



# SILVER ENERGY

## Healing for Elders

Complementary Therapy in Aged  
and Dementia Care

by

Sue Gregory BAppScOT, AccOT, QTTT

Chery Ann Hoffmeyer PhD, RN, QTTT



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**Author's Note:** This manual is intended as a guide only and training in Therapeutic Touch™ and Serenity Settling® is recommended for professional use.

## About the Authors

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**Sue Gregory BAppScOT, AdvDipSOP, QTTT** has a wealth of experience in the field of health, which includes a nomination as an expert adviser to the World Health Organisation, and national and international university appointments. She was awarded a “Woman in Business” grant from the Department of State Development, Tasmania, for her initiatives in Therapeutic Touch for aged care and is a national and international keynote speaker.

Sue Gregory is founder and director of Healthy Outlook, an organization that focuses on success through inspiring people to achieve personal excellence and wellbeing. Healthy Outlook offers services to the health care industry. Sue’s expertise includes facilitation, coaching, leadership development, team building, change management, and teaching Therapeutic Touch™. Sue is the developer of Serenity Settling®.

Sue facilitates workplaces to create cultures where people are valued. She works with individuals, boards, CEO’s, teams and organisations to build people skills that improve job satisfaction, and link employee and resident satisfaction to business viability and organisational well - being.

Success for Sue lies in facilitating individuals and work teams to touch a place of innate energy, to see eyes and hearts light up and to witness a shift to a holistic balance of work and living. Her work creates real, sustainable workplace improvement through helping residents, individuals and teams find the source of energised, positive action. Sue is an Accredited Occupational Therapist, Professional Coach and Qualified Therapeutic Touch Teacher.

**Dr. Chery Ann Hoffmeyer Ph.D., R.N., QTTT** has been a holistic practitioner for 24 years and maintains a private practice in holistic health in Sherwood Park, Alberta, Canada. She does consulting in holistic healing and facilitates a variety of workshops including: Therapeutic Touch™, T’ai Chi Chih®, Seijaku®, Trager Mentastics®, reflexology, spirituality, humor, centering, visualization and journalling. In addition

Chery Ann is a dynamic, national and international keynote speaker and conference presenter.

As chair of an innovative two-year diploma program for Holistic Health Practitioners at Grant MacEwan College in Edmonton, Alberta, Canada, Chery Ann has provided leadership in the holistic field. In addition to her leadership role in holistic education, Chery Ann is involved in clinical research. She has an inquiring mind that is always searching for the “why” behind the healing effects of holistic practices. Chery Ann’s leadership has been recognized nationally and internationally; she was cited in Who’s Who of Professional and Business Women (2000), has been nominated for the Edmonton Woman of Distinction award (1998) and was recognized as Healer of the Year by Nurse Healers Professional Associates International Inc. (1997).

Chery Ann believes that personal empowerment is key to the healing process and is a strong advocate for clients’ rights to make their own choices in health care. She believes that complementary approaches to healing provide opportunities for clients to be actively involved in their own healing and that these approaches can work in collaboration with conventional approaches. Chery Ann has a true passion for the work that she does, she states: “I do what I love, and love what I do, what more could one ask?!”

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## Introduction

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This e-book, *Silver Energy: Healing for Elders* is written in simple, easily understood language to make it accessible to all individuals providing care for the elderly. It is a timely book because it addresses a growing need for non-technology approaches to care of our aging population.

Silver Energy introduces the reader to complementary therapy approaches to promote health and wellbeing for the elderly, either in residential care or the home setting. It provides practical exercises to help home care givers and health professionals maintain their energy levels as they provide care. Evidence-based research is combined with real life case studies to explain the benefits of Therapeutic Touch™ (TT) and Serenity Settling® as natural, non invasive approaches to promoting health and well-being. Therapeutic Touch™ and Serenity Settling® have been shown to reduce pain, calm agitation, and promote sleep in gentle, natural, and easy ways. How these practices can help create a culture of caring and support for those who live and work with the elderly is also explored.

There are many caregivers who are balancing career and caring for an elderly person. This causes added strain to their lives (Pyper, 2006), so learning about healing processes that can help them personally as care givers, as well as help their loved one, is an added bonus in terms of time, energy, effort, and outcome.

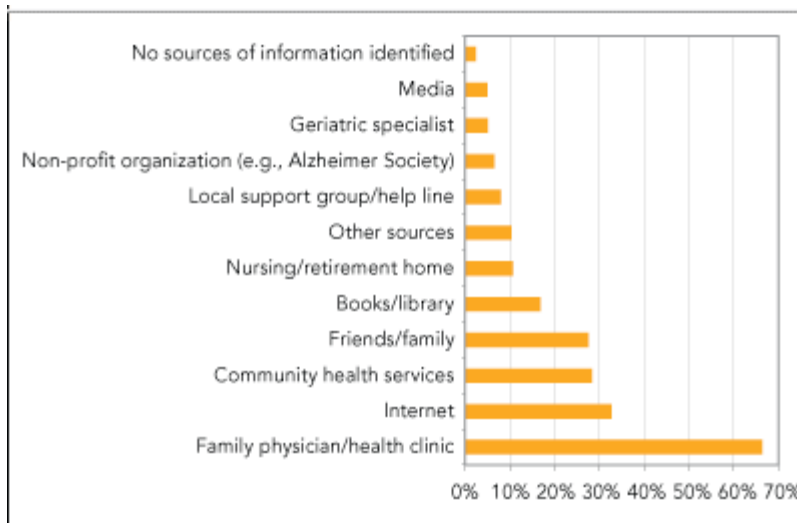
The Canadian Council of Learning (CCL) (July 12, 2007) reported that the proportion of informal caregivers for the elderly has increased dramatically as the proportion of the population over 65 has increased by an incredible 68% during the past 20 years. US statistics indicate that 52 million Americans provide informal care to a family member or friend (Takamura & Williams, 2006).

When Canadians were asked where they would go to obtain information about caring for their elderly relatives (Habu & Popovic, 2006) 15% indicated they would use books as a source of information and over 30% indicated they would go to internet sources;



the internet source was the second highest source of information next to the family physician/health clinic (see Canadian Council of Learning, Figure 2, July 12, 2007).

Figure 2: Survey of Canadian Attitudes towards Learning: Respondents identify potential sources of information on elder care



(Canadian Council of Learning, July 12, 2007)

According to CCL (2007) one of the most prevalent obstacles to accessing health information is literacy. “ General literacy (i.e., the ability to read and write, and its cousin, health literacy, are significant problems for the elderly and their caregivers, yet are often overlooked: (Rootman, 2006). Therefore, it is important that the language of health information, that addresses the lay caregiver, be maintained in simple and easy to read language. We have endeavoured to do just that.

Please allow us, Sue and Chery Ann, to share our personal stories of discovering the power of energy healing, and offer you an introduction to knowledge and skills that can benefit you both personally and professionally, as well as those to whom you provide care.

## Chapter 1 – Energy Stories

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### ***Sue Gregory BAppScOT, AccOT, QTTT***

Director, Healthy Outlook

Vice President, Therapeutic Touch Association of Australasia

Sue resides in Tasmania, Australia

At that time of the back injury occurred I was conquering the world! At the age of 28, the Australian Association of Occupational Therapy Association had invited me to nominate as an expert advisor to the World Health Organization for my pioneering work helping people with disabilities to drive a motor car.

My life was hectic and on the edge. Each day I was out in the car up to 5 times a day driving in city traffic with people who had suffered brain injury and wanted to return to driving. My job was to evaluate if they were safe to do so. My concentration and focus were honed to attend to the tiniest detail as we drove about. Gut feeling would tell me to heighten my attention at particular intersections. One day, for example, upon entering the slip lane of the freeway, my client saw a wrong lane sign for the other lane. He responded to this message by suddenly doing a U turnaround. Such were day to day events. I needed to be careful in phrasing my words to avoid sudden confusion. I learnt to never say “Turn right, at the next side street”. That could result in a sudden turning even if there wasn’t a side street. It was better to say, “At the next side street, turn right”.

### **Flat on my Back**

Little did I know that my side street was coming soon. Several years of sitting in the car, with my foot poised over the emergency brake, and no heel support to ease the back muscles, was leading to pain. After a day of moving furniture in the occupational therapy department I awoke the next day with extreme pain.

A trip to the doctor, and I was told to lie in bed. It would be over in several weeks. It wasn't. More weeks off, lying in bed. My muscles began to get weak. The pain was all encompassing.

Rehabilitation was organised and suddenly I was the patient. This was a complete reversal. I had always been the therapist. Surely this wasn't happening to me! As a health professional I was meant to be caring for others! Suddenly, I was the one having things "done" to me, instead of being the one doing the "doing" to help others. This experience was to change my whole attitude to health and healing, but not for a while.

As the months of treatment continued, depression set in. It became evident that I would be unlikely to go back to the work doing driving assessments. My identity was so tied up in my work and the success and recognition that it had brought. This was a huge loss to me. But it was not to be the only loss I was to experience. It was looking like other areas of my life would be affected as well. I would never be able to hike in the wilderness and carry a heavy pack again because of back pain. This was devastating as it was something my husband and I loved to do together.

But things had not climaxed yet. In addition to the back pain I was now experiencing excruciating pain in the abdomen. Months of visits to various doctors followed. Finally, I was diagnosed with endometriosis. In one way it was a relief to know that the pain was not imaginary and that I wasn't going silly. Surgery was recommended immediately and, a few days later, totally unprepared, I was in hospital. As a result, I was told the devastating news that there was a likelihood I would never have my own children.

### **The Surrender**

After months of bravery, finally the "Be strong" collapsed. Pain and anguish erupted from my body. I cried and sobbed till my heart was empty and totally drained. I remember saying out loud something like " I don't know what to do".

Suddenly, from deep inside, I heard a voice that said, "Things will be alright". Immediately, I experienced a peace at a depth that I had not known before.

As if from a different place, I lay there and looked across the pain, across all the losses, and I knew that, I although I did not know what the future held, I would be alright. Although I was hurting, no matter what happened, I would be OK. There was sureness about this that I could not explain. It was a knowing deep in my body.

This is where my healing journey and transformation began. The experience changed the direction of my life.

I realised that recovery was not about fixing myself or expecting others to fix me. I felt an excitement in my body. The process of recovery was to be a journey. I could not rely on the medical and allied health professions as they could only take me so far. They could support me, but they could not influence my attitudes and my beliefs. If I was to truly recover I had to do more for myself than I had been doing. This also meant letting go of beliefs that were holding me back.

### **Healing my Soul – The Journey Begins**

I began to meditate and read stories of people who were healing. One night we had some friends over for dinner. They had been working in Canada and showed us their photos. As my husband and I looked at them, there was a magic moment where we looked up, and into each other's eyes. At the same time we both said, "Let's go to Canada". I felt excitement ripple through my body! Perhaps this could help my healing.

Within weeks a job offer unfolded and before we knew it we were there. Not long after being in Canada the back pain became intense and I made an appointment for some treatment.

During one session the practitioner offered me Therapeutic Touch™. I didn't know what it was but I was keen to find out. I was open to anything that would help. She moved her hands gently above my body in long flowing movements towards my feet. I felt an intense, deep peace and the pain seemed to melt away.

The next morning when I woke up something was missing. I felt odd. I scanned my body and ever so slowly it dawned on me – the pain was missing! It felt strange!

The next two mornings were the same. I was intrigued and delighted. I decided there was more that I needed to learn. I bought a book on Therapeutic Touch™. and began to practice, using the gently guided instructions. Sure enough, I could feel warmth and tingling if I held my hands several inches above my body. If I ran my hands over my abdomen, or the lower half of my back, I found that I would then feel slightly more comfortable and there was a lessening of pain. I decided to learn.

The therapist had a belief that I could recover. She saw me as whole and healthy - she saw beyond all the pain and fears to the whole me that that was in balance and order.

She didn't tell me this. At some level I picked this up very strongly although it was never stated. I wasn't something to fix or do something to - like the other therapies that I had had. There was an appreciation, and acceptance of me as I was. It gave me a hope that I hadn't had. I felt in rhythm again, in sync. I started to feel in balance. I felt peacefulness. In the true sense of the Latin word *haelan* - I felt whole. I decided to learn so that I could help myself to heal.

### **Learning Therapeutic Touch**

During the weekend workshop I really connected with someone in the class. At the end of the workshop, we decided to continue to practice together. We had so much fun in our first session that we met every week after work for a year. Each time, it seemed like we would gently and lovingly peel layers off each other's built up overcoats of grief, sadness, anger and pain. In our journey together we supported each other to let go of old beliefs, sometimes unconscious, that were holding up our development. As a result there was a lessening of the pain that I had continued to carry daily in my abdomen and lower back.

The changes that were occurring continued at quite a rate. I felt a conviction to go to the USA to learn from the pioneers who had developed Therapeutic Touch – Dr. Dolores (Dee) Krieger PhD, RN and Dora Kunz, a natural healer.

Dora and Dee were to have a great influence in my life. Dora was 85, white haired and living dynamite! Born with clairvoyance and the ability to heal through the use of energy

flowing through her hands, she had inspired many to alter their perceptions about illness, injury and disease.

Each year health professionals and patients with many chronic illnesses would gather to learn and receive Therapeutic Touch from Dora and Dee. What struck me was the acceptance and peace Dora exuded. I learnt that there could be peace, regardless of what was going on physically, mentally or emotionally. I learnt that inside me, despite all the pain, was a wholeness that was lasting, continuous and always there for me to draw from. All I needed to do was to touch base with it regularly and draw on that peace.

Dora and Dee taught us a healing meditation that I have used for years since. I sit quietly in nature and focus my attention gently on a large tree (or if one is not available, I imagine one). I experience the peace of the tree and then gently invite that peace into my heart. I allow it to fill my heart and then allow the peace to flow to all the cells of my body. Then I send this peace out to someone else – not forcefully, just a gentle flowing. Dora explained that it would break up patterns in my vital energy field that hindered my joy and happiness, and that it could also be helpful to others.

In this experience was the learning that healing is not curing. Healing is harmony in the self. The pain was still there; there was no doubt about that. However, I could view it with a sense of peace. I began to use Therapeutic Touch™ in my Occupational Therapy practice back at the hospital where I had commenced work. I discovered that when I utilised healing activities to help others, I felt better.

I began to learn that gentleness, and acceptance was a part of healing. It wasn't pushing, forcing or ignoring the body, the emotions or the spirit, that helped, but working with whatever was happening with an attitude of self-acceptance and patience. My mind and body responded to this love. I began to notice the same thing occurring in the patients at the hospital where I was giving Therapeutic Touch™.

### **Healing for the Elderly**

My elderly father had, in the meantime, become very ill back in Australia. On my return I experienced helplessness in seeing his frail body. As I sat beside him, the natural thing

to do was to offer him Therapeutic Touch™. It created a wonderfully deep connection at a heart level that was beyond words. His breathing would settle and the pain ease from his face. All the healing I had done for my self was now being shared in ways I had not been able to do before. Not long after, with his passing, came a knowing that I would be teaching Therapeutic Touch™.

### **Sharing the Learning**

So we packed up and returned to Australia. I began teaching Therapeutic Touch to health professionals caring for the elderly. I received a Women in Business Grant offered through the Tasmanian Government to further develop the work I had begun as it was seen as beneficial. I must admit, it did seem unusual to be receiving a government grant for energy healing. Most of the other grant recipients seemed to be in professions such as information technology, or developing inventions and gadgets for the market place.

The reward was seeing the eyes of the carers light up when they described using Therapeutic Touch™ to help an elderly person settle to sleep after calling out in pain all day, or how they had offered healing energy to someone dying and watched them pass away peacefully. To experience these stories was a true richness that could not be valued in a monetary sense. I began to teach Therapeutic Touch™. further a field, often to help people care for those with dementia.

One night, just before a class, I had a dream. I saw a picture of walking beside someone, offering healing energy as they paced in agitation, after which the person settled down. The next day I shared my story with the class participants. They were keen to experiment. We found that the people with dementia who were agitated and had been wandering for hours, began to slow down, settle and want to sit down. With further experimentation the process was refined and became known as Serenity Settling®.

And so it is that many things unfold, in ways that we do not always understand. So who knows where your journey will take you as you read this book. I trust that it brings you joy, laughter and healing.

***Dr. Chery Ann Hoffmeyer Ph.D., R.N., QTTT***

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Director, Chai Holistic Health Services, Sherwood Park, Alberta

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Chery Ann resides in Sherwood Park, Alberta, Canada

My background is in nursing and early on in my career I was intrigued by the fact that we physically touch people all the time in nursing and some people would respond positively to that touch and others would withdraw; I wanted to understand more about touch and how to use it effectively with all my clients.

When I was completing my Master's degree in nursing at the University of Colorado's Health Science Centre in Denver I came across a nurse theorist by the name of Martha Rogers, her theory of nursing was based on the fundamental assumption that as human beings we are an energy field and that we are part of the universal energy field, and in that way we are all connected. This theory serves as a foundation for understanding the practice of Therapeutic Touch™ - a practice that I read about when I was completing my Master's degree, and a practice that I was first introduced to when I returned to Canada. In 1984 when I took my first workshop in Therapeutic Touch™, I was skeptical about how a process that included 'moving your hands around someone' could do anything useful, however, there was something that drew me to take that first workshop. From that time, the practice of Therapeutic Touch has taught me what benefits it has to offer to my clients and to myself personally and professionally. I did not realize then that this seemingly simple process would have such a profound effect on my life. I will share with you some of my experiences and you can appreciate, after 24 years of practice, there are many learnings that Therapeutic Touch™ has offered me.



One of the most prominent gifts that Therapeutic Touch™ (TT) has offered me is the ability to connect with people personally and professionally, at a deep, core level. The Centering process that is an integral part of the TT process has provided me with a tool to calm myself and allow me to be fully present with others. TT has offered me a tool for working with my clients, a tool that is always with me and one that I can now offer any time and any place – I say ‘now’ because initially I would only offer TT in a place that was private because I was initially concerned about what others would think about what I was doing. Eventually, I let go of my concerns and I have shared TT in the middle of a busy nursing station, at the back of a noisy hockey rink, at the side of a soccer field, and in the midst of the labouring process of an expectant mother. The TT process has taught me how to focus my attention in the present moment and to be aware of energetic information that the client offers to me, and then, to respond to that information in a way that can support balance in the client’s energy field. My response to the question “could therapeutic touch help me with this condition?” was initially “I don’t know”, particularly if there wasn’t something in the TT literature to say that TT was effective for that condition, however, my response now is “each person is unique, come and let us explore together what therapeutic touch can do for you”.

Initially you might say that I was a “closet TTer”. I would only share TT in private where no one else could see me. Also, initially, I thought I had to convince people of the benefit of TT. Both of these attitudes have changed for me as I became comfortable with myself, and my realization of what the TT process has to offer. As I mentioned earlier, TT taught me what it could do and I came to the realization that the process of TT, and myself doing TT, were tools to support the individual’s own natural healing potential. I came to appreciate what incredible healing abilities we, as human beings, have within us.

I am so grateful to Dr. Dolores Krieger and Dora Kunz the co-founders of the TT process. TT has supported my personal and professional growth, and has provided me with the ability to support the healing of myself and others in ways that would not have been possible without TT. Each day I am grateful to these two wonderful women, with whom I have had the opportunity to learn and explore this incredible process. TT is a

part of who I am as a person and is an integral part of my daily life. I take great pride and joy in sharing the TT process, as it was developed by Dolores and Dora, with those who are interested in learning how to do TT and with those who want to experience TT for their own healing. I am also interested in furthering research in the area of TT and presently am focusing on supporting TT practitioners and teachers in exploring the important role they have in the TT research process.

Therapeutic Touch is an ongoing process and it continues to teach me about the healing potential we all have within us. I delight in a wonderful journey of exploration, learning, and growing, with TT as my guide.

## Chapter 2 – Energy in Elder Care

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The whole area of energy may be new to you, other than using the phrase “I feel low in energy” or “I feel energetic”. In the conventional health care world we use the term more from what I would term a ‘metabolic’ perspective, that is, if I eat properly and get enough sleep I will have ‘high’ energy, and if I do not, it is quite likely that I will have ‘low’ energy. However, each of us has other experiences of energy.

Reflect for a moment on your attitude about life. Is your attitude one of optimism, one that sees the ‘good side’ of people and things, are you the kind of person who ‘sees the glass as ‘half full’ rather than ‘half empty’. Is your attitude positive, and do you find that you are grateful for what you have in life? If these characteristics describe you, then it is quite likely that you feel good about life. You find that people are attracted to you, and they want to be with you because it feels good to be in your presence.

An example of this happened recently when I was leaving Edmonton for an international flight. Typically the wait in line is one that is boring and somewhat tense, however, one of the security officers had a very different approach than the others I have encountered previously. She would smile and laugh and make a joke about us having to remove our shoes and place them on the counter; even though she repeated the same instructions to all the travellers, she did it with enthusiasm and made it personalized as she commented about the style or color of one’s shoes, or purse, or jacket. She made a choice, to enjoy what she was doing, and she had the traveller’s enjoying the experience of going through the security check. Isn’t it amazing how one’s attitude can change one’s experience?! So the question to ask yourself is “how do you see the world and your experiences – is the glass half full or is it half empty”? The choice of perception is yours. As you reflect on this choice, notice how you feel – is this the way that you want to feel now? If not, you can change your attitude and change how you feel, **right now**.

How does all this relate to energy in elder care? I have worked in long term care facilities and I see and feel that one’s **attitude** affects one’s energy. If I feel and think

positively then I will see the positive traits and qualities in the people with whom I work, including administrators, other health care workers, residents, family members and friends. Have you ever worked with someone that you think to yourself “I can’t wait until I get to work with her/him again”? When you work with this person things flow easily and effortlessly, and you have fun as well. Even when there is a challenge you find ways to work through the challenge and bring it to a successful resolution. And have you noticed how the residents and family members respond to this person? They ‘light up’ when that person comes into the room because they know that there will be something positive that comes out of their interaction with that person. All of these experiences are about our energy. Other people pick up on the energy that we emanate and they respond in kind – like attracts like. Each of us, as family members, as friends, as health care workers, or administrators, wants to feel good about what we are doing, and each of us can make a choice to choose an attitude that supports the well being of those we care for, and we can also choose an attitude that supports our own well-being and our own energy.

In addition to attitude, the client’s health and well being contributes to her/his energy level. American Public Health (2005) reported that 80% of older adults (65 and over) have at least one chronic condition, and individuals aged 75, on average, have three chronic conditions. In addition, there are numerous quality of life factors that affect the older adult’s health and well being. One factor, **pain**, was experienced by 71% of nursing-home residents and 34% described this pain as constant (Ferrell, Ferrell & Osterweil, 1990). Flaherty (2003) identified that 25 to 45% of community dwelling older people have chronic pain. These findings suggest that dealing with pain is a major health challenge for older adults.

**Sleep disturbance** is another problem identified by older adults. The National Sleep Foundation’s American Poll (2003) reported that persons aged 65 to 74 and those aged 75 to 84 reported symptoms of insomnia as respectively occurring 46% and 50% of these populations. “Insomnia symptoms are longitudinally associated with poorer self-reported health status, cognitive decline, depression, disability in basic ADL’s [Activities of Daily Living], missed work days, poorer quality of life, and institutionalization”

(Fragoso & Gill, 2007, p. 1854). When compared with those who don't have sleep problems, research has shown that adults with insomnia have reduced cognitive functioning, which may be mistaken for dementia (Ancoli-Israel, 2006). ``Adult humans require between 7 and 8 hours of sleep daily, and inadequate sleep in the elderly is associated with increased mortality, morbidity, and reduced quality of life and possible institutionalization``. (Mathews, Adetunji, Budur, Mathews & Ramachandrans, 2004).

Functional decline and fear of falling are health concerns related to **mobility** that are identified in the elderly. Heber, Brayne and Spiegelhalter (1997) reported that in individuals over the age of 75 years there was an 11.9% in functional decline. With regards to falling and fear of falling, Wayne, Romero, Baugartner and Garry (1997) determined that 55% of their study participants reported a single fall during the two-year study and of these individuals, 21.5% reported fear of falling again after the first experience. "Falls are a major contributor to the increasing morbidity rates seen in the older population" (Kovacs, 2005) and is therefore a serious health concern for the elderly.

In addition, the increasing incidence of dementia and Alzheimer's disease with resulting **behavioural changes** is an ever-increasing concern as we age. Letenneur, Commenge, Dartigues and Barberger-Gateau (1994) reported an incidence of 2 per 100 subjects aged 65 to 69 years, with a dramatic increase in those over 90 years of age, to 74 per 1000. Brayne et al. (1995) reported similar findings in the incidence of dementia and Alzheimer's disease and indicated that it was important to recognize Alzheimer's disease as a primary cause of cognitive decline of the elderly in the community. These health challenges can result in energy depletion for the older adult with ensuing challenges to short and long-term health and the body's innate healing abilities. The processes of Therapeutic Touch™ and Serenity Settling®, that are discussed in this book, can support energy balance within the client which in turn supports the individual's natural healing potential.

Another factor that influences one's energy is the **environment** in which we as practitioners work and where our clients live. Take a look around you and notice what this environment is like. What are the colors in the environment, are they relaxing,

calming, soothing, inviting? Are there colors of nature, including live plants and flowers that bring a vibrant energy? What are the sounds that you hear? Is there soft music that soothes the soul? What is the lighting like? Is there a good deal of natural lighting and is the artificial lighting in the natural light spectrum? Is there sufficient light to see adequately wherever you are? And what about the people with whom you work – do you all work as a team, valuing each person's special contribution? Does the team value the person who keeps the environment clean, the person who takes out the garbage and gets rid of waste, the person who prepares and brings the meals, the person who provides direct care, the person who oversees the care, the person who keeps the linen clean? Do you know these people personally, by their first name? Each of these people's characteristics, and environmental characteristics, contributes to the quality of care that is offered. What is the quality of the energy where you work and your clients live?

As I work with the elderly and the frail elderly, one of the things that strikes me most is the level of their **energy**. As mentioned previously, the health and well being of older adults definitely affects their energy level. Specifically, with those in long term care facilities, I find their energy to be particularly low. One of the things I am also aware of is that these people are very open and sensitive to the energy around them. For example, they are sensitive to the energy of someone who is stressed and they will respond accordingly. With this energetic understanding of the elderly, it is important, when I am working with them, that I am aware of this variation in energy and that I approach the elderly with sensitivity to their specific 'energy' needs. That is, that I come into their presence with softness, gentleness and respect for them in their current personal space of sensitivity and low energy. It is also important when I interact with the elderly that I also maintain a 'centered state' so that I am aware of how my energy is interacting with the energy of the client, how the client's energy is interacting with my energy, and that I am a vessel for universal energy to flow through me instead of personally being a source of energy for the client.

The process of **centering** will be described in more detail in Chapter 5, however, I will briefly identify some of the qualities of being centered that support me in being sensitive

to the unique energetic needs of the elderly. In the centering process I am relaxed and fully present in the moment. When I am relaxed, energy flows through me and from me, and others sense the feeling of relaxation that I am feeling, and it is calming for them. Being fully focused in the present moment heightens my sensitivity to the client's experience and allows me to see, feel, hear, and sense the client's experience, so that I understand more fully what life is like for the client. When I have this deep connection and understanding, the client sees, feels, hears, and senses this connection and knows that I understand him or her at a deep level, this understanding can have a calming effect for that person. If I find myself getting caught up in the emotions or busyness of my environment I know that I am not centered. This awareness of not being centered, is a gift that tells me to bring myself back to 'center' again, back to being in the present moment with the person. When I am centered my day flows smoothly. This feeling of flowing smoothly is a great motivator for me to be truly conscious of 'staying on center' throughout the day; this feeling of flowing smoothly impacts everyone with whom I interact.

When I am in that 'centered' place I interact with others from a place of compassion, a place of love, a type of love that the Greek refer to as agape. Agape is described by Martin Luther King, Jr. (1958) as "...loving others for their sakes. ... It springs from the need of the other person... [it is] recognition of the fact that all life is interrelated." This love, agape, is the powerhouse of the healing process and is inherent in compassion in the TT process.

### **The Case for Improving Energy Levels in Elder Care**

According to the United Nations, persons aged 65 and older accounted for nearly 7 percent of the world's population of 6 billion in 2000. This figure is projected to exceed 10 percent by 2025 and approach 16 percent by 2050. According to the U.S. Bureau of Labor Statistics (BLS), the United States will need nearly 900,000 new paraprofessional long-term care workers between 2002 and 2012. The nation is currently experiencing a severe shortage of these workers. Care work is often "invisible" work. Care workers may be low-paid, part-time, or temporary workers, and in the case of home care workers,

may not have a usual workplace where they can receive professional supervision, collegial support, and training (Korczyk, 2004).

A report for the Australian Commonwealth Department of Education (n.d.), Science found that in Australia the most significant aged care workforce issue being faced is the retention and recruitment of qualified nurses into the workplace (p.21). The nature of work in the aged care sector, coupled with the low status and rapid rate of structural change means that the aged care workplace is characterised by low morale and high rates of turnover and absenteeism (Stein, Heinrich, Payne & Hannen, 2000). The provision of staff support and guidance for managing workplace stress, are key issues in the retention of nurses in aged care. Walters, Bond and Pointer (1995) undertook an empirical evaluation of a stress management program using a single education session and ongoing relaxation exercises over a 12 week period, used with 24 aged care staff in an Adelaide nursing home. The research was undertaken in acknowledgement of the intrinsic stress associated with working in an aged care nursing home, and the need to provide coping skills to assist nursing home staff in dealing with stressors in their working environment. The findings indicated that the use of an education session and relaxation exercises twice daily over a 12 week period did not reduce perceived stress levels reported by participants. However, the activities significantly reduced participants' blood pressure and reported symptoms of stress. These findings indicate the potential for use of stress management programs in nursing homes, as a means of reducing stress levels and associated difficulties in the workplace. Both Therapeutic Touch™ and Serenity Settling® have an important role to play in stress management. Firstly, the process of centering has a calming effect that reduces stress and results in the person feeling more energised. Secondly, this calming effect is transferred to the resident in the act of energy healing.

The active practice of compassion is very powerful, and when combined together with intention it forms the basis of Therapeutic Touch™ and Serenity Settling®. These two practices are powerful tools that bring calming to those who use them and bring calming to those with whom these processes are shared.



## **The Organization as a Human Energy Field**

In my work teaching Therapeutic Touch™ and Serenity Settling® for the elderly I visit a number of aged care facilities. As soon as I walk in the door I experience a feeling in the atmosphere. I experience it as tingles, sensations of heat or coolness or as a pulsating rhythm – either fast, or slow. There is usually an associated feeling that goes with these sensations. Sometimes it is a happy, energised feeling. Other times it is a negative, draining feeling. I call this the organisational energy field.

Just like a human being that is made up of trillions of cells that are high or low in energy, according to the person's thoughts and physical and emotional wellbeing, the organisation is made up of many people whose combined energies create a feeling experience.

## **The Ripple Effect**

Just like the human energy field, the organisational energy field can be influenced. For example, the students in my Therapeutic Touch™ and Serenity Settling® classes report that they can predict the behaviour of their residents with dementia according to the staff working on shift. They describe how a settled atmosphere changes dramatically when a distressed or anxious staff member commences work. Residents become agitated and call out more frequently (Gregory, 2006). In my own personal experience, people with dementia are very sensitive to the energy of those around. When staff are upset or anxious, residents are more likely to be anxious. Once one is upset, others become upset. One caregiver described the experience this way, "When a staff member gets uptight, it sets the residents off" (Gregory, 2006).

To use an analogy, it is like dropping a pebble in a pond. There is a ripple effect. In some cases it results in a negative effect. It can lower the energy levels of both residents and caregivers. This ripple effect can lead to people leaving the work place or experiencing drained, tired feelings which can, over a longer period of time, lead to burnout.

However, the ripple effect can go the other way. It can be positive. Calmer staff can result in calmer residents. For example, people who learn Therapeutic Touch™ and

Serenity Settling® report a growing personal ability to remain calm and centered in the midst of stressful situations (Gregory, 2002, 2004, 2006). They are able to move into a centered state of 'being' very quickly, even while they are 'doing' their tasks. The value of moving into this centered state of calm is that they can then help to calm the people around them. This calming is of benefit to residents and staff (Gregory, 2002, 2004), it supports a client-centered approach to care, where quality of relationship is important.

The practitioners report that when they are feeling much calmer within themselves the residents are more settled. Further, the practitioners are able to calm other staff members through their own state of being. For example "When I settle in this manner, residents who don't like taking tablets are willing to take them without any hassle" and "When another staff member gets anxious or distressed, instead of letting it affect me, I calm myself, and that calms her" (Gregory, 2006). And, as the CEO of one of the organizations stated, "It gives the power to the staff. When they are calm in all the confusion, it flows on. It reduces staff burn out, it's a life skill they can use at home & work" (Gregory, 2006)

Another example of the ripple effect of healing energy is the noticeable effect on elderly residents when they watch a TT session with a fellow resident. There is a visible relaxation in the faces of the observers. I have observed this relaxation when TT practitioners are working in the day room where there are a number of residents gathered together. One practitioner holds a weekly Therapeutic Touch group where group participants receive TT sessions as other group members observe the process. While every person may not get an individual TT session each week, each person benefits through the elicitation of the relaxation response in their own body as they observe the experience of another.

### **Systems Based Approach to Organizational Energy**

Organizational wellbeing, the health of the organization, depends on both a macro level or systems based approach *and* the micro level of individual change, to be successful.

In terms of Therapeutic Touch™ and Serenity Settling®, it is my experience that organizations which achieve the greatest benefit are those which link centering practices into the staff's daily routines in a systematic way, rather than just expecting them to practice centering because they have done the training. This expectation of centering as a daily practice reinforces and deepens centering as a compassionate tool to help people to stay calm in a care environment.

To support reinforcement I have developed the 5 minute Sanity Circle© <http://www.healthyoutlook.com.au/HealthyTeams> used at shift handover. Staff center together for a minute and then review their day in terms of what they did well to help themselves stay calm. The process gives people who are leaving work an opportunity to let go of the day before they go home to their families, and for those coming on shift, this circle activity gives them the opportunity to leave behind the stressors of home. Making centering a systematic part of the day, in the home setting has helped care givers manage stress more effectively. (Gregory,2008)

This simple continual improvement process linked to Therapeutic Touch™ and Serenity Settling® has been helpful to people in terms of managing stress levels and developing organizational wellbeing. As one CEO said, “[a]s a purely team building exercise alone the training provides an energetic synergy which is transformative to workplace culture. The practical exercises, reflection and analysis all combine to break down barriers and create harmonious bonds of respect. Staff member’s empathy and tolerance rates expanded enormously. [The process] facilitates personal growth and all participants have recorded changes in their attitudes and thinking, extending to time outside work hours” (Gregory, 2006).”

Anecdotal evidence of the response to the introduction of Serenity Settling® has been positive. “By introducing Serenity Settling® to our staff, we have found residents within our homes to be noticeably more settled. Residents now have the opportunity to focus on more quality of life goals and challenges with ease. Staff now comment on feeling more confident and capable when working with agitated people, and are surprised by the energy they still have after each shift. The staff is also able to find the transition

from work to home life very easy. An added bonus has been the great team building. As an organization, it is important we not only nurture our clients, but also our staff. With the help of Serenity Settling® we were able to achieve both. We have noticed a wonderful change within our service” (Gregory 2008).

### **Creating a Healing Environment with Therapeutic Touch™**

In a phenomenological study of the lived experience of Therapeutic Touch two main themes relevant to the TT process were identified: “creating a therapeutic environment” and “maintaining a therapeutic environment” (Parissopoulos, 2006). Participants in this research study indicated that a therapeutic environment was maintained throughout the TT process, this healing environment was created by the practitioner’s centered state. Quinn (1992) supports this view as she talks about the [practitioner] as the healing environment. When I work with clients, sharing the TT process, my energy field interacts with the energy field of the client and creates the context in which healing occurs.

### **The Eden Alternative**

Creating a healing environment that energizes the people within is important to elder care. A movement that is now world-wide focuses on providing an enriched environment for elder care is the Eden Alternative movement. The Eden Alternative is an organizational philosophy based on ten principles that seek to eliminate three plagues that account for the majority of suffering among elders: loneliness, helplessness and boredom. The Eden environments are elder-centered communities that create a human habitat that provides loving companionship, variety, spontaneity, meaningful activity, supports human growth and development, is a community that honors its elders and has wise leadership. The Eden philosophy in action is reflected in the title of Vicki Rosebrook’s (2008) book “Without you, it would have been...just another day!”; a book that describes an intergenerational environment that creates a true Eden habitat for individuals that are you and individuals who are elders.

## Chapter 3 – Healing: A Power House of Compassion and Intention

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The focus of conventional medicine has been primarily on the process of curing. **Curing** means to “restore health” (Quanten, 2002). Curing focuses on the *symptoms* of a condition and when the symptoms are no longer present one is seen as cured. The elimination of the symptoms is the focus of curing; it is a process that is ‘done to’ the person who is the focus of the cure. There is an endpoint to curing, curing is viewed as finite, the end occurs when the symptoms are no longer present or the ability to ‘cure’ is released when ‘there is nothing more that can be done’.

Healing, however, has a different focus; the focus of **healing** is on the *cause* of the symptoms, you might say the ‘root’ or the ‘foundation’. Healing is an infinite process, there are always new dimensions to explore because human beings are complex, with many dimensions, including body, mind, emotions, and spirit. Healing comes from within the individual and can be supported by others, however, ultimately; it is the individual’s innate healing abilities that determine the outcome.

### Comparison of Curing and Healing (adapted from Quanten, 2002)

| <b>CURING</b>  | <b>HEALING</b>   |
|--|--|
| Focuses on the symptoms  | Addresses the ‘root’ cause   |
| Time limited; finite   | Infinite; unlimited time   |
| Do ‘to’ another  | Occurs within the person   |
| Practitioner has knowledge & skills, is viewed as the expert                   | Both client & practitioner have specific knowledge and skills, they work as equal partners |
| Ultimate decision-maker: practitioner  | Ultimate decision-maker: the client  |
| To restore health  | To restore health, make whole  |
| Anything that corrects harm or trouble   | Anything that supports awareness & wholeness   |
| Illness is an attack from the outside  | Illness is an imbalance from within  |
| Destroy disease – let’s get rid of this!                                       | Understanding of illness – what is the message?  |
| Focuses on ‘bits’ that have gone wrong – reductionistic – focuses on the parts | Focuses on the whole – holistic – focuses on the interactions of all dimensions            |
| Can take place when illness is gone and cannot take place in dying             | Can take place in illness and in dying   |
| Practitioner is empowered to make decisions                                    | Client is empowered to make decisions  |
| Uses conventional drugs & surgery  | Has many forms   |

As you look at the qualities of healing versus curing, you can see that healing is comprehensive in the depth and breadth that it offers clients. The process of healing is one that aligns itself with energy work, because energy work addresses the whole person and healing involves the whole person. In her theory of health as expanding consciousness Dr. Margaret Newman (1994) describes the focus of the healing process as “assist[ing] people to recognize the power that is within them to move to higher levels of [awareness]/consciousness” (p. xv).

An energy healing process that can support one’s innate healing capacity is the process of Therapeutic Touch (TT). This process focuses on bringing balance to the individual’s energy field, the energy field that acts as a template, a structure, for one’s physical, mental, emotional, and spiritual well being.

As you look at your health and healing it is important to be aware, from an energetic perspective, that health and healing is a shared experience. That is, from an energetic perspective we are all connected to each other and, therefore, “what one person does to improve...his health has vital consequences to all other persons” (Dossey, 1982, p. 143). As we support our clients in their healing processes, the healing that is taking place also impacts us; the effect comes full circle because we are all connected to each other energetically.

### **The Power of Compassion**

In the TT healing process, Dora Kunz, one of the co-founders of TT, emphasized the importance of **compassion**. Dolores Krieger (2002), described compassion as the desire “to help or to be merciful to one who is suffering; a deeply felt drive to help or to heal someone who is in need” (Krieger, 2002, p. 16). The feeling of compassion emanates from the heart center that is located in the center of the practitioner’s chest, directly behind the chest bone. In a meditation that Dora would typically do with us at the TT learning summer camps, she would ask us to connect with that sense of peace and compassion within ourselves, and once we felt this peacefulness and compassion she then had us connect with nature and feel the peace and compassion of nature. Then she would ask us to send those feelings of peacefulness and compassion out to

someone in need, and finally, we would send these feelings out to the world. When the TT practitioner has the desire to help or heal he or she comes from this heart-centered place of peacefulness and compassion. According to K.C. Blair (1999) founder of Good Samaritans International “compassion creates healing and maintains health”.

Research demonstrates the power of compassion for the practitioner. Rein, Atkinson and McCraty (1995) had participants focus their attention on the physical area around the heart and intentionally induce feelings of care and compassion toward someone or something. Saliva samples were collected before and after the experience to determine levels of salivary immunoglobulin A (S-IgA). The experimental group demonstrated a statistically significant increase in S-IgA immediately following the experience. In addition, the effect of adopting a sincere caring attitude may be detected and increased by biological tissue, producing measureable effects on living systems as registered by an electroencephalogram (EEG) (McCraty, Atkinson, Tomasino, and Tiller, 1998).

### **The Power of Intention**

In addition to feeling a sense of peacefulness and compassion when working with elders it is important that the practitioner sets an **intention**, a desire, to allow oneself to be open to the needs of clients and to work with clients for their highest good, for their best interest. The highest good for the specific person might be to experience a sense of quietude and peacefulness when one encounters the experience of pain; it may be to experience a sense of releasing, letting go, forgiving, when one has held resentment or anger towards someone who has wronged oneself; or, it may be feeling a sense of peacefulness as one releases and lets go of the hold on life in this physical realm. Whatever the highest good is for that person, the individual offering healing energy, provides a conduit for that person to experience the healing that is needed in that moment. In my experience with TT, I find that intention is the ‘driver’ that supports and guides the healing process, guiding the process according to the client’s energy cues, the guidance from the client’s energy field.

Krieger (2002) describes **intentionality** as “deliberation, purposefulness..., [intentionality] implies that the healer is driven by a particular goal in addition to the will-

to-power, desire or hope that inspires her actions” (p. 19). This intention focuses the *attention* of the practitioner and it has a powerful affect on the client. Research has demonstrated that intentionality activates certain functions in the brains of the recipients of the intention (Achterberg, Cooke, Richards, Standish, Kozak & Lake, 2005). Deepak Chopra describes intentions as the triggers for transformation in the body (as cited in Hay, n.d.). As you can see our thoughts do have a direct impact on our world, so it is important to be very aware of what we are thinking!

McCraty, Atkinson and Tomasino (2003) demonstrated the power of heart-focused intention to affect biological systems. Trained participants, using heart-focused intention, focused on recipient DNA\* with the intention to cause a specific change in the DNA, winding or unwinding. Participants experienced increased heart coherence and there were significant changes in the conformation of the DNA ( $p < 0.01$ ). “These data support the hypothesis that an energetic connection exists between structures in a quantum vacuum and corresponding structures on the physical plane, and that this connection can be influenced by human intentionality” (McCraty et al., 2003, p. 6).

**\*Note:** *Recipient DNA* is DNA held in research lab test tube. *Quantum vacuum* refers to the space between the person sending the intention and the recipient of the intention, *recipient DNA*.



## Chapter 4 - The Human Being as an Energy Field

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The foundation of all energy work is the assumption that as human beings we are an energy field, we are made up of energy and that energy radiates outside our physical body. According to Krieger (2002) “the vital energy field is the personal multidimensional space that surrounds and quickens each individual, energizing and reinvigorating him or her throughout life”. It is this vital energy field, the human energy field, with which the Therapeutic Touch (TT) practitioner works. When an individual is healthy this energy field flows freely and is balanced; when there is dis-ease there is unevenness of this flow of energy. The human energy field is constantly in motion and the question to ask oneself is: “Does this energy field flow open and evenly or are their imbalances, and if there are imbalances, where are these imbalances?” TT practitioners use their hands to sense the level of balance or imbalance of the client’s energy field and work with this energy field to facilitate greater balance in the field.

What does this energy field feel like to you? What are your experiences with energy? Have you ever walked across the carpet on a dry winter day, reached for something and felt a shock? That is static energy. Have you ever driven down a paved road on a hot summer’s day and saw waves rising from the pavement? That is the visible energy of heat. Have you ever walked into a room full of people and felt very comfortable? Or, have you had the opposite experience, walked into a room with people and felt very uneasy? In both of these instances you have sensed the energy of the people in that room. Have you ever glanced at someone out of the corner of your eye and thought you saw a halo of light around that person’s head and when you looked directly at them, the halo of light was gone? That halo was a glimpse of the external energy radiating from the person.

Let us do an exercise that will give you an experience of your own energy field, specific to the energy centers or chakras that are located in the center of the palms of the hands.

## Energy Sensing Practice Exercise

1. Begin by rubbing your hands together vigorously in a circular motion. You may feel a sense of warmth as you do this.
2. Then hold your hands about one foot or thirty centimetres apart with the palms facing directly towards each other. Ask yourself: “What is between my hands?” and just notice whatever response that you get – you may experience a physical sensation, you may have a thought and idea, or you may think you feel nothing – it all is fine.
3. Now gradually move the palms of your hands towards each other, keeping your hands and arms relaxed. Again ask yourself: “What do I feel between my two hands now?” and notice what you experience – What do you feel, see, and hear? You can, if you like, move them toward and apart several times, like playing a concertina There are many ways to experience the energy field so just trust that what you are experiencing is right.
4. Once you have completed this activity, take time to **write down** the date and exactly what you experienced. Did you feel heat? Coolness? A pulling sensation? A pushing sensation? Did you see a color? Did you sense the presence of a color? Did you feel a sense of pressure? Or a sense of hollowness? Was the tingling sensation? Or a pulsing sensation? These question are a small sample of what the energy filed might feel like, allow yourself to notice what you notice, and write it down so you have a record of this first experience (adapted from Krieger, 1979, pp. 24-25). We suggest you keep playing with this exercise to develop your sensitivity

In other countries, there are terms that are given to this human energy, for example:

China – qi (pronounced chee)

India – prana

Palestine – ruah (pronounced rooah)

Japan – ki (pronounced kee)

Greece – pneuma (pronounced newmah)

In addition to the variety of words for human energy, you will also find a variety of terms for the human energy field, including: the aura, etheric field, bio-magnetism, life energy, energy medicine, vital energy, and subtle energy. Each of the terms refers to the same thing, the human energy field (adapted from Leskowitz, 2006, pp. 30-31).

The human energy field or the etheric field serves an important function, it “invisibly guides and assists the process of bodily repair, helping direct the normal biochemical and cellular information systems to heal and ‘rebuild’ the body (Gerber, 2000, p. 25). This etheric field has numerous characteristics including that it connects all objects to each other, it flows from one object to another, it is found in all space – living and non-living, and the density [thickness] of this energy is greatest closest to the source (Brennan, 1987, p. 40).

Just as human beings are complex and multidimensional (having many dimensions including body, mind, emotions, and spirit), the human energy field has multiple dimensions. We will briefly explore several dimensions of the human energy field, including the energy “levels”, the chakra system, and the meridian system so you have an understanding of the complexity of the human energy system.

### **Energy Levels in the Human Energy Field**

The human body is surrounded by layers or levels of energy. The term energy levels does not accurately describe the human energy field, however, this term is the best word that I can find in the English language and so I use this term here. The reason that the term *energy levels*, does not accurately describe the human energy field is because the “levels” interpenetrate and are constantly interacting with each other. We will look at seven energy levels, although some authors describe even more levels.

The energy level that is the densest or has the thickest feeling energy level is the **physical level**. This level is associated with the physical functioning of the person and

provides an energetic structure for the physical (Brennan, 1987, pp. 43 & 49). This energy level follows the shape of the physical body and is located about 4 to 6 inches (10 to 15 centimetres) away from the physical body. This distance is where the TT practitioner places one's hands to sense the client's energy field. The emotional level is associated with feelings. This level also follows the outline of the physical body, however, it is more fluid than the physical level (Brennan, 1987, p.50). Next, is the mental level, which contains the structure of a person's ideas. This level is a finer energy than the two previous levels, as the energy levels move further away from the physical body they become finer and less dense or thick (Brennan, 1987, p. 50). These three energy levels are related to the physical world and the remaining chakras are related to the spiritual world.

The fourth level, the astral level, acts as the transmitter of energy from the physical levels to the spiritual levels of the human energy field. This level of the human energy field is strongly affected by lower level emotions such as anger. The fifth level, the etheric level, acts as an energetic map for the physical level. This energy level is more oval in shape and extends about 30 inches (75 centimetres) from the physical body (Brennan, 1987, pp. 51-53; Gerber, 2000, p. 29-30). The celestial body is the sixth level of the human energy field and is the emotional level of the spiritual plane. At this level one can experience 'spiritual ecstasy' (Brennan, 1987, p. 53). The final level and seventh level, is the astral level, this level contains the 'power current' that connects with the spine and energetically nourishes the entire body. This energy level is strongly influenced by one's thoughts and emotions (Brennan, 1987, pp. 53-54; Gerber, 2000, pp. 29-30). These levels of the energy field are the primary focus for the process of Therapeutic Touch™; however, it is also beneficial for the TT practitioner to be aware of other dimensions of the human energy field. Each of the energy field levels described here are associated with another dimension of the human energy field, the chakras.

## Chakras

There are seven major chakras, or energy centers, located in the physical body, including the root, sacral, solar plexus, heart, throat, brow and crown chakras. The chakras are centers of concentrated energy or consciousness (awareness) and each chakra corresponds to a major nerve plexus (nerve pathway crossing) in the specific area of the body where it is located. The chakras serve several main purposes, they: bring vitality to the human energy field; bring about the development of one's consciousness; and, transmit energy among the levels of the human energy field (Brennan, 1987, pp. 46 & 48). According to Gerber (2000) the chakra system is the spiritual connection to health. The location of each chakra will be identified here and if you want more detailed information about the chakra system you can refer to several excellent books on this subject: Gerber, 2000; Brennan, 1987, 1993; Bruyere, 1994; Judith, 1987, 1996; Kunz, 1991; Myss, 2004.

| <b>Chakra</b>    | <b>Physical Location</b>                             | <b>Associated with</b>  |
|------------------|--|-------------------------|
| 7 – Crown        | Top of the head – aligned with the ears and the nose | One's true life purpose |
| 6 – Brow         | Center of the forehead                               | Wisdom & vision         |
| 5 – Throat       | Center of the throat                                 | Personal truth          |
| 4 – Heart        | Middle of the chest                                  | Loving relationships    |
| 3 – Solar Plexus | Middle of the abdomen                                | Relationship with self  |
| 2 – Pelvic       | Center of the pelvis                                 | One-to-one relationship |
| 1 - Root         | Base of the spine                                    | Safety                  |

*(Adapted from Brennan, 1987, p. 73; Gerber, 2000, pp. 52-53; Leskowitz, 2006, p. 32)*

## **Meridian System**

In addition to the energy field levels and chakras system, the human energy field can also be described by energy pathways called meridians. The meridian system, discovered in China, identifies energy movement throughout the physical body through specific channels or lines of energy. Energy flows through the meridian system much like electricity flows through a wire (Leskowitz, 2006, p. 31). Along the meridians are specific points where energy may become blocked or stagnant. The Therapeutic Touch (TT) practitioner may become aware of areas of stagnation during the TT assessment.

As human beings we all have the innate capacity to heal through touch. This healing process can be learned, the healing processes of Therapeutic Touch™ and Serenity Settling® will be described in the following chapters. During a Therapeutic Touch™ session, the TT practitioner may become aware of each of these dimensions of the human energy field. Understanding that there are numerous dimensions to the human energy field is one way to open one's self to the information that energetically presents itself during a TT session.

## **Chapter 5 – Therapeutic Touch: Energy to Help and to Heal**

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The process of Therapeutic Touch (TT) is a form of energy healing that was developed by Dora Kunz, an intuitive healer, and Dr. Dolores Krieger Ph.D., in 1972 (Krieger, 2002, p.12). As a new graduate from the Ph.D. program at New York University, Dolores was knowledgeable about human physiology and the healing process. She wanted to explore the healing process beyond the conventional knowledge that she had gained in her many years of schooling. This interest connected her with Dora Kunz, a natural healer, and thus began an in -depth exploration of the healing process. Dora did healing work intuitively, it was not something that someone had taught her, however, as Dolores observed the work that Dora did with her patients she thought that this process could be taught and learned. From her detailed observations, notes and conversations with Dora, Dolores outlined a process that closely followed the nursing process. This process that was described in language that health care professionals would understand. When TT was first taught it was taught to health care professionals who shared TT with a wide variety of patients and found that there were many benefits to using this process to support healing. However, now, TT is taught to anyone interested in healing, with the understanding that everyone can learn TT and share the benefits with those whom they care for and care about. The following is an explanation of the process of Therapeutic Touch.

### **Therapeutic Touch – The Process:**

Therapeutic Touch (TT) is a process that is simple and easy to learn. The basis of TT “lies in the intelligent direction of significant life energies from the person playing the role of the healer to the healee...” (Krieger, 1979, p. 23). Once you have learned the basic process of TT there is much more that can be learned, however, a good place to begin is with the four basic components of the TT process. The TT process involves four key components - centering, assessment, rebalancing, and reassessment - each of these components will be discussed further. It is important to recognize that these key components, although talked about individually, are interrelated. When the practitioner does TT there is a flow back and forth among the components until the TT session is

complete. The first component, centering, is maintained throughout the entire TT process.

## **Centering**

As the practitioner begins the process of TT it is important to bring oneself fully present in the moment so that one's full attention is focused on the whole person. In addition to focusing on the whole person, the TT practitioner also senses the client's energy field and uses one's hands to gather this energy information – heat, cold, tingling - emanating from the client. During the TT process the practitioner specifically pays attention to how one is giving TT and how the client is responding to the TT process. As the TT practitioner focuses one's awareness one becomes **centered**. Krieger (2002) describes centering as “[a] state of [focused] consciousness that is maintained throughout the TT session” (p. 15). As one begins the TT process one becomes **centered** and maintains this centered state throughout the entire TT process. There are several dimensions to the centering process, these dimensions can be done in any order and I have written about them in an order that works for me. I would encourage you to do the centering process by following this pattern and then make adaptations in order and sequence as you become more familiar with how it feels to be on center.

1. **Quieting the Mind** – Our world can be a busy place and in response to this busyness the mind also becomes busy. When the practitioner enters the healing interaction, she/he sets aside all thoughts about everything outside the healing interaction and focuses on the present moment. If one finds one's mind wanders away with a thought about something other than the healing interaction, one gently lets that thought go and brings one's focus back to the present moment, to the client, and to the TT process.
2. **Relaxing the Body** – Also with the busyness of the world we have a tendency to be physically busy and even physically tense. One strategy that helps me to relax is to focus on my breathing, notice the ebb and flow of my breath, and allow one's breathing to become slower, deeper and relaxed. As my breath becomes relaxed, my body begins to relax. I take whatever time is needed for that



relaxation to flow throughout all of me. When I am fully relaxed I experience a feeling of 'sinking in' to the present moment and I find that my mind becomes quiet as well.

3. **Focused attention** – When I center my attention goes to my heart center, a center of peacefulness and compassion. Then, I bring my attention to the client, noticing how he or she is sitting in front of me and how this person is being comfortably supported by the chair or bed. It is important that the client is comfortable and supported so that he/she can relax. If needed, I will place a cushion under a seated client's feet to ensure that the feet are supported comfortably.
4. **Grounding** - As I relax my body and mind I feel the sense of energy flowing through my entire body. The flow comes from the top of my head all through my body; down through my arms and hands, and legs and feet, there is a continuous flow through me.
5. **Intention** – I set the intention to help or heal the client in a way that is for that person's highest good or best interest. I also set the intention to be open to cues that the energy field presents to me. I also set the intention to respond to these energy cues in a manner that is safe and comfortable for the client. In addition, I also set the intention to connect with the universal energy flow so that energy can flow through me for clients to use for their own healing.
6. **Connection with Universal Energy** – As I connect with the universal energy, I feel myself as part of an infinite source of vital energy flow, energy that flows through me and out of me. The energy flows through my hands to the client and the energy flows through my legs and feet and into the earth. This energy flow continues throughout the entire TT process.

This centered state is maintained throughout the entire TT process because centering is “the source of empowerment for the Therapeutic Touch process” (Krieger, 1997, p.23). If I notice myself being off-center, for example, my mind wanders to something other than what I am doing in the moment or I find myself

becoming tense or feeling fatigued, I use this awareness as signs that I am off-center, I am grateful for that awareness, and, I bring myself back to center again. Sue's CD *Being on center* (<http://www.healthyoutlook.com.au/Products>) is a wonderful way to be guided into a centered place.

Once I have become centered I begin assessing the client's energy field. When you are first learning TT you may find it helpful to rub the palms of your hands together firmly in a circular motion until you feel the warmth between your hands. This action helps to increase the sensitivity of your hands as you begin the assessment.

### **Assessment**

During assessment I use my hands to sense/ feel the balances and imbalances in the client's energy field. As I stand in front of the client, my hands gently, rhythmically glide 4 to 6 inches (10-20 cm) above the client's body. I begin at the head and move my hands slowly down towards the feet with one hand over each side of the body (left and right). As I am moving gently and slowly, I notice the sensations that I experience through my hands, particularly the differences from one side of the body to the other, all the way down the legs and the feet, and mentally I note those differences. One complete scan of the person, moving from the top of the head all the way down to the feet, would take seven to ten seconds (Krieger, 1979, p. 45). I may repeat this scanning process several times, as I face the front of the person, each time noting any differences from one side of the body to the other side of the body, and any differences from the head to the feet. I then move around to the back of the client and move my hands in the same gentle, rhythmical direction over the client's back, again noting any areas of balance and imbalance. The area where there is a notable difference is where I will focus my attention in the next phase of rebalancing. Differences may be experienced as sensations such as heat, coolness, tingling, pins and needles, thickness, or as intuitive impressions including colour, images, and sounds. These will vary with each practitioner.

## Rebalancing

In this phase of the Therapeutic Touch process the practitioner uses the hands to *clear or unruffle* the client's energy field. The surface of the energy field can feel irregular and this clearing action results in a smoothing of the field's surface. It is also a gentle way of saying 'hello' to the client's energy field, like an energetic 'hand shake'. I find that this initial clearing can encourage increased energy flow in areas where flow has been limited or energy stagnation has occurred and this is what Dr. Krieger (1979, p. 54) has said is the purpose of the act of clearing. Another dimension of rebalancing is the *directing* of energy. When there are imbalances the practitioner can direct energy from one part of the field to another, for example, to an area that feels depleted in energy. For example, perhaps there is a physical sensation of feeling hollow. In this case the practitioners will support the movement of energy from another part of the body that feels full and overflowing with energy. Another approach is for the TT practitioner to envision him or herself being connected to a universal energy source, and then allow the energy to flow through him or her and out the palms of one's hands to the healee. Another important aspect of rebalancing is energy *modulation*. When the practitioner modulates energy there is an awareness of adjusting the flow of energy through oneself to match the client's energy flow. If the practitioner does not modulate the energy flow through oneself, the client can have the experience of feeling overwhelmed with the force of the energy or the client may feel no effect at all. When working with individuals who are ill and/or frail, modulating the energy is critical to the comfort the client experiences. Modulating also influences the ease with which the client's field can take in and absorb what is being offered in the TT session.

When rebalancing the client's energy the practitioner works on a ``principle of opposites`` (Krieger, 1997, p. 30), that is, if the client's field gives off a sense of coolness, the practitioner would intend sending warming energy. If the client's energy feels excited and frazzled the practitioner would send calming, soothing energy.

**Energy Directing Practice Exercise:** (adapted from Krieger, 1979, pp. 58-60)

1. As you sit where you are now, notice what the energy feels like in your right shoulder – notice the qualities of this energy.
2. When you feel that energy, now imagine that you are bringing this energy all the way down to your elbow – and when you have done this notice how this feels, what qualities of the energy are you aware of?
3. Now bring the energy down your forearm all the way to your wrist – when you have done this, notice how this feels, what are the qualities you are experiencing?
4. Then move the energy from your wrist, down through your hand and out through the tips of your fingers and the palm of your hand – notice how this feels, what are the qualities you are experiencing?
5. Now take a few minutes to write down the date and the specifics of your experiences of directing energy. Also write down ways that you could use this energy directing experience when you work with clients as you offer TT.

**Reassessment**

During this phase of the TT process the practitioner again uses one's hands to scan the energy field and identify the level of balance in the human energy field. When imbalances are present the practitioner may do some clearing and then do more energy direction and modulation

This moving back and forth between the components of the TT process continues until there is a sense of balance in the field, and a sense that the session is complete. Throughout the entire process there is multiple awareness. The practitioner maintains awareness of remaining centered, awareness of the client, of the cues in the client's energy field, awareness of one's own self and how one is responding to the energy, plus awareness of how the client's field is responding to what is being offered. ``During Therapeutic Touch, the person playing the role of the healer...becomes a human

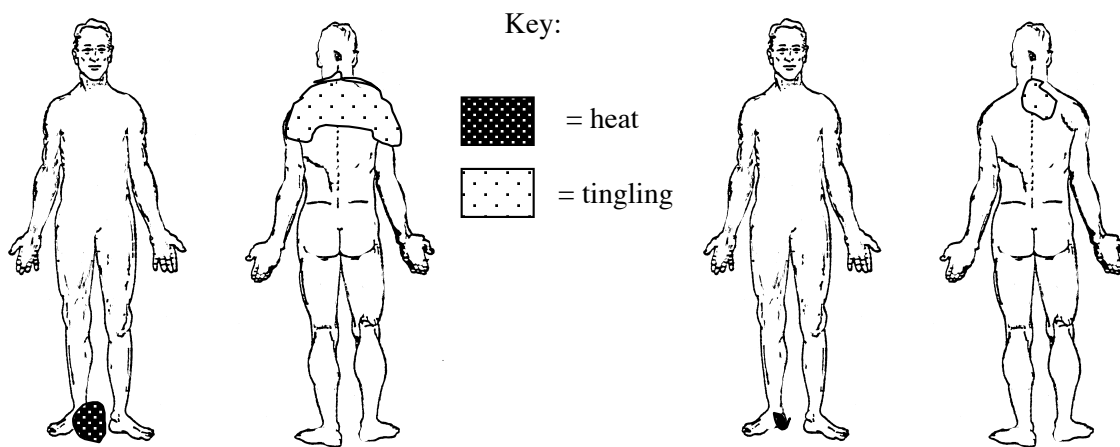
support system, supplementing the energies of the healee until the healee's own regenerative abilities can be mobilized in his or her own behalf (Krieger, 1979, p. 71).

This case study shows the changes in the energy field as mapped by a practitioner after giving a Therapeutic Touch to an elderly person with an ulcer on the right heel. She was very upset due to pain and her face was pale. The key on the diagram indicates where the practitioner experienced energy cues of heat and tingling. Pre and post drawings shows a change in the energy with a lessening of heat and coolness in the energy field post Therapeutic Touch. TT was given for 5 minutes:

## Therapeutic Touch Session Record

Pre - Therapeutic Touch Assessment

Post - Therapeutic Touch Evaluation



Client's comments: *Resident said, "My leg feels relaxed, not as tight". Said she felt like sleeping. She said the pain level had decreased from 5/10 to 1/10.*

Observations: *Speech was slower and more rhythmical. Pinkish colour around ulcer. She was smiling.*

## **Chapter - 6 Therapeutic Touch Research in Care of the Elderly**

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When one considers the primary health care concerns of the elderly, identified in Chapter 2 - pain, sleeplessness, decreased mobility, and behavioural changes, you will find that the research on Therapeutic Touch (TT) and the elderly demonstrates a good fit between client needs and practice outcomes. What follows is a summary of literature and research that has been published about the effectiveness of TT in addressing the needs of the elderly, as well as case study examples from practitioners that illustrate client outcomes in response to TT.

### **Pain**

Therapeutic Touch has been demonstrated to be effective in decreasing pain from a wide variety of causes, including: fibromyalgia (Stiller, 2006; Denison, 2004), migraine headaches (Hoffmeyer, 2000), tension headaches (MacNeil, 2006), chronic recurring headaches (Bronfort et al., 2007), burns (Turner et al., 1998), cancer (Jackson, McNeil, & Schlegtel, 2008). In addition to pain related to specific conditions, studies related to the elderly also demonstrated reduction in pain. Gordon et al., (1998) reported that clients with osteoarthritis who received TT had significantly decreased pain and improved function when compared with a control group who received the standard treatment. Lin and Taylor (1998) determined that pain could be significantly ( $p = .001$ ) reduced in an elderly population that experienced chronic pain. McCormack's (1999) findings were similar to the two earlier studies cited, non-contact Therapeutic Touch as being clinically effective in reducing pain intensity in older adults Peck (1997) found that TT decreased pain significantly ( $p = .001$ ) in the elderly patients with degenerative arthritis.

### ***Case Study 1 – Pain***

Julia sent in a story about a resident with a headache who was subsequently given Panadol. Two hours later there had been no effect and the resident repeatedly

complained to her. Aromatherapy, which usually works, had no effect. She had a frown, was looking up with her eyes half shut and rubbing her forehead. Julia gave her 7 minutes of Therapeutic Touch. Afterwards the resident said, "That was lovely". Her shoulders and face relaxed, she was no longer rubbing her forehead, and started doing her jigsaw puzzle (her favorite pastime). There were no further complaints of a headache. At the end of the session I asked if she still had a headache, she said, "Yes, but I feel better."

### ***Case Study 2 – Pain***

Crystal requested Therapeutic Touch for her dislocated her right shoulder so I gave her a session for about ten minutes. Afterwards she said "I feel quite tired now and very relaxed" Several weeks later she commented that her arm had "improved out of sight" after her session of Therapeutic Touch. She felt it was a real turning point and movement in her arm and shoulder was so much improved, and she felt brighter in herself.

### ***Case Study 3 Pain - Osteoarthritis and two Hip and Knee Replacements***

Prior to Therapeutic Touch Peter was rubbing his body in the area over his joints. He described the pain level as 9/10. The therapist noted sensations of heat over the shoulder area and coolness over the hip and knee areas. After Therapeutic Touch he said that the pain had reduced to 5/10, he had stopped rubbing his body and his faced looked happier. He said that he felt relaxed.

### **Sleeplessness**

There are several studies that have focused on other TT outcomes and in the process have identified positive effects for insomnia. Gregory and Verdouw (2005) identified "being able to sleep" as an outcome of TT intervention with residents in aged care. Cox and Hayes (1999) identified relaxation as one of the outcomes of TT used in critical care, in addition, the use of TT also enhanced sleep in critically ill patients in intensive care. Richards et al., (2003), and Gagne and Toye (1994) identified relaxation as an outcome of TT interventions in critically ill patients and veterans - when clients are more

relaxed they are more likely to sleep better. There is one study of TT with patients with Alzheimer's disease, Griffin and Vitro (1998), this study found that following TT sessions the residents demonstrated visible signs of relaxation which often lead to sleep.

### ***Case Study 1 – Parkinson's Disease – Therapeutic Touch in the home setting***

Cyril is seventy-eight years old and has late stage Parkinson's Disease. There is little expression in his face, his speech is very slow and he can become quite stiff and immobile. In the evening before bedtime he becomes agitated and unsettled. It is difficult to calm him to sleep. This case study describes the effects of Therapeutic Touch over a number of sessions.

#### **Session One:**

Cyril began to show signs of calming down but became agitated again, so I stopped the TT treatment just under ten minutes. However his breathing was noticeably less laboured. His daughter commented that his level of agitation seemed reduced after the treatment. He slept an hour or so longer before waking again during the night.

#### **Session Two:**

Cyril's daughter requested that I focus on attempting to reduce the level of agitation. As I worked I noticed a buzzing sensation around the body. I proceeded to unruffle and unblock the energy field and completed the ten-minute treatment. Afterwards his face looked calmer and more flushed. The carer reported that he slept 2 hours longer than usual before waking in the night.

#### **Session Three:**

Cyril presented with minor inflammation and swelling in the right shoulder after a minor fall the previous day. His breathing was fast and he had an agitated and anxious look on his face. His eyes looked tense and stressed. The energy field around the right shoulder was noticeably hot and I proceeded to balance out the field. Afterwards he fell asleep. His breathing was deep and slow. The daughter reported that Cyril remained in a deep, relaxed sleep for a further three to four hours. Next morning the inflammation was down



and there was slightly more range in the right shoulder.

Session Four:

Cyril fell asleep in the first five minutes of the session. His breathing relaxed and the muscles were less tense. The daughter reported that the client remained asleep for about five hours. She observed that since the treatments began, her father's sleeping patterns have improved and he is much less agitated at night. He seems less unsettled throughout the day.

### **Anxiety**

Simmington (1993) studied the effects of Therapeutic Touch on 105 institutionalized elderly. The anxiety level of subjects who received therapeutic touch in the form of a back rub was found to be significantly lower than the anxiety level of subjects who received a back rub without therapeutic touch.

### **Case Study - Anxiety**

Barry appeared to be very anxious. He was continuously getting up and down from his seat and crossing and uncrossing his legs. Barry agreed to a treatment of Therapeutic Touch went to his room and lay down on his bed. Barry was advised that if at any time he wanted the session to stop to let the Brenda know. Barry was still very anxious and jumpy while on his bed. A few minutes into the treatment Barry's breathing rate decreased while the depth of breathing increased. His face became very flushed with his muscle tension relaxing, and the twitching stopped. Barry was told to stay on his bed and relax. He told Brenda that he felt much better and seemed tired and sleepy. The session lasted about seven minutes. Barry slept on his bed for approximately forty minutes. He seemed relaxed for the remainder of the afternoon.

### **Decreased Mobility**

One study looked at the effectiveness of TT for improving functional ability in elders with arthritis. Peck (1996) found functional ability improved for hand function ( $p < .007$ ) and walking and bending improved as well ( $p = .044$ ).

### **Case Study: Osteoarthritis**

Bob was having difficulty getting out of his chair. His transfers were awkward. He asked the nurse if she could do "that thing" (Therapeutic Touch). After a ten minutes session he was delighted to get out of his chair with less assistance.

### **Dementia & Behavioral Changes**

Baseley and MacNeill (2004) used TT as a way to release tension and aid relaxation in older adults with dementia. Forbes, Peacock and Morgan (2005) incorporated TT in a stress-reduction program for managing agitated behaviours associated with dementia. Engle and Graney (2000) looked at the bio-behavioral effects of TT and found that total pulse amplitude and time perception decreased significantly following TT.

Numerous TT studies have focused on Alzheimer`s disease and dementia, and the resulting behavioural changes. Gregory and Verdouw (2005) demonstrated improved behavioural outcomes following TT with aged residents. There was a reduction in vocalization, restlessness, wandering screaming and crying. Doherty, Wright, Aveyard and Sykes (2005) examined the effect of TT on individuals with dementia and determined that TT increased resident well being. Woods, Craven and Whitney (2005) found that offering TT to individuals with dementia resulted in a decrease in the behavioural symptoms of manual manipulation and vocalization. In an earlier study, Woods and Dimond (2002) identified that TT had the potential to decrease vocalization and pacing, two behaviours that are common with Alzheimer`s disease. In another study, where TT and massage were offered separately, Snyder, Egan and Burns (1995), determined that hand massage and TT both resulted in participants who were relaxed and experienced decreased levels of anxiety.

### **Case Study 1- Dementia - Resistance to care of personal hygiene**

Staff informed the nurse of an increase in resistive behaviour while attempting to attend to Sarah`s personal hygiene. The nurse observed Sarah to be rigid and resistive, pulling away for staff when they attempted to remove her night attire. Consent was obtained from the son to use therapeutic touch to assist Sarah to relax when agitated. The nurse

informed staff to shower Sarah 45 minutes later and proceed to give Therapeutic Touch. During the unruffling process the nurse described a noticeable change in her behaviour. Her tense muscles started to relax as her shoulders and arms slowly dropped down. Her breathing depth increased and slowed down, her face and extremities turned pink and flushed. The grimacing angry expression on her face also changed to a peaceful look while she responded by groaning in a low tone. Sarah seemed to fall asleep post treatment. Later, staff reported that Sarah was not resistive during her shower and they were able to wash, dry and dress her much easier than ever before.

### ***Case Study 2 - Renee - An elderly lady with dementia***

In this case study, TT practitioner, Judy, records the effects of Therapeutic Touch over a period of weeks for Renee, who entered the aged care facility two months ago. Since then she had lost 5 kilograms and was refusing to take sustenance drinks. On this particular day she had requested to go to the toilet twice, but with no result.

24<sup>th</sup> May

Renee was very restless. As her anxiety increased she was constantly getting on and off the sofa. Following consent from the next of kin, Renee was given a therapeutic touch session which lasted about six minutes. Seconds after the treatments finished, Renee started yelling "pooee, I'm pooee". Judy took her to the toilet where she sat down for the first time quietly and opened her bowels without getting up until she had finished. Staff checked the bowel book, which stated that she hadn't opened her bowels for five days. Renee's niece arrived later in the afternoon and stated how much calmer Renee was.

26<sup>th</sup> May

Staff noted Renee to be very restless this afternoon. After the ten minutes treatment, Renee had dinner in bed. Even though she was cognitively impaired she described what had happened in the treatment. Later on in the evening Renee sat with staff in the lounge and for the first time started talking about her life when she was young and why

she didn't get married. Staff put her to bed and she seemed to fall asleep almost immediately and did not ring the bell, which she normally does without knowing.

1<sup>st</sup> June

Renee was continuously ringing the call bell, after going to bed. She was offered Therapeutic Touch and the session lasted five minutes. She fell asleep ten minutes later.

6<sup>th</sup> June

Renee had not been able to go to the toilet for 4 days. So Therapeutic Touch was offered and given for five minutes. After a large bowel movement, and an hour and a quarter later, she seemed very settled and ate all her lunch. She sat quietly with the other residents in the lounge.

8<sup>th</sup> June

Renee was sitting quietly in the lounge today. When Judy asked her how she was feeling she stated that she was missing her niece. Her energy field around her chest and forehead was very hot and tingly. Judy gave her Therapeutic Touch in her room for six minutes. Renee's energy field remained hot around the neck area on the left side, which she constantly holds when eating. She complains of wanting to be sick at the same time. After the session she fell asleep and upon waking she seemed happier, interacting with the residents instead of telling them what to do. Her behaviour has changed slowly over the past Therapeutic Touch sessions and she seems to be more settled and is eating more even though she still complains of feeling sick when swallowing. She has gained one kilogram in weight since the 25<sup>th</sup> May. Her niece who visits regularly has also noticed a change in her behaviour and is very impressed about the sessions. Staff will continue to monitor Renee's behaviour while Therapeutic Touch is being given.

### ***Case Study 3 - Dementia***

A practitioner sent in this case study:

I absolutely love this work and feel very honored to share the lives of my oldies in their twilight years. This year I made a decision to incorporate my Therapeutic Touch into my work more, and believe it or not, it has all happened for me. I have absolutely amazed myself as it has gone so well. I have one client with dementia who I give TT to twice a week. She is just so receptive to it and really relaxes into it. Her family says she is so much better after a session. Just last week she had to go to Hobart for a major bowel operation (at 87 mind you!), and I saw her for the first time yesterday. It was quite amazing as she told me this story. She said to me "When I was going to sleep at night I remembered you and remembered how you do that "touch stuff" on me. I knew that you weren't there but I just closed my eyes and it felt like you were doing it for me and I just felt really nice and went to sleep". I was quite staggered to hear this from an old lady who most of the time cannot remember what happens to her the day before. It is evident that the Therapeutic Touch has had quite an impact on her, that she remembers it to that extent. Needless to say I was absolutely thrilled to hear that. I also have another client who recently went into respite and her family phoned me to go to the nursing home each week to give her a session (and they paid me!!).

### ***Case Study 4 – Wandering***

Staff noticed Cath wandering around the facility and entering other resident's rooms after lunch. Cath was offered Therapeutic Touch and asked to let June know if at any time she wanted her to stop. Within a few minutes into the process Cath seemed to fall asleep. She became flushed in the face with rapid eye movements occurring. Cath's hands and feet seemed to twitch a few times during the unruffling process with her breathing changing to long slow breaths. Cath remained in a deep sleep until afternoon tea when staff woke her up. She seemed to be very peaceful and quiet once awake.

### ***Case Study 5 – Aggression***

Fran was verbally aggressive to other residents and staff, screaming inappropriate words at the top of her lungs towards them. The daughter was contacted and agreed to

trial Therapeutic Touch. As Therapeutic Touch was given the carer soothed her with a calm, gentle, loving voice. Within a few minutes, Fran closed her eyes and took a deep breath. Her muscles/body relaxed as she let go, her breathing slowed and face became flushed. Staff reported later that there was a noticeable change in Fran's behaviour. She seemed very settled at lunch and for the first time ate more than half her meal. She did not swear, yell or look at another resident in a rude inappropriate way. The daughter requested that Therapeutic Touch be given prior to any sedatives as a first option.

In addition to the above case studies, here are some further outcomes recorded from a nursing home in Tasmania where Therapeutic Touch training was conducted. (*Gregory 2003*)

| Reasons for TT Treatment   | Duration of Treatment | Outcome – Resident’s Response after Therapeutic Touch  |
|--|-----------------------|--|
| RESIDENT 1   |                       |  |
| Leg ulcers   |                       | Legs white at commencement and turned quite pink by end of TT. Resident relaxed.   |
| RESIDENT 2   |                       |  |
| Swearing, pacing, resistant  | 5 mins                | Settled down, became quiet, fell asleep. Woke after 1/2 hour became restless but no longer swearing or resistant.  |
| RESIDENT 3   |                       |  |
| Objecting to going to shower. Struggling & swearing, “You are not going to get me in there” (shower)                 |                       | Resident calmed down & said, “We might as well get it over” & stood quietly while she was showered. Still quiet while being dressed but then started swearing again once dressed.      |
| RESIDENT 4   |                       |  |
| Swearing, resistant  | 5 mins                | Resident settled down, became quiet, fell asleep. Woke after 1/2 hour, became restless but no longer swearing or resistant.  |
| RESIDENT 6   |                       |  |
| Bilateral hip replacement – now displaced. Severe pain   |                       | Pain reduced from 5/10 to 0/10. Stated he felt the pain in his R thigh being pushed down & out his legs. Stated it made his leg muscles relax. Breathing deeper than before treatment. |
| RESIDENT 7   |                       |  |
| Calling out “nurse”, “Nell”, “matron” incessantly even though attention & reassurance given (one hour)               | 10 mins               | Drifted off to sleep, relaxed & peaceful appearance.   |
| RESIDENT 8   |                       |  |
| Pressure areas/broken skin on buttocks, groaning, eyes screwed up, complaining of pain, rolled up in foetal position |                       | Relaxed, rolled over and asleep by end of treatment. Slept 2 hours.  |
| RESIDENT 9   |                       |  |
| Pain   | 3 - 5 mins            | Breathing more deeply, face a pink colour, reporting headache dulled. Checked back after 25 mins & she was asleep.   |

## **Chapter 6 – Serenity Settling®: Energy to Calm People with Dementia**

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### **What is Serenity Settling®**

Therapeutic Touch is generally given when people are sitting or lying down with the hands held 2 – 4 inches above the body, in slow, rhythmical movements. In the case of elderly people who were wandering or pacing it be difficult to offer Therapeutic Touch when they are moving.

By comparison, Serenity Settling® is given whilst a person is walking about or involved in activities of daily living, such as showering, dressing or eating. After the practitioner has centered, one hand is placed over the adrenal gland, whilst holding the other hand. The practitioners will walk with the person until there is a settling, or wanting to sit down, or a reduction in distress associated with the activity.

Because the hands remain on the body it looks very natural. People new to energy work have said they feel less conspicuous giving energy in this way, and that it feels more appropriate when walking beside someone. Because Serenity Settling® is offered whilst the recipient is moving, there is a greater emphasis on the skill of being grounded, which is a part of the centering process.

Carers often comment that they naturally touch when they are with an elderly person. However, the difference is the conscious intent to transfer energy.

### **The Evolution of Serenity Settling®**

Students in my Therapeutic Touch™ classes had been commenting that Therapeutic Touch was effective for people with dementia, but difficult to give whilst they were wandering.

As I held this as a question in meditation, a picture arose of walking beside someone who was moving about, and placing the hands in stationary on their bodies in a natural,



non-invasive way.

The next day we experimented with the process and thus Serenity Settling® was born.

Using an action learning research approach in different classroom and clinical settings, the process of Serenity Settling® evolved to its present form.

Carers reported it to be very helpful for calming people who were wandering into other people's bedrooms as it provided them a way to lead them gently away without creating upset or resistance. Others began using it to settle people with dementia prior to sun-downing (the agitated pacing about that can occur in mid afternoon).

Initially, I taught Serenity Settling® as an adjunct to Therapeutic Touch™, but approaches from nursing homes and individual carers in home settings lead to Serenity Settling® courses being offered stand alone training. Now, some carers often begin by learning Serenity Settling® and progress to Therapeutic Touch™ at a later stage. All report that the processes have been complimentary in giving them a greater understanding of the depth of energy healing for helping people with dementia who are distressed.

Thus, a powerfully compassionate technique has evolved that is simple for anyone to learn, whether as a family carer at home, or for health professionals working in a residential facility.

### **The Process of Serenity Settling®**

Serenity Settling® is the process of centering the mind to become calm, gently approaching the person who is walking about, and when appropriate, one hand is then held over the adrenal gland offering a sense of deep peace, while the other hand supports the client's other hand. The two people walk together, side by side, dictated by the speed of the recipient and continue thus, until the person begins to slow. This will be indicated by a signs that could include a slowing of walking pace, reduction in chatter, a slowed breathing rhythm or sighs, and sometimes by a gradual closing of the eyelids as the person begins to relax. When appropriate the person is guided to a chair.

As well as being used when clients are agitated, pacing or sundowning, Serenity Settling<sup>®</sup> can be combined with activities of daily living, for example, while the carer assists the client with dressing or feeding. It can also be used to help people sleep.

### **Supporting Research**

Serenity Settling<sup>®</sup> combines principles from complementary energy therapies, with mindfulness walking meditation practices. Currently Serenity Settling<sup>®</sup> case studies provide the data to describe the benefits experienced (Gregory, 2006, 2008). These have been collated from a number of aged care facilities where Serenity Settling<sup>®</sup> is being practiced.

In the meantime, however, there is some supporting research, which I have outlined below:

- At the Institute of Heart Math, McCraty, Atkinson & Tomasino (2001) have shown a relationship between emotional state and the frequency spectrum of the electrical signals from the heart. Feelings of love, caring and compassion or of frustration and anger will affect the signals produced by the heart. These signals are conducted to every cell in the body and are radiated into the space outside the body. When intent of care, compassion, appreciation and love is generated there is a change in heart rate rhythm from dysrhythmic to smooth and harmonious, which then creates autonomic nervous system balance and cardiovascular efficiency.
- Further laboratory work has documented energy exchanges between people who are touching or are in proximity. (McCraty et al.1998). Specifically, a person's electrocardiogram signal can be registered in another person's electroencephalogram and elsewhere in the person's body. The signal is

greatest when they are in contact, but is still present when they are in proximity without contact.

- As well as energy circulating through the body, researchers have found that electrical and magnetic energy also emanates from the body as a pulsing bio-magnetic field (Oschman, 2003). This field can be measured up to 8 to 10 feet away from the body with sensitive detectors called magnetometers.
- Studies have shown that when a Therapeutic Touch practitioners enter a quietened, meditative state to commence Therapeutic Touch, the bio-magnetic field from their hands increases and is the same strength and frequency as clinical devices that mechanically pulse magnetic fields into the body's existing field to "jump start" the healing process (Zimmerman, 1990)
- In an experiment by Zimmerman (1990) a therapeutic touch practitioner and his patient entered a magnetically shielded chamber containing a SQUID detector (a type of magnetometer). When the practitioner relaxed into the meditative or healing state, a bio-magnetic field emanated from the practitioners hands. It pulsed at a range varying from .3 to 30 Hertz with most of the activity being at 7 to 8 Hertz. In this study, non-practitioners were unable to produce the bio-magnetic pulses.
- When pulsing electro magnetic fields are projected from the hands, a chain of reactions is initiated that flows from the cell membrane to the cell nucleus and to the DNA, activating a host of cellular processes. These cellular processes include immune surveillance, regeneration, tumour invasion, injury repair and immune system responses (Gilman,1997).

## Case Studies

Practitioners have reported that when Serenity Settling® is given, the recipients' breathing rate and speed of walking slows down, and the amount of, and volume of calling out or vocalising is reduced, and people often sit down (Gregory, 2008). Practitioners have noted that Serenity Settling®, given well before sundowning begins, or in the early stages, reduces and sometimes eliminates sundowning behaviour. Staff report a feeling of satisfaction in being able to help someone to be less agitated through this process. The case studies below are examples:

### ***Ruth:***

Ruth was about to celebrate her 90<sup>th</sup> birthday. Just before relatives arrived, she wandered up the street. When staff tried to bring her back home, she refused, pushing them away. So staff called for Meryl, who had recently trained in Serenity Settling®. Meryl described centering and grounding herself as she walked toward Ruth, so that she was very calm when she reached her. She held an intention of “being with” rather than “doing to”, looking beyond the external turmoil to Ruth's inner wholeness and beauty. Rather than try to force Ruth to come back, Meryl held a view of accepting what was happening and without trying to change anything, joined her, pacing at her speed. Ruth began to accept her presence and Meryl placed her hand over Ruth's adrenal gland, intentionally offering calming energy to help Ruth settle.

Ruth's breathing slowed, and as her body settled, Meryl was able to take her hand and walk beside her, offering serenity. Ruth's tension dissipated as the tension drained from her face. A smile reappeared on her now peaceful face and they walked back home together.

### ***Bert:***

Bert loved hovering in the reception area. He would make a dive for the front door each time it opened. He was very distressed when staff tried to convince him to go with them to a different area, and, as time moved on he would become increasingly agitated and upset.

Jane decided to use Serenity Settling® to see if she could help Bert to settle. She described standing beside him in the foyer, then focusing her attention to become centered and grounded. Then she placed her hand over his adrenal gland imagining calming energy flowing into his body and downwards toward his feet. Gradually Bert's breathing slowed and the intentness of the eyes that were focused on the door began to soften. His shoulders relaxed and she was able to lead him in another direction in a non-invasive way. Bert was happy to walk with her, with no resistance at all.

***My first day back:***

My first day back at work saw me try the new technique (Serenity Settling®) on a very angry lady with dementia. Thank goodness she was in bed when she was trying to kick and hit me!!! She started out as a raging tiger and after a half an hour of sitting with her, intermittently focusing and projecting the color blue, she became a pussy cat who wanted to know if there was anything she could do to make things easier for ME!!!! Amazing.

***Carmen:***

Ninety-year-old Carmen was wandering. Serenity Settling® was given for five minutes. Afterwards she lay on the bed and fell asleep.

***Rosie:***

Rosie is in her mid eighties and has dementia. From time to time (and becoming more so) she gets terribly anxious and worried about *her* baby and *children* and the young fellow down the road, who needs help to look after his brothers and sisters. Also, her son, who works so hard, she has to help him with the milking the cows, making tea and feeding *her* baby.

I decided to offer Rosie Serenity Settling®. While heading towards her I centered and grounded myself by taking a deep breath and focusing completely on her. I listened to her concerns while trying to reassure and calm her, as she wanted to go home to help her family because it was getting towards dark. I stood with her at her window,

compassionately reassuring, as these concerns were **real** to her. I reiterated that it was getting dark and cold outside and her son is very capable and would have everything under control.

At the same time, I was giving Rosie Serenity Settling<sup>®</sup> with my right hand stroking her back over the adrenal area, and my left hand was holding her left hand, I was intentionally sending calming, caring, warmth to her. After a time Rosie calmed and relaxed slightly, stating, that I was probably right and that she was getting tired. I encouraged her to have a seat in her comfortable chair and I would get her a “cuppa”, of which she stated, that would be really nice. She settled down.

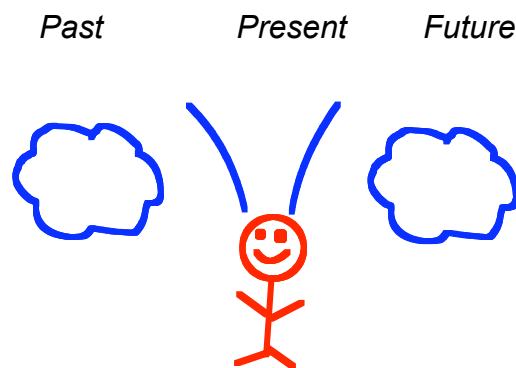
### **Exercises to help you become centered and grounded**

When I teach Serenity Settling<sup>®</sup> the most important aspect is to become centered and grounded as we cannot give calm to another otherwise. Living or working with people with dementia or those who are agitated can make us very ungrounded and uncentered and we can become agitated ourselves. So even if you don't practice Serenity Settling<sup>®</sup>, you can use these skills to care for your own wellbeing to keep you calm and healthy.

#### ***Centering:***

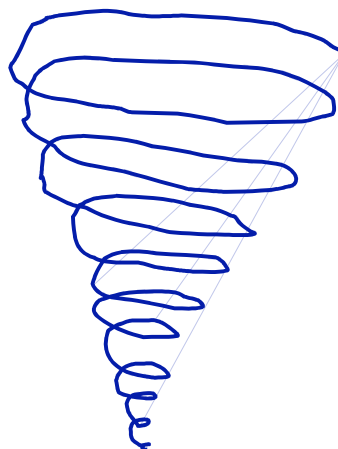
Centering and grounding is not about blocking off thoughts and being perfectly still inside. Thought will come and go from your mind all the time and if you try to stop them, it's a losing battle. Thoughts will come and go, no matter what. We just decide to focus on something else – in this case, helping the person with we are with. We are already skilled at this but may not know it. I am sure there have been many times when you may have comforted a crying child. You can be aware of other things in the background, like the food cooking on the stove but most of your attention is on settling the youngster who is crying. This is because perhaps, unconsciously, you have become fully present by focusing your attention on the child. Similarly, there most likely have been times when the radio is going in the back ground whilst you are focusing on your driving. You are aware of the sound but most of your attention is on staying on the road. You are probably already skilled at focusing. To remind and reinforce your ability to focus your mind, pause for a moment to remember these times... It will help your learning.

What we are talking about here is the skill of bringing your mind into the present moment. We let go of thoughts about the past and concerns about the future so that we can be right here in the now. It is from this place in time that we can truly give from the heart. This diagram below is a help to explain how your thoughts can be elsewhere – either in the past or the future. When you are fully aware of what you are doing right now, you are in the present – your mind is in your body instead of being off somewhere else. This is quite a different state than that experienced by someone with dementia



You may feel that you cannot center yourself as deeply as you would like. That's Ok. It's not about being perfect. If you are just that tiny bit more settled within, than the person you are about to help, you can settle them to the depth that you are settled. Over time, your ability to center yourself more deeply will develop. I like to think of it as a deepening spiral of stillness and focus.

*Spiral of stillness and focus*



Using this diagram to explain, a person with dementia may be so agitated that there is absolutely no stillness. It's likely they wouldn't even be on the spiral. Your ability to center may be somewhere near the top of the spiral, and as you practice, you will be able to center more deeply. I find personally that my ability to center differs on different days, and I've learnt to accept that. If I get caught up in worrying about it then I've begun judging myself and that takes me off center. Just do the best you can and enjoy it. The more you practice, you are growing the mental muscle to center in the present moment. We are learning to settle the mind so that we can use the heart more effectively in the act of compassion. Practice wherever you are. One of my favourite places is when I am standing in line at the supermarket. All the noises are in the background and I use them as a trigger to become mentally focused on imagining sending calm and peacefulness to the person in front of me in the cue. Its good fun and time passes quite quickly this way. Now, lets explore the practice of compassion a little more.

***Appreciation exercise:***

Here is an exercise you might like to try next time you are washing or bathing someone. First of all deliberately, begin by thinking of something else. Whist you are washing the person's shoulder for example, think of what needs to go on your shopping list for tomorrow night's meal, or talk to someone nearby about what you did last evening. Watch what happens to the person you are helping. Has their breathing quickened, is the face tense or uptight. When I do this exercise in class the recipients say they feel they have been handled impersonally, like they don't really matter. They describe feeling distressed. Unfortunately, in aged care, where caring can become 'task focused' because there is so much to do in so little time, can be the experience of our elderly in many cases.

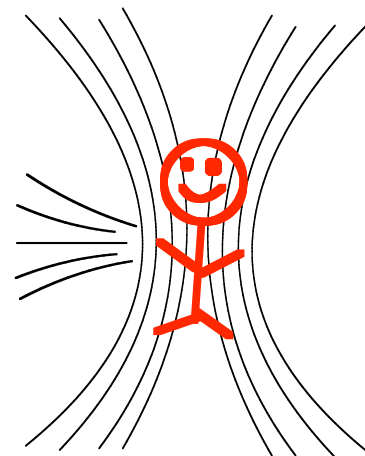
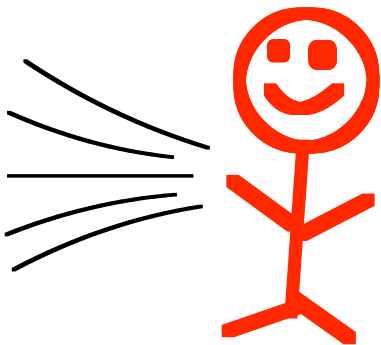
Now shift to being fully appreciative. As you wash the person think of the beauty of this being which is beyond their physical, emotional and mental aspects – to their inner self. Think of the being as happy. Maybe in your mind's eye you might see them as smiling and content. This person has lived and loved, and wants to be happy, just like you do. Breath with that feeling, and be conscious of it leaving your nostrils on the out breath. Notice what's different in your movements. Have they slowed down? Is your face softer?



Is your breathing slower? Are you more aware of the movements of your hands? Now look at the person you are bathing. What's different in their breathing? Is the face more relaxed? Are the shoulders less tense?

This little exercise teaches us two things. Firstly, that the most effective way to change someone else's' behaviour is by doing something differently ourselves. Secondly, it teaches us that being appreciative help to bring us into the present moment. It helps us to be more aware of what's happening as we 'do" something. We are more able to 'be' with the person. It is more enjoyable as the giver, and certainly for the receiver. Indeed, they feel cared for. As well as being physically present, your mind and heart are present as opposed to the mind being elsewhere thinking about the shopping. When we work this way, we restore our own energies Rather than being depleted we are coming from a centered state of being and our own energies are refilled as we give. This is how you prevent burnout. When you are appreciative, there is a natural opening up to energy flowing through you, rather than just from you. Since learning to work in this way, I have personally found that I have much more energy, can work longer hours, and with greater joy in my heart.

*Giving all our own energy and becoming depleted or opening up to vital energy flowing through and out*



### **Grounding:**

Because Serenity Settling<sup>®</sup> requires moving about while being centered, when I am teaching the process, I place a great deal of emphasis on the ability to be grounded. It very important, as my personal experience of people with dementia is that they can be

very ungrounded. That is, their minds attention is quite scattered, most likely in the past, where the focus is pre-occupied with worrying. Their focus is not in the present moment with what is happening around them. In this state, I experience the energy field of someone with dementia as hot, tingly and pulsating quite quickly in the area around the head, whilst the energy field around the legs is quite thin, sluggish and cool, if I can feel it at all. I have learnt that for me, this is indicative that the energy field is not flowing or in balance. If it were, the field would feel even all over the body.

At this point I would like to use a metaphor or two to explain grounding and how to do it. If you think of a lightning rod, its role is to take electromagnetic energy in the atmosphere and divert it into the ground where it can do less damage. In relation to the energy field of someone with dementia, my own experience is often of excessive energy around the head area. If I were giving Therapeutic Touch™ I could use the hands in downward rhythmical movements, combined with my intent, to help mobilise the energy down towards the feet and promote flow through body. However, in Serenity Settling® we can't hold the feet when we are walking beside someone, so intent is very important. In this situation, grounding is very important. Grounding is the intent of being very connected to the solidness of the earth for energy to flow through and out.

Dora Kunz and Dolores Krieger, the co-developers of Therapeutic Touch™, taught us to use the symbol of a tree, which opens up to the energy from the sun and is rooted in the earth at the same time. This way, we create an open channel for healing energy to flow through us when we ask with our intent.

### ***How to ground:***

If you involve all your sense in this, the sense of groundedness that you can experience can be quite remarkable. Here is an exercise you can try with a partner:

1. Imagine one of you as the wind and the other as a tree without roots – so it is not solidly connected to the earth. Taking care, the wind attempts to push the tree. It doesn't take much to gently knock it off balance.

2. Now, the tree imagines that it has roots going down into the soil that help it to be more stable. The wind will likely find it more difficult to push the tree over.
  
3. When I first learnt this exercise I imagined little roots out the bottom of my feet that didn't go very far. Thus my own grounding wasn't very effective for a long while, until I began to experiment. You may like to imagine a huge rainforest tree, an ancient sequoia or one of the massive Tasmanian eucalypts – the tallest hardwoods in the world. But this is just a guide, as you may have a favourite tree that you already know, so it's important that you use what works for you. Then, imagine the colour of the tree in detail, the size and shape of the trunk, and the roots, and blow them up in your mind till they are a really, really big image. Perhaps some roots are going out sideways to give stability, whilst others are going deep into the earth or right through and out the other side, attached to an anchor. Maybe, in your imagination, the roots start from your tummy area rather than your feet, or maybe you become the tree entirely. You are your own laboratory so play around with your imagination. See what's different for you, as you imagine different scenarios. Is it more difficult for the wind to push you around?
  
4. Rather than think in pictures, some people think in sounds. For example, they will remember the tone and pitch of voice as they recall what someone said to them, rather than the look on someone's face. If this is the case, saying verbal or non-verbal sounds to your self may help you to ground more effectively. Some people have a mantra they repeat, others a short line of a prayer whilst others recall a soothing piece of music, sometimes with deeper sounds. Experiment with these ideas as "the wind" gently attempts to push you.
  
5. Other people experience the world through feelings first. So you may like to experience with scenarios such as imagining moving your hand across the texture of the bark, or the feeling of the soil in your hands. Perhaps there are body sensations of warmth or solidness that you notice that you can recall to help

you to become grounded. (Some people do not relate to the tree image at all. They find it more effective to think of their toes in the sand or the sensation of sitting on a solid rock in the sun.) Play around – find what works for you! If you continue to stay with it you will find that you can become even more solid in a relaxed way without a rigid holding – just like a tree can be very stable in the earth whilst its branches are moving with the strong wind. This is how you want to be when you are with people who are distressed. This way you will not take on all the anxiety but can mentally ground yourself so that it can flow through you without sticking.

6. You may like to play around with combining visual, hearing and feeling cues to help you ground. For example, when I see someone who is agitated that I may be able to help, it triggers me immediately to think of myself as a tree and I see in my mind's eye long deep stabilizing roots. Mentally I run my hands over the bark, and say to myself in a slow, deep loud resonating voice "Ground!" As I walk towards the person this inner voice continues and I mentally breathe my out breath down and out the roots, deep into the earth. I feel warm and peaceful. Then, as I near the person I consciously become appreciative. Appreciation and acceptance is a very powerful component of compassion.
  
7. To experience the power of compassion, ask your partner to be a wind that is a little cross with you, more likely to push you around a bit (this is to simulate being in a very agitated environment). As the wind pushes you around the first time (gently of course so that you do not fall over) use all of the above strategies to keep yourself grounded. Then, the second time the wind pushes you, with each push, gently imagine responding with appreciation and acceptance. Think of the person with warmth, gratitude and kindness, as if you were seeing beyond what they were doing to a beautiful heart. Imagine them as happy. Now, watch carefully how the wind responds. You may notice that gradually they push less forcefully, perhaps their breathing changes, becoming slower and deeper. The

pushing may become slower and more intermittent, till eventually they give up. When teaching this in my Serenity Settling® classes students have reported that they just don't feel like pushing any more. There is nothing to push against, as there is no resistance. This is the power of compassion. It can dissolve anger and distress. It takes practice but it is do-able. And, it is a life skill that is valuable in so many settings other than helping those with dementia or people living in aged care. I have found that with practice, practice, practice, it is on tap whenever I need it. That's why standing in supermarket cues is now so enjoyable! So give it a go. Have some fun with it! If nothing else you will have a good laugh!

8. Finally, if you have the opportunity to be around live trees or spend time in real forests, this is an excellent opportunity to experience the real calm and settling of the mind that can be gained from trees. Trees are living beings with trillions of cells creating energy from water and sunlight. They have an energetic rhythm that you can feel with your hands, just like the human energy field. We can be influenced by this energetic rhythm. An aboriginal man shared how, in his childhood, there was a particular tree that he would go to and lean against hug in times of distress. Afterwards he would feel better. Tree hugging is real – it works. One of my memorable experiences was visiting the ancient rain forests of Tasmania. The trees are four hundred years old with massive diameters. One particular tree is called the chapel tree and you can walk inside. The stillness and depth of grounding which I experienced was profound. I hold this in my memory when I am grounding to give Serenity Settling®. The brain does not differentiate between what is real or imagined and reacts accordingly. I feel deeply settled.

### **How to Offer Serenity Settling®**

So now that you have learned to ground yourself you can begin to apply the process to Serenity Settling®. Here are the steps:

- Centre and ground yourself.

- Approach the person gently and calmly. Imagine sending peace and calm to him/her. Think of them not as a “problem to be fixed” but as a beautiful human being who has loved, laughed, and experienced all of the same things that for you bring happiness. This attitude of acceptance and appreciation will powerfully and subtly alter your intent.
- If they are pacing, move into their rhythm. Don’t expect them to slow down because you are there. Walk the speed they are walking, when their right foot moves, you do the same, just like a couple who are walking together get in sync.
- When you feel you are in their rhythm, and they are accepting of your presence, place one hand over the kidney/adrenal area (on the spine about one hand span above the waist). If it seems appropriate, take their other hand, and rest it in your palm. This may be reassuring and help them to feel supported. If they are using a walking frame or cane you can rest your hand over theirs.
- Ask for universal healing energy to flow through you. You can imagine, if you like, a continuous flow of calm, entering the crown of your head, flowing through you and out your feet. Imagine your self deeply grounded. Then imagine this happening for the person beside you.
- Gently offer peace, calm and deep appreciation flowing through your hands into the adrenal gland area and down and out the feet. Imagine that you are connecting with that deep part of the person that is beyond worry, anxiety and fear, and that is truly whole and wonderful.
- You may choose to imagine the colour cobalt blue into the adrenal area, flowing down and through the feet. The color blue has a calming, quieting and sedating effect (Krieger, 1997, p. 130). This same colour is also represented in the ancient Tibetan practices of the medicine Buddha.

- If the person speaks to you, respond with soothing gentleness without distracting your focus on remaining centered and grounded
- Continue to walk with the person, observing very carefully. You may notice their pacing or vocalising beginning to slow or the eyelids beginning to close. Take care to notice their balance and be ready to guide them to a chair.
- Remain with them a few moments, as withdrawal of the intention of compassion can be disconcerting if it happens suddenly. Offer them gratitude just for being who they are. The effects of appreciation are subtle.

Variation:

- I have found that placing one hand over the nape of the neck, instead of the adrenal area has been a helpful option. Observe response and be guided by your intuition to determine which will be most helpful.
- If the person does not like to be touched you can walk together with them, offering calm with your intention.

Throughout this process, let go of any intent to make the person settling. Just “be’ there with them and get out of the way. Allow the healing energy to do the work. Sometimes there will be a response but not all the time. Sometimes people respond better at different times of the day, or have a response one day and not the next. At the very least you are offering them compassion from your heart.

## Summary

I hope that these exercises and case study stories will encourage you to start experimenting with Serenity Settling® as it can be a very powerful and helpful.

## Epilogue

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Our purpose in writing this book *Silver Energy: Healing for the Elderly* has been to offer information and inspiration to support people who are caring for the elders either at home or in residential care.

Our intent has been to describe the practical value of complementary therapies in care of the elderly. We have endeavoured to combine evidence-based research with real life case studies to explain the benefits of Therapeutic Touch™ and Serenity Settling® as natural, non invasive approaches that you may be able to use to support elder's health and well-being. We have provided practical exercises to help you maintain your energy levels as a home care giver or health professional. We have provided a step-by-step guide to the processes of Therapeutic Touch™ and Serenity Settling® to facilitate your understand of how you can use gentle healing energy to help another person. We hope this will be a beginning point, an inspiration to continue exploring the journey of healing to help another. Ultimately, as we explore the healing of others, we are also healing ourselves.

We wish you well on your own healing journey. Our own experience has been that it is a never-ending one as the power of compassion is an infinite adventure. We would like to thank four silver-haired women who have influenced our journeys so far – the co - developers of Therapeutic Touch, Dora Kunz and Dr Dolores Krieger, and our own dear elders, our mothers. It is to them our book, *Silver Energy* is dedicated. Lastly we would like to thank our students and colleagues for their support and their case study stories.

We hope that your reading of this book touches you as much as it has touched us as we wrote each of these pages.

*“There is a light that shines beyond all things on earth, beyond us all, beyond the heavens, beyond the highest, the very highest heavens. This is the light that shines in our heart.”* From The Chandogya Upanishad



## Contacts

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Please feel free to contact us. We very much welcome your reflections.

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### **Therapeutic Touch™ – For more information and qualified teachers in your area**

Nurse Healers Professional Associates International (NH-PAI)

<http://www.therapeutic-touch.org>

NH-PAI has a specific learning module on elder care on their website.

Therapeutic Touch Association of Australasia, Melbourne, Victoria Ph 03 9578 4664

### **Serenity Settling® – For more information and qualified teachers in your area**

Sue Gregory [sgregory@healthyoutlook.com.au](mailto:sgregory@healthyoutlook.com.au)

## Resources

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**Therapeutic Touch in Aged Care.** An information DVD for families and relatives, Inservice education for staff and volunteers, Reference for people learning therapeutic touch, Training resource for therapeutic touch teachers  
<http://www.healthyoutlook.com.au/Products>

### **Power In Your Hands – Therapeutic Touch for elderly Hearts**

Therapeutic Touch has supported the development of a culture where people walk in the door and say something is different, there is something special here. The people in this video share stories of how Therapeutic Touch has touched their lives.  
<http://www.healthyoutlook.com.au/Products>

**AUDIO CD - Being On Centre.** Being on centre is the cornerstone of Therapeutic Touch. It is the process of quietening the mind and becoming still within. The CD will support you with skills to see the beauty and wholeness in both yourself and others, and to touch the world with compassion. <http://www.healthyoutlook.com.au/Products>

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