

Emerging from depression: The experiential process of Healing Touch explored through grounded theory and case study

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A B S T R A C T

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This study aimed to explore and analyse the experiential process of Healing Touch (HT) for people with moderate depression. Grounded theory and case study were chosen as the most appropriate methodology to address the objectives of the research. The grounded theory analysis uncovered the basic psychosocial problem, the stages of the process of emergence from depression and the strategies used within that process. The middle range theory describes the experiential process for people with moderate depression in four stages: belief in practitioner, self and future self, integrating all aspects of self, accessing inner strength and resources and engaging with life. The case study aspect of the research entailed placing the information gathered during the HT sessions on a trajectory for each person thereby honouring each individual's process.

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1. Introduction

There is an increasing concern about the incidence of depression and the costs in terms of human suffering.¹ It is reported that depression affects over 300 million people worldwide and accounts for 10% of productive years lost.² The burden of depression on the individual and society is of major concern. In a study modelled on the World Health Organisation Burden of Disease Study, Mathers, Vos, Stevenson and Begg³ found that depression was the top ranking cause of non-fatal disease burden in Australia causing 8% of total years lost to disability.

There is a general increase in the numbers of people choosing complementary therapies to use alongside conventional medical treatment. In fact Jonas and Levin⁴ assert that visits to complementary therapists in the US increased from 400 million in 1990 to 600 million visits in 1997. One prevalence study found that rates of use of complementary therapies to be 40% in the US, 25% in the United Kingdom, 50% in Australia, Germany and France with these numbers predicted to rise.⁵

Jorm, Christensen, Griffiths, and Rodgers⁶ state that a survey, in the US, indicated that people with depression have a higher use of complementary therapies than the general population. Badger and Nolan⁷ found, in their United Kingdom study, that two thirds of participants used complementary therapies in their recent depressive illness. Complementary therapies used to treat

depression are herbs, diet, exercise, self-help and hand mediated energy therapies, such as Healing Touch (HT).⁶ This research focused on HT.

2. Healing Touch

Healing Touch is a philosophy and an ancient healing art. It is defined as an energy based therapeutic approach to healing, which uses the hands to balance and harmonise the human energy system, thereby placing the client in a position to self-heal.⁸ Healing Touch is a nursing education program in the US and Australia, although anyone can learn the techniques as they are simple and non-invasive. Health care professionals, members of the allied health care team and pastoral care workers use HT extensively in their practice.⁸ In Australia, HT is used in many diverse settings, such as hospitals, nursing homes, HIV-AIDS clinics, hospices, private practices and family homes.⁹

Anecdotal and research evidence support the use of HT in reducing anxiety and stress, restoring and maintaining vitality, enhancing spiritual development, promoting self-empowerment, supporting the life transition process, preparing for medical treatments and procedures and accelerating wound healing.¹⁰

3. Literature

The literature highlights that depression has been recognised as a condition of humanity since the beginning of time.¹¹ Over the last decade there has been a sharp increase in the reported numbers of

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people with depression and the extent of disability caused by chronic disease in combination with the loss of life through suicide has brought the issue to the forefront of health authorities' agendas and to the attention of health professionals.¹² The *Beyond Blue* strategy in Australia and the *Strategic Plan for Mood Disorders* in the US are some of the responses to these concerns.^{12,13}

The number and types of available treatments for depression indicates the complexities of not only the disorder, but also the individuality of the sufferer. There has been a concerted effort to provide information about depression in response to the finding that only 50% of people with depression seek treatment.^{14,15} Solomon¹¹ relates how he received hundreds of letters from people in nine countries sharing the alternatives that had been effective for relieving depression for them.

There has been research in some areas of complementary therapy for treating depression, such as herbs,¹⁶ exercise¹⁷ and diet.⁶ For example, one randomised control study of St. John's Wort found it as effective as antidepressant medication for people with moderate depression.¹⁶ Phillip, Kohnen and Hiller¹⁶ concluded that a prescribed dose of St. John's Wort could be considered as an alternative first choice of treatment for people with moderate depression.

There has been little research published on energy based therapies for depression. Although no published study could be located addressing the topic of Therapeutic Touch (TT) and depression, there have been several studies where participants reported an increased feeling of well being,¹⁸ reduction in grief¹⁹ and changes in mood.²⁰

Bradway²¹ performed a quantitative study, in 1999, on the effects of HT with 30 participants, who scored in the moderate to severe range for depression on the Beck Depression Inventory (BDI). The results demonstrated that members of the treatment group were significantly less depressed than the control group after the three week treatment period and they remained less depressed after a further four weeks.^{20,21}

No published qualitative studies were found on 5 databases that directly addressed the area of energy medicine and depression, for example TT, HT and depression.

4. Methodology

The focus of this inquiry was to explore the perceptions of participants, with moderate depression, of their experience and the process of Healing Touch. To obtain the participants' perception qualitative strategies were chosen, specifically grounded theory and case study.

Several authors have explored the issues of research into complementary therapies.^{21–24} All three articles highlight the idea that although conventional/modern medicine uses randomised control trials as a research tool, qualitative approaches are more appropriate when studying complementary therapies.

4.1. Grounded theory

Grounded theory is a research methodology with the primary purpose of developing a theory systematically from an array of data, gathered in the natural setting^{24,25} through the process of constant comparison analysis.^{25,26} There is a prescribed set of procedures within grounded theory to guide the researcher, which provides a rigorous framework for the research process, so it is seen as both method and methodology.²⁷ Grounded theory provided data and theories relevant to the area of research²⁸ while remaining respectful of the participants²⁹ and giving them a voice.

The goal of this study was not to verify or test existing theories but to understand the process for people with depression³⁰

experiencing HT. Therefore grounded theory allowed the development of a substantive theory of the process and experience for the participants.

4.2. Case study

The researcher decided to gather data in the broadest possible manner, therefore, the case study approach as described by Merriam³¹ has been chosen as the most appropriate to support grounded theory. Merriam³¹ believes that qualitative case study research that focuses on discovery, insight and understanding from the perspective of the participant, offers the greatest contribution.

The case study method carried out in this research provided not only the participants' 'stories', it also gave an account of the experience of Healing Touch, energetic, emotional, mental and physical for the participants over time.

5. Data collection

Data collection took place over a period of six months with three groups of participants until data saturation occurred. It was also useful to have three groups of participants to allow for the pauses in data collection to commence analysis before collecting more data, as well as for accessing the diversity of the participants and their backgrounds.³²

Full ethical processes preceded the commencement of the project. Fifteen participants were self-referred, with moderate depression being verified by the BDI during the first session. Each participant was given a diary to use throughout the data collection period. Five weekly sessions of HT were scheduled for each participant, which included a pre-session check in, energy assessment, HT interventions, post-energetic assessment and post-session check in.

The Healing Energy and Life Through Holism tool (HEALTH) tool was utilised to collect data.³³ Philpy and Hutchison³³ describe the HEALTH tool as a 'modular holistic assessment tool that reflects most known aspects of physical, emotional–mental, social and spiritual human beings, the Healing Touch process and the environment...' (p. 21). This tool contains detailed history, intake, assessment pre- and post-session, and check in pre- and post-session forms.

HT interventions were chosen by the researcher on the basis of the study by Bradway²¹ and extensive personal experience working with people with depression. One or a combination of the following techniques was used: chakra connection,³⁴ magnetic clearing,³⁵ chakra spread,⁸ modified mind clear,³⁶ and magnetic passes both hands in motion and hands still.³⁵ Each session lasted approximately an hour and would include two or three of the above techniques. On the sixth week an unstructured interview took place and a further BDI was completed for all participants.

Diaries were also reviewed during the last session. Only two participants shared what she/he had written. Although three of the participants stated that they found it useful to write down their experiences, they did not feel comfortable sharing their diary. The remainder of the participants said that they did not write down any feelings and thoughts.

6. Data analysis

Two techniques were used for data analysis in this study. The first was constant comparative analysis from grounded theory concentrating on the process of HT and depression. The second was case study concentrating on the individual experience of HT for each participant.

6.1. Grounded theory

Throughout the data collection period constant comparative data analysis was performed. This approach to data analysis is a cyclical process where the data analysis guides further data collection, so this analysis method can be seen as a way to generate data as well as analyse it. As the data was collected from the HT sessions and the first two interviews, the transcripts were typed and the data was coded. The process of sorting the increasing number of codes into concepts, which are the precursors to the categories, was then commenced. Glaser³⁷ named this process substantive coding. The concepts were then named and used as headings under which to collect the codes.

Once there was no new material surfacing, the process of further sorting these concepts into categories began. This required more theoretical processing where literature was used to begin to make these connections on a more theoretical level. Glaser³⁷ named this process theoretical coding, where the various concepts are used to begin integrating them into a theory. Categories are analytical and involve conceptualisation of key features of incidents that took place in the data.³⁸ For example, the category integrating all aspects of self reflects the codes within that category and also reflects a key step in the path to emerging from depression.

6.2. Case study

In the case study section of the analysis schematic trajectories were produced for each participant, thus the individual experience of HT for each participant was preserved in addition to the overall process being elucidated in the constant comparative analysis. The data for the trajectories came from the HEALTH tool personal history profile, from conversations, from HT sessions and

interviews. The trajectory presented at a glance, views of the experience for each participant. As stated by Elliott³⁹ ‘a case study research approach enables a detailed examination of a single ‘case’ or ‘unit’ within a real life and contemporary context using multiple data sources’ (p. 35).

This created a large amount of data to condense into an easy to scan format. It was interesting to note that all of the participants demonstrated a reduced score in the BDI at the completion of the research. Although the purpose of this research was not intended to prove that there would be a reduction in depressive symptoms it is important to note the changes. The largest change was 27 points and the smallest 10 points.

6.3. Development of theory

The patterns noted in the case study section both energetic and shared experiences were added to the codes and categories developed from the constant comparative processes.

In keeping with the constant comparative method, data analysis and collection occurred simultaneously with the codes, categories and constructs, uncovered in the early analysis, guiding the ensuing data collection. Simultaneously, the literature was examined to support the categories as they surfaced.

7. Results

The core problem or basic psychosocial problem, disconnection, became clear very early in the process and the literature was then examined for supporting evidence. The core category or basic psychosocial process, emerging from depression, really only became clear once all of the material, codes, concepts and categories had been placed on boards. The core category became apparent after the material had been organised and reorganised

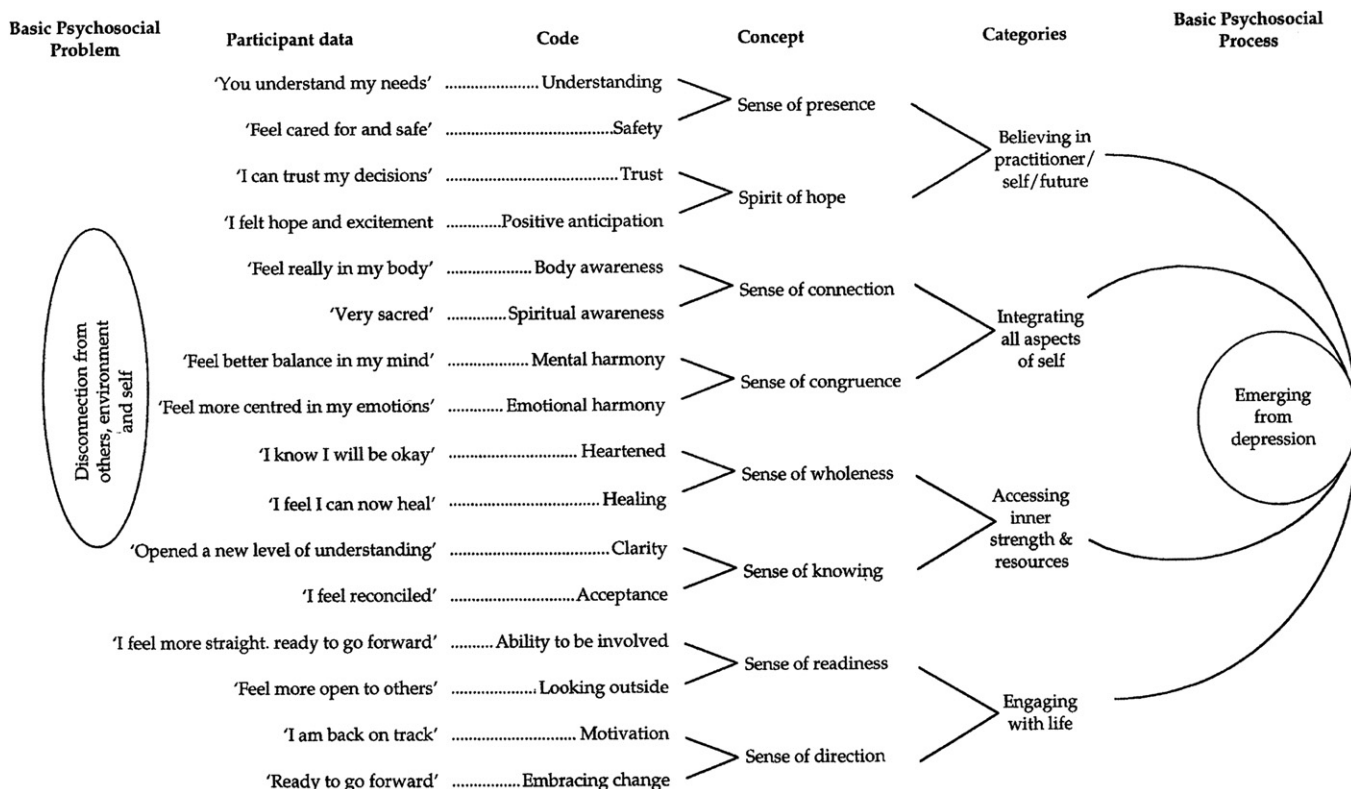


Fig. 1. Overview of the basic psychosocial problem, participant data, codes, concepts, categories and basic psychosocial process or core category.

several times. Glaser³⁷ describes the core category as that which 'accounts for most of the variation in a pattern of behaviour' (p. 93). See Fig. 1, for an overview of the basic psychosocial problem, participant data, codes, concepts, categories and basic psychosocial process or core category.

7.1. Basic psychosocial problem

The issue of disconnection was a recurring theme in this research although the word itself may not have been used. For example, one of the participants, Tansy stated:

'twelve months ago my research was so important, now when my supervisor attempts to discuss it with me I cannot relate to what he says'.

From the literature, Solomon¹¹ shares his feeling of disconnection during a depressive episode as 'loss of feeling, a numbness had affected all of my human relationships' (p. 45). He goes on to reveal that he attempted to allay these feelings by attending parties which he did not enjoy, meet with friends with whom he felt unable to connect even purchased items which provided no pleasure and concludes 'I felt the disconnection slowly but relentlessly increasing'¹¹ (p. 45).

7.2. Codes, concepts and categories

The codes, categories and concepts are presented in linear fashion for convenience but it is important to keep in mind the back and forth activities. Within each of the four categories there were two concepts and four codes. The four codes within the category of *believing in the practitioner, self and future* were understanding, safety, trust and positive anticipation. The codes of understanding and safety were grouped under the concept of sense of presence. The codes of trust and positive anticipation were clustered under the concept spirit of hope. The two concepts came together under the category of believing in practitioner, self and future.

Within the category *integrating all aspects of self* the codes were body awareness, spiritual awareness, mental harmony and emotional harmony. The codes of body awareness and spiritual awareness were grouped under the concept of sense of connection. The codes of mental harmony and emotional harmony were clustered under the concept sense of congruence. The two categories came together under the category of integrating all aspects of self.

The four codes within the category *accessing inner strength and resources* were found to be heartened, healing, clarity and acceptance. The codes of heartened and healing were clustered under the concept of sense of wholeness. The codes of clarity and acceptance were grouped under the category sense of knowing. The two categories came together under the concept of accessing inner strength and resources.

The final category of *engaging with life* also had four codes which were the ability to be involved, looking outside, motivation and embracing change. The codes of the ability to be involved and looking outside were grouped together under the category of sense of readiness. The codes of motivation and embracing change were clustered under the category sense of direction. The two categories came together under the concept of engaging with life.

7.3. Basic psychosocial process

Once the codes, concepts and categories were clear and the literature in those areas had been overviewed, the basic psychosocial problems and basic psychosocial process was sought. The basic psychosocial problem has been discussed earlier in this

section. All data were again reviewed to search for the basic psychosocial process.

Much of the interview data pointed to a process of moving out of depression. For example Annabel described depression as a dark and damp tunnel. In the final interview she stated:

'Then the periods of light in the tunnel became more frequent and the dampness had disappeared and I could feel firm ground under my feet...I can't remember when it happened but I could see...well see the end of the tunnel and one day I was outside the tunnel in the sunshine'.

When reviewing the four categories believing in practitioner, self and the future, integrating all aspects of self, accessing inner strength and resources and engaging with life, the possibility that this was a process leading the person from being depressed to not being depressed became evident. Therefore the four categories become stages of emerging from depression. The naming of the basic psychosocial process or core category as *emerging from depression* became clear.

7.4. Theory of emerging from depression

In terms of a middle range theory generated by this research by grounded theory methods and processes, it can be claimed that the experiential process of Healing Touch sessions, for people with moderate depression, occurs in four stages. The first two stages partially address the basic psychosocial problem of disconnection from self/others and the world. Firstly, *believing in the practitioner, self and the future* provides the opportunity to experience understanding, safety, trust and positive anticipation. This first stage can be seen as the person opening to the reconnection to self through a sense of presence and spirit of hope. Secondly, *integrating all aspects of self* continues the reconnection process with the experiences of body awareness, spiritual awareness, mental harmony and emotional harmony. In the second stage the person is preparing to begin to emerge from depression process through a sense of connection and a sense of congruence.

The final two stages complete the process of emerging from depression and reconnection with self, others and the world. The third stage, *accessing inner strength and resources*, allows the experience of feeling heartened, healing, acceptance and having clarity. During this stage the person is able to mobilise their inner strength through a sense of wholeness and a sense of knowing. In the final stage the person begins *engaging with life* with the experiences of the ability to be involved, looking outside, being motivated and embracing change. The person is able to develop strategies to complete their emergence from depression through a sense of readiness and sense of direction in this final stage. See Fig. 2 for an overview of the substantive theory of emerging from depression.

8. Discussion

The substantive theory, emerging from depression, has the potential to empower people with moderate depression. Quinn⁴⁰ asks the question 'How can we turn all of humanity into healers?' (p. 556). She asserts that offering people the tools to be their own healers and to work in 'right relationship with ourselves and with our environment' is an important step⁴⁰ (p. 556).

For example, teaching people how to work with their own energy field with hands on techniques and other strategies such as colour and nature would be a step toward empowering the person to maintain biofield integrity. This could be a way of preventing further depressive episodes.

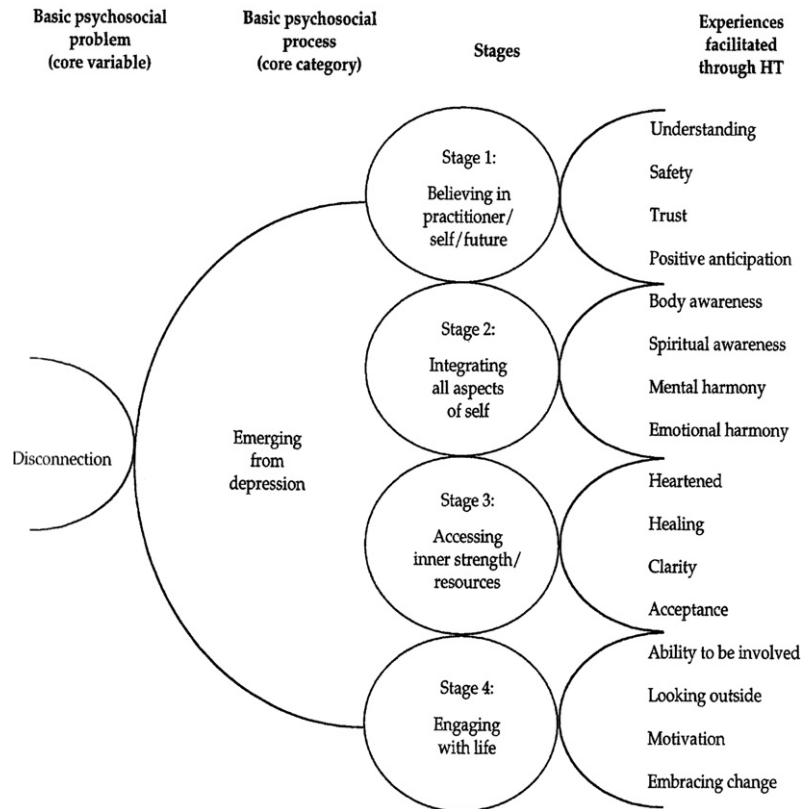


Fig. 2. Overview of the substantive theory of emerging from depression.

For people with depression being aware that emergence from that depression is possible and that an energy therapist may monitor the process and the person can contribute to their own recovery is of benefit in itself. For example, Amber felt empowered by the changes to the depressive state that she had had for 13 years and 'knew' that the condition could be controlled.

The substantive theory has implications for the treatment of people with depression using energy based therapies. It provides a clear map for holistic nurses and Healing Touch practitioners to use when assisting people in their emergence from depression.

The implications of the theory of emerging from depression have the potential to be used with other conditions, with similar energy patterns and by the person themselves to prevent relapse. Holistic nurses and other practitioners caring for all dimensions of the individual may use the theory of emerging from depression with any condition where the energy field is closed. Chronic conditions such long-term pain may also engender a disconnection from self so the Healing Touch techniques used in this study may be applied to assist the person to become reconnected. People with depression may use the theory by monitoring their own field and working with the HT techniques on themselves and with each other.

8.1. Limitations

This research is judged against qualitative criteria, which is context dependent therefore no attempt will be made to access the trustworthiness using quantitative criteria. Issues of credibility, auditability were addressed during the research. The credibility of the theory itself was addressed using the criteria of Glaser and Strauss.²⁶ Even though the project did not attempt to analyse cause and affect relationships the qualitative nature of the project could

be seen as a limitation by researchers seeking to make direct links between HT and depression.

It was difficult to ascertain ahead of time the exact number and frequency of HT sessions required. On reflection a follow up Healing Touch session one month after the completion of the interview could have been offered. This would have given the energy field of the participant a boost as well as maintaining grounding and connection to the earth and the environment. I found that several participants requested this follow up as they had what Desiree called 'a flat spot'. Several other participants felt they needed a top up and have continued to have Healing Touch sessions. Even though the number of sessions proved beneficial the project did not attempt to project an ideal number of maintenance HT sessions to maintain energetic balance.

8.2. Future research

Further research with different populations of people with depression using the model, emerging from depression, will provide information on the usefulness of the model in those populations. One group who could benefit from early intervention is young people aged between 13 and 20, as this is the age group where it was found the rates of depression is increasing at an accelerated rate worldwide.⁴¹

9. Conclusion

With the incidence of depression continuing to rise¹ and the small number of people with depression receiving treatment⁶ options for treatment are required. A range of complementary therapies may well be offered in addition to the conventional treatments available. Hand mediated energy therapies have been

found to be effective in the area of general wellbeing¹⁸ and grief¹⁹ but only one study related directly to depression has been found. The study by Bradway,²¹ while demonstrating the effectiveness of Healing Touch in alleviating the symptoms of depression, left unexplored the experiential process for the participants.

The research presented in this article lays the foundation for the body of knowledge about the experiential process of Healing Touch for people with depression. For the 15 moderately depressed participants in this study disconnection from self was the basic psychosocial problem and emerging from depression was a four stage process. These stages were, believing in the practitioner, self and the future; integrating all aspects of self; accessing inner strength and resources; and engaging with life.

This project has been a journey of discovery, healing, relationship and love. For someone who has been depressed the healing of, relationship with and finally the love of self are vital for that emergence from depression to occur. In conclusion a quote from Solomon¹¹ on the topic of love and depression (p. 442)

'Curiously enough, I love my depression. I do not love experiencing my depression but I love the depression itself. I love who I am in the wake of it.'

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