For the practitioner, ttouch is an intentional opportunity to humanize health care through presence. By using ttouch, the nurse provides centered communication using warm touch that is experienced as helpful, pleasant, and relaxing for the practitioner as well as the recipient. Most, but not all, of the effects are positive for the ttouch practitioner, and the experience of ttouch can be awkward or embarrassing at times. Therefore, careful management of the environment and the context in which ttouch is administered, coupled with a sensitive assessment regarding feelings toward nurse-delivered touch, are important to maximize the positive effects of relaxation and distraction and to minimize perceived negative effects of this natural healing modality.

SUMMARY

The wider health care community is calling for a more complete understanding of the impact of nursing interventions within an increasingly technology-dependent health care context that enlarges the human need for comforting touch. Ttouch, a natural healing modality, comes to the care of human beings through the world of animal training and care. The present study provides an initial opportunity to explore the impact of this natural healing modality through research. Further research is imperative to provide nurses with a more complete understanding of ttouch and to facilitate implementation of ttouch into practice for those most likely to derive benefit from this emerging intervention.

[Sidebar]

Although there is movement of skin with ttouch, there is no manipulation of muscles or bones.

[Sidebar]

Participant responses reflected the idea that caring and energy were communicated.

[Sidebar]

Touch was said to be a helpful distraction by many of those involved in the study.

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[Author Affiliation]
M. Cecilia Wendler, RN, PhD, CCRN Associate Professor, Nursing Systems University of Wisconsin-Eau Claire Eau Claire, Wisconsin

[Author Affiliation]
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[Author Affiliation]

Nurses interested in learning more about Tellington touch for humans may contact the author (wendlem@uwec.edu) at the Center of Excellence for Tellington Touch Education and Research at the Center for Spirituality and Healing, University of Minnesota, Minneapolis, Minnesota, or by visiting the Tellington Touch Web site: http://www.tellingtontouch.com.

Thank you! Cecilia Wendler 651-307-3440