You are whole through touch: Dora Kunz and therapeutic touch

ARTICLE · JANUARY 1986

1 AUTHOR:

Erik Peper
San Francisco State University

94 PUBLICATIONS  501 CITATIONS

Available from: Erik Peper
Retrieved on: 17 August 2015
You Are Whole Through Touch: Dora Kunz and Therapeutic Touch

Eriç Peper

While sitting sideways on the chair, I leaned backwards and felt totally supported by Dora Kunz. Dora's hands moved in a soothing pattern over my chest. Her hands gently and soothingly stroking over my chest wall where only six weeks ago there still was a breast, I felt soothed and quiet, as if I am okay. Slowly the feeling of terror, anxiety, and fear "floated" out. I felt once again as a whole woman and not a crippled, de-feminized object. I felt tired. Not the exhaustion associated with anxiety. Instead, a tiredness from which I could go to sleep and re-integrate. I felt at peace....

This is a fairly typical example of a patient's reaction to a treatment involving Therapeutic Touch, a method which involves the concept of energy fields in regard to health. This method owes much to Dora Kunz for its beginning. She is a remarkable diagnostician and healer, whose special "perceptive abilities" allow her to identify the central theme underlying the patient's disease process. She is often able to rephrase this in such a way that the patient, for that moment, feels understood without being judged. As a result, her patients often feel more integrated and hopeful. Their overwhelming anxiety is reduced for that moment. It is as if she reactivates the patient's wholeness and spiritual potential during the healing process.

The author has been fortunate in having had the opportunity to observe Dora Kunz gently working with patients and has often wondered about what was occurring, since she is so much more effective than many others who practice this healing strategy. Her diagnostic and healing strategies are continuously changing and are individually adapted for each patient. Just when you think, "This is the way to do it," you discover that she has developed another creative approach.

A component of this healing process, known as Therapeutic Touch, has been codified by Dr. Dolores Krieger, a professor of nursing at New York University; it has been taught to thousands of nurses and health professionals. (Krieger, 1979)

Many health professionals have adapted this process to offer their patients, a high level of caring, which is so often missing in technological medicine. The concept of therapeutic touch is based upon an appreciation of energetic systems in which the practitioner, who has learned this technique, appears to transform and transmit a healing energy to the patient. Without actually touching, the practitioner can often use his hands to sense, balance, and reenergize the field of the patient. This field surrounds and penetrates the person. It also continuously interacts with the field of others. This energetic field perspective and some of the clinical applications have been described previously in a series of articles by Kunz and Peper. (1982, 1983a, 1983b, 1984a, 1984b, 1985)

This article expands Krieger's initial codification of therapeutic touch by analyzing some of the processes and metacommunications which underly the remarkably successful diagnostic/healing skills exhibited by Dora Kunz. The descriptions are not absolute; they are only approximations to be explored and adapted to each practitioner's indi-
ual style. By describing some of the components, it is hoped that practitioners of therapeutic touch can increase their clinical efficacy.

The multilevel healing process described in the opening vignette of the breast cancer patient contains a number of learnable healing strategies. Some of these processes include an energetic perspective on the part of the practitioner: a physical contact to reduce the patient's anxiety, a gentle emotional sup-

The more peaceful the practitioners are, the more effective they can be as a channel.

port of the patient, an acknowledgement of the core fears, and a support of the wholeness of the person.

I. SETTING THE STAGE

Setting the stage for optimizing therapeutic touch is the awareness that human beings are surrounded by interactive, energetic fields. The individuals' fields continuously affect each other. (Kunz and Peper, 1982, 1983a) This means that the emotional state of the therapist can affect the patient. The peacefulness and balance within the practitioner affects the patient; in other words: Emotions are contagious. The more quiet, peaceful, and centered the practitioners are, the more effective they can be as a channel.

To be centered is a state of being in which one feels whole and integrated. When centered, one is not concerned

Practitioners should think of the potential of health within the person.

with egocentric needs; for example, by putting aside (for that moment) his jealousy, financial worries, or the rehashing of arguments with his wife, a person feels peacefully alert and quiet. A simple to describe this state is that the person is like a tree, solidly rooted in the earth while simultaneously reaching upward to the sky. Since it is a windless, clear fall day, for this moment the tree is standing in all its glory, instead of being buffeted by the winds and storms.

Being centered does not mean that one cannot laugh, be humorous, or ob-

port to struggle with and possibly let go of all painful self-judgments. In this process, the patient may feel whole enough to face his own limitations and possibly death. He can also learn acceptance without resignation and to experience a reversion of HOPE.

2. THE PHYSICAL ARRANGEMENTS

Although psychotherapy has tended to have the therapist and patient face each other and make "intimate eye contact," interestingly, Dora Kunz seldom works in this manner. In most cases, she sits beside or behind the patient while touching them with her hands. She seems aware that direct, focused eye contact is sometimes threatening to animals, children, and adults.

This biological process is often overtly observed in young children. For example, upon meeting a young child, if one towers above him and directly looks downward to initiate eye contact, then
the child tends to withdraw and hide. In this case, the physical bulk of the adult, combined with eye contact, can literally be overwhelming. Imagine the different internal feeling you would experience if a football player (6 feet 4 inches tall, weighing 280 pounds) were to sit across from you and look down on you; and then compare that feeling with the feeling you would experience if a tiny grandmother (5 feet tall, weighing 90 pounds) were to sit across from you—

Dora Kunz sits beside or behind the patient while touching them with her hands.

on whom you could look down. In the latter case one would tend to feel much less intimidated and claustrophobic.

To reduce the biologically triggered withdrawal response to confrontational eye contact and to enhance a patient’s emotional openness, the therapist can arrange his furniture or working style so as to be less imposing. For example, while doing therapeutic touch with children, one can sit on the floor and touch from the back. In fact, contact with children is usually established in a progressive sequence consisting of initial touching games, peekaboo (look-and-not-look) games, and finally intermittent eye contact.

By being behind the patient during the healing session, the practitioner offers the patient the privacy and freedom to express his emotions. Face-to-face confrontation can inhibit crying or the sharing of negative self-images. Similarly, the therapist may be constrained in his own response because he is trying to control his facial expressions so as not to affect the patient. These subtle restrictions on expression inhibit change and make it difficult to be oneself.

When appropriate, the therapist can enhance this support by bringing his arms around the patient. The gentle arms surrounding the chest form a protection in which the patient may let go without shame. In this holding process, the patient’s emotions can go outward without having to consider how it will affect the other person. Simultaneously, the patient experiences a core sense of support which enables him to feel more of a whole person.

3. OFFERING PHYSICAL SUPPORT

Gently supporting the person from the back allows the patient to experience support nonverbally and kinesthetically. In many cases where Dora Kunz performs healing, she stands behind the person and allows her body to touch the patient. Often, she initially touches the shoulders or back with her hands. Many times, she stands behind the person as he sits on a stool, so that he can lean against her and be supported. This allows the practitioner to be able to treat the person without having the back of the chair in the way. The kinesthetic physical support of having your back supported by someone else may also mean that for that moment you do not have to carry “the emotional load.” For that instant, the patient truly feels supported. With this tactile support, the patient can reduce his bracing and possibly allow deeper emotional connections to surface.

Gently supporting the person from the back allows the patient to experience support nonverbally.

To offer this support, the therapist first relaxes and centers, since (as stated before) emotions are contagious. Obviously, before touching, implicit or explicit permission to touch needs to be received. Then have the patient sit on a stool. Stand behind him and position your knee and thigh against his lower back. Then slightly lean your upper body into the person. Gently hold the shoulders and almost rock him back an inch or two. Gently rock back and forth. Be sure you stay relaxed as you rock. Feel the patient letting go and relax, for he trusts that you truly will support him. While giving this support, the therapist must be physically balanced and relaxed so that the patient does not sense the fear or anxiety that the therapist might not hold him.

It may be possible that relaxation engendered by the support from the back reevokes the early childhood sense of security when we were held by our parents. Obviously, not everyone will react positively. In a few cases, the person may stiffen. Always respect the person’s responses; if he does not like to be touched, he may feel invaded. With practice, the practitioner will become more sensitive to the patient’s response. The healing process is a feedback process, since in most cases the practitioner alternates between assessment and healing—a process which is repeated many times until the healing feels finished. To facilitate the beginning of this process or to reduce the tension, rapport needs to be established.

Rapport can be established by being nonjudgmental, acknowledging the person’s feelings, or through self-deprecating humor. Again, in observing Dora Kunz, she often uses humor to reduce tension; for example, she may begin a statement by: “Oh, I am just an old lady . . . ,” followed by her laughter. Equally, when other people are present, a practitioner could say: “You must feel like a guinea pig sitting in the hot seat when every one is looking at you.” Such a statement acknowledges the person’s feeling and, at the same time, reduces the tension through laughter. The essential component of this building of rapport is the development of a “Yes Set.” In the process of laughter and agreeing, the person may open up and relax. If the humor is genuine and the patient laughs, one can feel the letting go in the patient as, at that moment, the patient’s body relaxes more softly (drapes itself) against your body and accepts the support.

4. OPTIMIZE RELAXATION

Therapeutic touch can often be enhanced if the patient can first physically relax. So often the actual position, clothing, or environment limits relaxation. If the patient is not relaxed, the sensations observed during the therapeutic touch assessment may reflect the more permanent muscular tension instead of the more subtle deeper disease processes. With practice, practitioners can sense those disease processes.

Relaxation in this context is multi-layered. It consists of optimizing the body in a relaxed position and engendering emotional trust: For example, to enhance physical relaxation, a support may
placed underneath the feet of a short person so that the legs are not dangling from the chair; or the patient may be asked to loosen his belt to facilitate relaxed breathing so that the abdomen can protrude instead of being pushed into the chest.

5. DO MOVEMENTS GENTLY
A reduction of arousal and induction of relaxation can occur if movements are done gently, since rapid acceleration or deceleration of stimuli (objects, touch, sounds, movement, light, etc.) triggers a biological orienting response or alarm reaction. Similarly, entering a person’s field even before touch can induce either trust or an alarm reaction, depending upon the quality of the movement and the attitude of the practitioner. Again, in the process of observing Dora Kunz, the author has been impressed that during the healing there predominates a soothing, smooth movement of her hands and body. It is as if she herself is relaxed and at peace while she moves her hands with minimal effort. Her soothing quality is contagious, even though she is highly energetic. Whether one practices the codified (orthodox) version of therapeutic touch in which one scans the surface of the body without ever touching the body, or actual touch in which the hands actually touch or massage the body, the soothing and rhythmic movements tend to elicit a relaxation (trophotropic) response, while jarring sharp movements or touch tend to trigger an alarm (ergotropic) response. While touching the patient, the practitioner continues to assess and channel the healing energy—as in codified therapeutic touch. Assessment and healing can be done from the back. While the patient is leaning against you, your hands can assess the head and neck, the chest and abdomen, and even the thighs. The back can be assessed with one hand, while you support the person with the other hand.

For many patients, actual touch performed within an energetic, therapeutic touch framework is preferred. The actual contact stops the patients from wondering, “What hocus-pocus is occurring?” when the practitioner just skims over the surface of the body. In addition, actual touch nonverbally directs the person’s attention—it tends to grasp his attention—so that he cannot think about his problem. This momentary “time out” may also induce a letting go.

6. GO OVER THE AREA OF CONCERN WITHOUT JUDGMENT
In many cases after injury or disfigurement, the patient is ashamed of—and

She moves her hands with minimal effort.

has developed a negative self-image of—that body part and/or himself; he often is disgusted or resentful and hates that part of his body. Paradoxically, these attitudes (from an energetic healing perspective) inhibit healing, since, they tend to constrict and reduce the energy flow. Both actual and therapeutic touch offer a nonverbal opportunity to change the patient’s self-image while giving support. For example, when shaking hands with a stroke patient whose right arm

Dora Kunz giving therapeutic touch.
and hand are contracted, we usually shake the left hand. Be aware of the metacommunications in this transaction: In the process of shaking the person's left hand instead of the spastic right hand, the practitioner nonverbally reconfirms the patient's belief that his right arm is "bad."

Consequently, when we touch, our intent of wholeness needs to be congruent with our actions. Once again, the author has been impressed by Dora Kunz's empathy when she treats patients. For example, with many breast cancer patients, she usually gently strokes the chest wall where the breast has been removed, as well as the other side, without any apparent tactile hesitation or judgment. Both sides of the chest are equally worthy of being touched. This is a powerful, nonverbal, healing communication. In essence, it communicates to the person that she is whole and worthwhile. Most likely, this is the first time since the surgery, radiation, or chemotherapy that the patient's breast area was stroked soothingly. Somehow, here is a caring person who is not afraid that by stroking the breast area through the clothing she will get cancer; nor is she repelled or disgusted by the deformation of the tissue. Instead, the practitioner is a person who offers compassionate support without judgment. This caring touch may shift the negative self-image within the person—"I am no longer a woman"—to the possibility that "I am whole."

In the process of supporting the patient from the back, the practitioner sends the healing energy and thinks of the wholeness within the patient, which has been so scattered by the medical diagnosis and treatment experience. Through the kinesthetic support and projected sense of wholeness, the patient may relax. This may allow the healing energy to permeate. In some way the healing energy fills the void in the patient, which occurs when the repressed feelings are dissipated. Instead of feeling empty after the release of emotions, the patient feels whole, albeit sometimes tired: A wholeness which was kinesthetically experienced during the healing as the hands stroked the injured area allows the pent-up negative emotions to be released.

7. SPEAK THE PATIENT'S VOICE

While sending compassionate healing energy and simultaneously offering the physical experience of support, the practitioner facilitates openness by speaking for the patient. One of the most common events that occurs when Dora Kunz works with patients is that she can capture the core self-image experience of the patient and share it in a few words. Hearing his internal experience described, the patient feels truly understood. This genuine understanding again deepens the healing experience.

Many practitioners can equally begin to share what may be the patient's internal experience. One possible strategy is for the practitioner to imagine how the world would be experienced from the

With many breast cancer patients, she usually gently strokes the chest wall where the breast has been removed.

Eric Peper giving support and therapeutic touch.
After the release of emotions, the patient feels whole, albeit sometimes tired.

less and pulled in different directions. The tremendous fear associated with cancer affects the energy field. The practitioner can share with the patient that he understands empathically what the patient must have gone through. Saying, "You must have felt totally devastated," often facilitates a deepening sharing on the part of the patient.

The practitioner could share such an intuitive thought while continuing to give support. In most cases, the patient will agree and continue to share more intimate internal feelings. In the process of speaking for the person, a deeper trust is established and permission has been given to let go of the negative images and feelings. While the patient shares his sorrow, the practitioner continues to give the kinesthetic and healing energy support. In this way, for that moment, the patient does not feel alone or totally burdened by the disease.

CONCLUSION

The healing experience is mutual deepening experience in which the practitioner can go out and the patient may become more open. The patient's receptivity facilitates rapport, intuition, and integration of the healing energy. The above processes can be applied nonmechanistically in an exploratory creative manner to enhance healing efficacy. The concept of healing with a therapeutic touch assumes a humility and deep respect for the individual. As a practitioner, the responsibility is to optimize the possibility of wholeness within the person. By using therapeutic touch, the practitioner activates the self-healing potential within the individual, a process whose path is unknown. 

REFERENCES


We thank William Nicolson for his helpful comments.