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PROCEEDINGS

DR. WHITE: ----- eloquently wrote about and practiced nursing with a true appreciation of science and physiology as well as psychosocial and spiritual elements. We all have our own personal heroes, and for me, my two heroes are both named Florence, both very bright, confident, and compassionate women. Florence Fowler (?), my mother, graduated from diploma nursing school in 1947, and she was an active leader in psychiatric nursing in the New York State hospital system. I have positive memories of visiting her at work at the state hospital. I can visibly recall the mentally ill patients warmly greeting us as we entered their home. I was in awe with my mother and her work as a nurse. On a different note, I also have memories of my mother living with metastatic breast cancer. The collective memories of her both professionally and personally have empowered me to strive to be an excellent nurse. The other Florence, yes, Florence Nightingale. Florence Nightingale was one of Nursing's key pioneers, and she lived in England would consider today to be an epidemiologic researcher. In addition, she was lady superintendent in chief in the military hospitals during the Crimean War. Florence Nightingale's "Notes on Nursing" which was written in 1859 is a classic, and it is such a wonderful book that I often refer to. Here she describes her ideas of what nursing is and what it is not. Nightingale emphasizes five points for health and a healthy environment: Pure air, pure water, efficient drainage, cleanliness, and light. She also discusses the importance of disease prevention and self-care, the body's natural reparative ability, good communication and listening, the importance of acute observation, or paying attention; effects of sensory stimulation; and the bidirectional effects of the mind and the body. I'd like to share some quotes from "Notes on Nursing" with you. Keep in mind as you hear these quotes that they were written in 1859 by a nurse. "Whatever a patient can do for himself, it is better." "The first canon of nursing, to keep the air he breathes inside the hospital as pure as the external air without chilling him." "Apprehension, uncertainty, waiting, expectation, fear of surprise, do more harm than any exertion." She talks a lot about the value of sunlight and nature and the healing powers of both sunlight and nature, and I'll share a few more quotes. "It is a curious thing to observe how almost all patients with their faces turned to the light, exactly as plants always make their way towards the light." "Put a pale, withering plant and human being into the sun, and if not too far gone, each will recover health and spirit." "I have seen in fevers the most acute suffering produced from the patient not being able to see out the window." "I shall never forget the rapture of fever patients over a bunch of bright colored flowers." "I remember in my own case a nosegay of wildflowers being sent to me, and from that moment recovery becoming more rapid." "People say the effect is only on the mind. It is no such thing. The effect is on the body too. Little as we know about the way in which we are affected by

form, by color, and light, we do know this, that they have an actual physical effect." "I come back to this just to remind us, reconnect us, so yes, from the first days of nursing school, nursing students are taught the equal value of physical, psychosocial, and the spiritual aspects of healing. We know that at the heart of nursing is healing and caring to help the individual as well as the family with compassion to heal and to live well, not necessarily to cure to eradicate the disease. We learn the value of communication, and we develop skills to communicate with patients and families about difficult issues such as dying. Nursing education has consistently from the early days emphasized disease prevention and self-care, empowering individuals to learn the skills to take care of themselves to be as well as possible." Does any of this sound familiar to you? As nurses, this resonates in us. For those outside the nursing profession, you may think I am describing the attributes of what the CAM movement is striving towards, mind, body, spirit, healing, caring, holistic, communication, compassion, prevention, empowerment, words we've been hearing over the last few days. True nursing interventions that nursing students and nurses write in their nursing care plans are mainly nonpharmacologic interventions that now fall under the list of the different integrated therapies. Hello? Where are the nurse's voices here? There are several reasons for this quiet presence, and I will highlight just a couple. With the changes in health care and the advances in technology, nursing has lost some of its caring qualities. Perhaps it is because we don't have the time that we used to. Perhaps it is because nursing is viewed in a negative light because of our holistic and caring perspective. This may sound strange to you, but think about it. Nurses, many of whom are women, wanted to gain respect and credibility. By being interested in the less valued mushy things, we were seen as less smart and less important to patient care. Along with the women's movement in the latter part of the last century, nurses in general let go of some of the qualities we now value so much in order to gain respect. This has been most unfortunate. Another reason for this quiet presence is related to nursing being predominantly a female profession, and whether we like it or not, women as a whole in our society still have a hard time and our voices are often not heard in the crowd. So how do nurses become empowered to do what we know so well deep in our hearts and be active players in the integrated therapies movement? There is no simple answer this question, and probably more questions than answers, but I have a couple of ideas how to handle this. First, remember who you are, and remember means connecting with other nurses on this level. We need to remember and reconnect with one another as a group. Do what you learned from the early days of nursing school, just do what you know and do it well, and continue to integrate these nonpharmacologic therapies into your practice. It's okay to share your knowledge and enthusiasm with your nonnursing colleagues, individuals, and the families that you care for. You can talk about what you're doing and with confidence. I'll move on and talk about the different therapies, the different categories. The first one we're going to talk about are the touch interventions. We know that touch is an inherent part, and has been an inherent part of nursing practice. Massage, which includes back, hand, foot, and scalp massage has been part of nursing education and practice for over a century. Basic nursing care naturally included this. Unfortunately, back massage by nurses is generally not done anymore, given the shift in emphasis to the high-tech care. Massage therapy has been studied quite a lot, and the benefits and the positive effects have been clearly documented. It improves relaxation, circulation, pain relief, improved lymphatic drainage, decreased anxiety, improved sleep, improved self-image, and connection and intimacy with partners and family members if in fact they are touching one another and learning to touch and massage and care for one another. There are many other benefits to massage as well. I just would like to highlight one study right now related to massage therapy, and this is a massage therapy

study done in childhood cancer. This is a study that is in progress right now, and the principal investigator is Janice Post-White who is a nurse researcher. This study was funded by the American Massage Therapy Association. Essentially, it's a longitudinal cross-sectional design study, and it involves both parents and children. The parents and children receive massage from a massage therapist weekly for 12 weeks, and they're also encouraged and taught how to do massage on one another, with the children massaging the parents, and the parents massaging the children. Here is some preliminary data. One of the main measures was looking at anxiety, a quantitative measure of anxiety, and this was immediately post, the hour of massage, and clearly anxiety of parents was lower. We know that if the parents are anxious and tense, then that affects the way the kids feel. That affects not only the way the kids feel psychologically, but if the kids are all tense, then they are more likely to have nausea and vomiting, temper tantrums, et cetera. Qualitative data has also been obtained, and here are just a few quotes from the parents. "It is wonderful." "I don't want you to stop." "This is worth driving to chemotherapy for." "I just can't believe the difference it makes in how I feel." "I am much more relaxed." Quotes from the children, the adolescents say, "I am less angry and more relaxed, and look forward to massage each time." "It took away my worries, and it helped my leg pain." And a 3-year-old who was very fussy waiting for chemotherapy treatment and quite agitated said that he only wanted to be massaged, "Get away from me, but only massage me." Reflexology refers to a method of massage of various reflex zones usually on the feet, but it can also be done on the hands. It is thought that reflex zones on the feet reflect every organ in every area of the body as well as its corresponding energy levels. The mechanisms of reflexology on the energetic level are based on an ancient Eastern science related to meridians, much like acupuncture. It is believed that health problems occur when the flow of life energy is disturbed and blocked in some way that the individual cannot overcome. Disturbances or blockages can become a strain for the body, and symptoms appear. Massage of the appropriate reflex zones help to open up these blockages. On a physical level, reflexology stimulates blood flow, it stimulates the body's production of endorphins which are the natural opiates, and it also stimulates elimination of waste materials. There is a true art and science of reflexology with special training and certification programs for reflexologists. However, nurses can learn basic reflexology skills that can easily be incorporated with their clinical practice and make a difference for symptom management. Specifically, headaches, nausea, and vomiting, and constipation are easily relieved with knowing certain reflex points. Not a lot of research has been done in this area but more and more -- and here are two studies that were actually published in the same issue of the "Oncology Nursing Forum," January- February 2000, Volume 27. The first one is "Accupressure for Nausea: Results of a Pilot Study." The other, "The Effects of Foot Reflexology on Anxiety and Pain in Patients with Breast and Lung Cancer." Both studies are small, but both had statistically significant results even with their small samples. So more work clearly needs to be done in this area, and it's an ideal area for nurse researchers to look into. Here are some stories, Mary Jane.

MS. OTT: Thank you all for coming and being here on this last day. One of the things that I get to do now is to share some of my clinical practice with you. It's something that I really enjoy doing, so I appreciate you being here. I wanted to also recognize that each one of you here in the room is a healer. I'm thinking that that's part of the reason why you're here, and that's what brings us all together. I want to share with you some of the experiences that I've had in my role as a nurse healer currently now working primarily with patients, both children and adults who have cancer. But over the last 30-plus years having had an opportunity to work in a whole variety of

settings. The first thing that I would like to acknowledge before I actually tell you one story is that one of my patients said to me please tell my story because since it's my story, I think it's really important. But I know when you guys go to these conferences, people talk about case studies and they talk about clinical trials, and I want you to know and I want them to know I'm not a case study. Sometimes you can talk about me as a narrative if you have to do that because I see that in the journals too. But what I really want you to do is just tell my story because I'm just a person and it's my story. So I'm going to just tell a story. This first story is about massage, and it's about a young woman who was in the hospital for radiation for transplant and became desperately, desperately ill and very, very close to death. Just before she started all of her treatment, in the course of the nursing assessment when she was admitted, the nurse discovered that this person on a regular basis had massage therapy. It was just a part of her life, and she really enjoyed it and really appreciated it. Now that she was in the hospital, she felt that there was no way to have this happen. The nurse said in nursing school I learned how to give back rubs. It's not a "therapeutic" massage, but it's a back rub, and we could work that into your care plan. The other thing that this nurse very wisely did was to work out with the patient a particular notice that they put up on the door. That was "Attention anybody who comes in this room. You have to touch me." That made pretty good sense, but it also made some people really nervous because when people came on rounds from a variety of different services, what did that mean, how did they have to touch this person, how long did they have to touch, where were they supposed to touch, did they use oil or lotion or nothing? So it actually started a whole lot of conversation on the nursing unit about how to be able to use massage. As this person progressed through her process, some very interesting things happened because every friend that she had who came in and every family member that she had who came in knew that they were on alert, and once they crossed that threshold they had to pick up a hand or a foot and start massaging. Then the platelets went down too low for "massage," that didn't mean you couldn't touch her. They weren't necessarily working reflex points at that time, they weren't necessarily doing therapeutic deep tissue massage, but they could do very light effleurage. When her counts were high enough they could do a little p, trissage, they could do a little reflexology, depending on what was going on and what her needs were. This woman became desperately ill and was transferred to the intensive care unit. All along the way she had daily massage from the nursing staff taking care of her. There was one person who was not comfortable giving her massage, but every time this person came in her room, the person would hold her big toe and say, well, Mary, here I am. It's me. Even when she was comatose and on a ventilator, this person would visit her in the ICU and say, well, Mary, it's me. Here I am. She would do whatever she needed to do, and then on her way out she would grab the big toe and say, well, Mary, I'm on my way out. Catch you again next time. It's very interesting to note if you were doing a clinical trial of some kind -- but this is a story you remember -- in talking with the patient after this whole experience when she was back into the real world as she called it, she came into the clinic, and when she tells her story, one of the most important parts of her story that she tells is being touched and how people that came into visit her would massage her hands, they would massage her feet, they would massage her scalp, they would do that kind of touch for her in a very healing way. The other thing that she remembered was, she said the nurses "helped me to get through." When you asked her how come she knows it was a nurse, she says because "one of the nurses felt like she couldn't really give me a massage, but she always grabbed my big toe." She said I remember that even when I was in the unit, and when she began getting very sick she remembers the whole process of being intubated and all of that, she also remembered that massage as she calls it of her big toe.

So I share her story just as a way of saying it's a very common thing, it's a very personal thing, but to really acknowledge the power of touch. We know from studies during the Second World War of many, many children who died from lack of touch. They were clothed, they were fed, they had everything that they needed, but they died from lack of touch. The patients that I work with increasingly are asking for touch. Fortunately, we're being able to provide that for them in a whole variety of ways. I'd like to share another story with you about healers helping healers and walking our own talk. We were all very deeply impacted by the events of September 11th. During that period of time the nurses in our institution were providing care for patients and had to continue doing that. On top of that, they had also learned that very morning that one of their coworkers had died, and that's why this person didn't show up to work. So the staff was terribly, terribly traumatized by everything that was happening that day, and also by a real sense of needing to continue to be there and be present for their patients. Part of what they asked me to do that day was just to keep showing up and making rounds as I saw my patients, to come by and be with them, and to give them a head, neck, shoulder massage. Just come up behind them as they're charting, as they're doing whatever is they're doing. So that was something that I was able to do. In the course of that, one of the nurses came to me and said, I'm getting a migraine and I'm really, really scared because every time I've ever gotten a migraine I've had to go home. So we did some neck, head, and shoulder massages, we pulled her off the unit for about 5 minutes, and the massage actually helped to decrease the pain she was having. Then in addition to that, we discussed some reflex points that she could use that she could work herself as well as some massage that she could do for herself. That helped her to be able to go back to work. When I came back around later just to check in with her and see how she was doing and to give her some little photographs of the points that she could pay attention to, she indicated that her migraine had really backed off, and of a scale of 0 to 10 it was way down, it was about a 2, and over the course of time she was actually able to go ahead and continue doing the work that she needed to be doing that day. She felt like it was because of the intervention on her behalf, but also on her own behalf, things that she continued to do for herself in terms of some massage and some reflexology. So I offer that as an encouragement for each of you as well as for myself to sort of pay attention a little bit more closely to what our own needs are. Because one of the things that she was aware of was that she was able to interdict that whole process earlier on, and she was able to do something very specific for herself. So that particular migraine did not progress, and she did not have to leave. So she was able to have a sense of well-being for herself, but also a sense of being able to provide the kind of care that she needed to provide for her patients that day.

DR. WHITE: I'll now talk about energy therapies, and we're going to focus on just two which will be therapeutic and Reiki. I just want to get a sense of the audience, how many of you do therapeutic touch or Reiki? A fair amount. A brief background. The therapeutic was derived from the ancient practice of laying on of hands, and the fundamental assumption is that universal life energy sustains all life. Dolores Krieger (?) who is a professor or nursing at New York University is a pioneer of therapeutic touch. She has extensively studied, described, and trained others in therapeutic touch since the early '70s. With therapeutic touch the practitioner first assesses the person's energy fields for presence of congestion or deficit. The congestion is cleared and life energy is transferred into the depleted areas. Finally, the energy flow is balanced. With therapeutic touch, direct contact between the healer and the patient does not take place. Rather, the hands are held about 3 to 5 inches above the body. An essential component of

therapeutic touch is intention and the practitioner's intent to heal and to be an energy conductor. Reiki is a bit different. There are similarities, but it's a bit different. Reiki actually refers to universal life energy, and it is derived from the Japanese and is an ancient healing art in Japan. With Reiki, the energy not the healer actually affects the healing. Reiki uses five premises or assumptions. First, there is an energy of many unique properties, and this energy is applicable to both medical and psychological conditions. Two, this energy has a source. Three, the source can be contacted or tapped. Four, a person can easily be taught to utilize this energy. Five, the effects of applying this energy are palpable, although subjective. One many difference between Reiki and the many other healing systems is that Reiki energy comes through the practitioner, and this channeling generally does not drain or deplete the energy of the practitioner. At the end when we have time for dialogue, I'd be interested in hearing from those of you that are Reiki practitioners to describe your experience, and therapeutic touch practitioners, because I think for those of us who are not practitioners, it's hard for us to conceptualize. This is a paradigm that's different from the physical system that most of have been taught and educated by. But keep in mind that these healing systems, these energy systems, are thousands of years old and they've been used for a long time for good reason. So we have to learn to be open to them and to embrace them and think out of the box and try them, and then we'll appreciate them. To talk a bit about the research, therapeutic touch has actually been studied a fair amount. Unfortunately, most of the studies have been small. They have not been randomized, and double-blinded. As you've heard here, that's the gold standard. So to critics out there, that's the automatic thing, your research doesn't matter if it doesn't follow certain research standards. So the number one message, positive benefits have been documented. Number two, the research methods need to be stronger in order for us to really be convinced. And there have been some equivocal findings. The documented benefits in the small studies show that therapeutic touch improves pain, decreases anxiety, improves headaches, insomnia, hypertension, nausea, upper respiratory systems. It's been shown to increase hemoglobin levels, and also accelerate wound healing. One study in particular to the population related to this conference, there was a study published in 1998 by Gaisson and Bouchard of terminally ill cancer patients, a total of 20, and this was a randomized double-blind study with two groups, small though, 10 in each group. The experimental group received three therapeutic touch treatments that lasted for 10 to 20 minutes. The control group had no intervention, but just a 15 or 20-minute rest period. The results of the study using a well-being scale suggests that therapeutic touch had a positive effect on well-being. Reiki on the other hand has had much less research being done, and I was pleased to hear yesterday from one of the participants who is doing a doctoral dissertation, a very strongly designed study using Reiki. So more nurses are doing Reiki should be advocates of doing more research in this area. One study was published in 1997 by Olson and Hanson. The purpose of the study was to explore the usefulness of Reiki as an adjunct to opioid management for cancer pain. This was also a small sample of 20, but it was a convenient sample, and it was a nonrandomized study. They essentially just did a pre and post-test evaluation of pain using a Likert like a 0 to 10 scale before the Reiki, and then afterwards. They found that there was a significant decrease in pain to the P value of .001 after the Reiki treatment. Mary Jane, will you share more stories?

MS. OTT: Sure. How many of you do therapeutic touch? So there's one or two. How many do Reiki. So there some other folks here in the audience that you might be able to talk with to find out about this. How many of you who are not practitioners have had treatment, therapeutic or Reiki? So that beings to kind of expand it out a little bit more. I've been a practitioner of

therapeutic touch for well over 20 years, and more recently in the last 5 years, Reiki. I find that this is something that is increasingly a request from patients who come in in the area that I work. About 25 percent of the patients who come in for a consult are specifically requesting therapeutic touch and/or Reiki and have had previous experience in their home communities. Some of them have been receiving treatments on a regular basis as a part of their treatment protocol at home before they came in for extended treatment at the Dana Farber. So it's something that is more and more common in the community. I'd like to share a couple of stories with you. I find that probably the most frequent request related to therapeutic touch and Reiki and just energy work in general has to do with acute relief of symptoms, pain, nausea, vomiting, and anxiety. I find clinically that that has been very effective. For example, one about 8-year-old little girl that I was working with a couple of weeks ago had been having a lot of abdominal pain. She was in the bone marrow transplant unit. She was also having some nausea and was being concerned that the nausea was going to continue to escalate into vomiting which had been her experience in the past. So she had called and asked her nurse to go get the tall lady with the white hair that doesn't touch you, but touches you. So somebody said I know who that means. We'll go call her. It was interesting when I went into her room because she said, my tummy hurts a lot and I want you to help me feel better, and I want to learn how to do it too. That's going a step even further. Most adults don't tell me, and I want to learn how to do it too. But the children are beginning to say I want to know how to do this. So that was kind of an interesting development for me just in terms of what was happening clinically. So in talking with her in trying to get an assessment of how she was doing and finding out how much pain she was having, she told me that her tummy was hurting really, really bad, and if I did my assessment using my hands as a point of focus for the therapeutic touch and just moving my hands through her energy field about 4 to 6 inches away from her body, everything was smooth and rhythmical and symmetrical until I got to her upper belly at which point there was considerable heat, congestion, and density. If I followed that out, my hand would move away from her body to kind of where that perimeter was. I said to her it seems like your pain hurts way out here, and she said, well duh. Didn't I tell you it was a really big pain? I know how big it is. What I want you to do is help me feel better. So we started talking about how she could use her breath to help. And she was also an artist. She had pictures up all over her room. So I asked her if she had a sense of what color the discomfort was, and her response to me at that point was that it was pink. When I asked her if she had a sense of what color would make it feel better if she could change the color somehow and make it feel better, she said blue. That's very interesting to me because very frequently the color that children want to change it to is blue or a yellow or a white. The little girl in the next room over had told me when she didn't feel good it was green, and if she could make it blue it would feel better. So using a combination of breath and some color, but doing a lot of what we call clearing in therapeutic touch, basically moving the hand in the direction of your intent for the flow or energy, we can begin then to encourage the energy to move and to go in a different direction. So what I'm saying is that energetically her abdomen was very tight and congested and very hot. So we did a little massage on the bottoms of her feet to open her feet, and then began just encouraging that flow of energy down through her abdomen, down her legs, and out her feet. She did very well with that, and she could begin to describe for me the changes that she was feeling. At first she said it started feeling a little bit worse, but then she said it was like a whoosh, and it was like somebody pulled the plug out of the bathtub, all the water drained out really fast, and that was the sensation that she was having of the energy moving. So that's an example of therapeutic touch intervention for nausea. I can tell you one time I was working with a little bit

who'd just come back from the OR. He was having a lot of postop nausea, and he was having postop pain in his belly. He told me that he wanted to make it go away. So we were working to help it to go away, and he said, I think it's really working very strong. Excuse me. He rolled over, threw up, rolled back over on his back, and he said, that's so much better. Would you just keep smoothing out the wrinkles? So that's also to say that sometimes you may get an effect that you don't initially anticipate, but I think trusting the process can be a very important part of that. So that would be an example of therapeutic touch. I'd also like to talk with you just very briefly and share a story about Reiki. I'm currently working with a gentleman who has been found to have cancer of his tongue metastasized to the neck, and he's gone through some extremely rigorous courses of chemotherapy and radiation treatment. He had had Reiki on the "outside." So when he came to treatment he wanted to be sure that inside he could have Reiki treatments. What he found was that while he doesn't expect Reiki or energy work to cure his cancer, what he does find is that the treatments that he has, as he said, it puts him in a space that he doesn't get any other time during the week so that he's able to have a profound sense of calm and peacefulness. And he's also able to sleep very deeply for a short period of time. So he's asked to have the Reiki treatments just prior to going to the radiation treatments. He has found that to help him with the symptoms that he has been experiencing from the radiation treatment. The other thing that can be very helpful for that is helping people to understand that when you're working with energy, the time-space barrier is not as we experience it in ordinary time. That's probably a discussion for another whole time, but that that that also gives people an opportunity to shift their perspective a little bit.

DR. POST-WHITE: We'll talk about the last group of interventions which will be mind-body interventions. There are a number of mind-bond interventions. We're just going to focus on two of them, one being mindfulness meditation, the other is guided imagery. Mind-body interventions are more scientifically grounded than the energy interventions. There's a field of research called psychoneuroimmunology that has clearly documented the connections between the neural, endocrine, and the immune systems and the other systems of the body. In a nutshell, psychoneuroimmunology has documented distinct communications pathways between the peripheral and the central nervous systems and that sensory input that we receive either through our cranial nerves or through the peripheral nerves is then processed through those nerves through the thalamus and then communicates to the cerebral cortex and the limbic structures. The cerebral cortex is the thinking part of our brain, the limbic part of our brain is the emotional part. Those parts of the brain communicate with the hypothalamus. We'll talk more about the hypothalamus, but the hypothalamus then communicates with the rest of the body. Here you'll see this is a section of the brain right in the middle of the hypothalamus. You'll see how the hypothalamus is really centrally located and communicates with all the different parts of the brain, the limbic structures which are the amygdala, the hippocampus, that's the emotional part of our brain. Then the part all around the outside is the cortex, the thinking part of our brain. Then you'll see there's one part, you'll see the olfactory bulb. That goes right into the limbic structures. It really communicates very nicely with the hippocampus which is the emotional memory part of our brain. So when you smell something now and it's something that you smelled when you were a child, there will be an association, you'll go back to that memory. This is the reason why the olfactory bulb is very closely connected with the hippocampus like the other parts of the emotional part of our brain which gives credence to aroma therapy. I'm here to talk about aroma therapy, just to give you some background on the physiology. All the different cranial nerves,

olfactory, optic, auditory, the gustatory nerves, all of those go right into the center of the brain. Then through the hypothalamus there are a number of other mechanisms that take place. Here is just an example. There are a few different routes of how it affects the immune system which is not actually outlined here, but through the hypothalamus, pituitary, adrenal access, the sympathetic adrenal ----- and then the hypothalamus actually acts as sympathetic fibers that go to all the different lymphoid organs. Besides that, you can see how it affects the bone, the reproductive organs, thyroid. So an appreciation of this physiology makes it easier to see how interventions that either quiet or stimulate the mind have actual effects on the functioning of the body. With mindfulness meditation, mindfulness meditation is very, very simple. It's simple and it's difficult. That's simple about it is that it's really not doing a whole lot. It's basically a quieting of the mind by focusing on the present moment; by letting go of thoughts, of past concerns, or anticipation of the future; we're not where we were before we walked in this room, we're not where we're thinking we're going to be when we walk out of this room, or tomorrow, or when we go back to work next week. We're here now. We're in this room in this place at this moment. By doing that, it allows for sort of a settling and a clarity that comes to the mind and an opening of a space that induces a sense of relaxation. It actually stimulates more the parasympathetic nervous system than the sympathetic. ----- mindfulness meditation, to bring oneself back to the present moment the breath is often used as an anchor because you're always breathing. So if we bring ourselves back to our breath, we know that we're always going to breathe, and it's always there. Our breath is a constant. However, a lot of people have a hard time focusing on the breath. You just hear people learning how to meditate and they say I tried to focus on my breath, and the more I focus on my breath, the more I can't focus on the breath and the more difficult it gets. So with mindfulness meditation there's also an ability to look beyond the breath and pay attention to other present sensations that we might be having. It could be a physical pain that we're having. It could be your heartbeat. For me it's actually easier for me to focus on my heartbeat than my breath. In a very quiet state I prefer to do that. It may be a sound in the room. It may be hearing the fans. It may be the doors opening or closing. But it's bringing you back to this moment. The more than you practice it, the easier it gets. There has been a fair amount of research with mindfulness meditation. Most of it has been done with noncancer populations, and most of it has been done by John Kabat-Zinn who was at the University of Massachusetts who really worked to bring mindfulness meditation to mainstream medicine by calling it stress reduction about 25 years ago. Studies that have been published in peer review journals show the benefits of mindfulness meditation to decrease chronic pain, improvements in anxiety disorders, and significant improvements in skin healing, specifically with psoriasis patients. With cancer patients I've been involved in doing this work with bone marrow transplant patients. When I was at U-Mass I did a pilot study on the bone marrow transplant unit there and we had very promising results as well as showed the feasibility of using this intervention in a setting that is high-tech, highly intrusive, with very sick patients, highly intrusive meaning there's a lot going on and very sick patients, and we were able to do it. Patients liked it, and it seemed that what we were doing was making them feel better and improving their quality of life during the hospitalization. The impetus to do this work was friend and colleague who is a bone marrow transplant survivor and also a senior instructor in the mindfulness program at U-Mass. She believed that through her mindfulness practice that that actually made the difference of the 4-week hospitalization of making it more bearable and helping her to get through it. So she came to me and we decided let's give it a try, and because of the pilot work we're looking to do more work and I'm awaiting funding to do similar work at Dana Farber. Lastly, guided imagery is very

different than mindfulness meditation because instead of focusing on the present and what is, it's sort of taking you to another place. It's using the mind's eye to visualize particular scenes, images, colors, and other sensations. Guided imagery has been studied fairly extensively, and it's been shown to have positive effects on the various populations with various health conditions, and it's very consistent that it is helpful to many people. One study that I will cite is a study using imagery for women after breast cancer treatment. It was published in the 1997 "Journal of Alternative Therapies in Health and Medicine" by Mary Ann Richardson, Janice Post-White, and others, conducted at the University of Texas and the University of Minnesota, a randomized three group design study where one group received standard care, the other just a general support group, and the other group was an imagery plus support group. The significant results of the study indicate that both the support and the imagery groups showed increases in coping skills, perceived social support, and enhanced meaning in life. But the imagery group alone demonstrated less stress, increased vigor, and improved functional and social quality of life.

Mary Jane? MS. OTT: What I'd like to do is share with you a story first beginning with guided imagery. There are many different ones that I could use, but I'd like to use one from a pediatric patient because I think for me it showed the importance of going with whatever the image is that the person is presenting to you. Early in my practice when I used guided imagery particularly for relaxation for stress reduction to help people through painful experiences, my training had been to suggest an image and then amplify that and work with the patient. I did that very successfully for quite a long time. Then in the middle of a procedure one time a patient was doing very, very well, was very calm, was using considerably less medication than they had ever used before, and right in the middle of that procedure startled, screamed, and started sobbing. It had absolutely nothing to do with what was going on in the room at the time. In dealing with that and doing the interventions that needed to be done right away, it was clear this person was having what we call an abreaction, and things were not right. What had happened was this person had recovered a memory from childhood that they had never known about which they checked out with family members and found to be true. What had happened was when they were a toddler they almost drowned in the ocean and a family member had seen them being carried out and had grabbed their little feet and ankles and dragged them back and dragging them through the surf. Of course, the sand going up the nose and the mouth and everything, and they literally thought they were drowning. There I was, the one who had suggested the image at the beach. I had no way of knowing, and they had no way of knowing. So what that taught me, that along with the person when we were doing the walk in the woods who turned out being mugged in the park, it was sort of like you don't get it the first time, you get it the second time. So let them offer the suggestion. The way that you can do that is by suggesting a way that they can use their breath, just using your breath, to let your breath take you to a place where you feel safe and secure, where you feel peaceful, where you feel calm. You don't tell them where it is. You just let them find that place themselves. Then you talk with them further about all these things that Susan was just saying, with all of the sensory input. Notice what you're seeing, looking to your left, looking to your right. Noticing what's in front of you, behind you, above you, below you; shapes; figures. Whatever it is that's there; colors. Noticing moisture, noticing dryness; sounds that you might be hearing so that you just walk them through each of the sense in ----- movement, and allow them to create that. Then have them come back from that experience in a way that is very safe and comfortable. You'll find that people have an incredible range, of course, because we're all different, of what those images will be. You need not be concerned or frightened that the image is something that will not be helpful. So for example when a 39-year-old person in the midst of a

horrible illness said to me, yeah, the best place was in the dark. The place the person felt the most safe was in the dark in the closet in the back room in the house. To me with my psych background, that raises all kinds of red flags, right? At that particular point in time, that was the only safe place for that person, and that was the place that they went. This was a perfectly well-adjusted person who was going through the whole procedure in the best way possible and came out on the other end healed and cured and healthy and happy. But I could have kind of gone in and superimposed my own image. So I just needed to clarify that. I want to share a story of a little girl that I worked with recently. I was called to see her because she had just had a relapse of her cancer and had had a spinal tap. She was having what the nurses in family thought to be an inordinate amount of pain from her spinal tap. She was refusing to eat, refusing to talk, refusing to look at anybody. She was curled up in a fetal position in her bed with her stuffed animals and her hat pulled down over her head and basically noncommunicative except for when she would moan and cry out in a very loud voice about the level of pain that she was having which very much upset the 2-year-old next to her. So when I came to talk with her I was trying to find on a scale of 0 to 10 where is the pain, and it was a 7. I asked her if she could tell me a picture of what that pain feels like, what does it feel like, and she said shattered glass. That's really graphic I'm thinking in my head. If you could fix that shattered glass, because she wanted me to know it was a big picture window, what would you do to fix it? What would be the first thing you'd do? She said, I'd call my dad. So again my psych background comes up. Dad is going to come in and be protective and helpful, but kind of setting that aside. So how would your dad help you? What would you do with that? She said, Well, he's an engineer. He builds houses. He's got his own construction company. If anybody knows how to fix a shattered glass window, he would be the one don't you think? It was like, yes. So in our mind's eye let's call him up and see if he can come, get him on his cell phone. So she called him up and got him on his cell phone and said, yeah, he could come over, but he would need to stop by the warehouse to pick up the window and he'd call her back if the right one was there. So we're having this incredible conversation that's ongoing, and in the mean time I'm just doing some clearing with therapeutic touch on her back. So she said, just a minute. Stop, and I thought I had done something that wasn't being helpful. I said, okay, I stopped. What are we doing? She said, didn't you hear the phone ringing? It's probably dad. He's going to let us know about the window. Okay. So I said go ahead and check the phone here. So dad calls back. They happened to have one last window of exactly the kind she wanted. She wanted this great big kind of window with the big half-moon second window up on top so that you could see everything. So he called and let her know that he was going to be right on the way over. I said that's great. So what do we need to do in the mean time while he's getting here? She says, well, we've got to clean up the mess, don't you think? You've got to get the glass out, she said, and you probably don't have the right gloves. I said what kind of gloves do I need? She said, well, you need those really heavy leather gloves or you're going to get cut bad from that glass. So you can't use cloth gloves. She knew I was a gardener too. We talked about that. You can't use your garden gloves, and you can't use those stupid gloves you use in the hospital because the glass will go right through them. So we got on our big, heavy leather gloves. She started to explaining to me about how I needed to pick out the shards of glass from this broken window, and we did that. There was a whole pile of glass on the floor by now, and there were still little pieces around the frame. So we had to dig out all those little pieces. Now the pile of glass on the floor is bigger. She said, okay. Now stop. We have to clean up this mess. We can't go any further or you're going to slip and cut yourself. So we cleaned it up and put it all in

the dumpster. So I said, what do we do next? She said, well, now we got to get all of the putty out of the window and all of the -- it's not chalking.

SPEAKER: Caulking.

MS. OTT: Caulking. Thank you. Got to get all the caulking and all the putty out of the window. So I'm no fool. I'm going to go right ahead and do it. I said, well, so now what side am I working on? I forget. She says, well, you have to work on that other side because you can reach it better. So we get all the caulking and all of the putty out of the window. That was just in time because she said her dad was driving up in the truck. She said, he's driving the truck alone so you're going to have to help him bring in the window. And he'll tell you how to do it, and you've got to use those -- that special kind of stuff to hold the glass. So we used the -- I learned all kinds of stuff I never knew. This is the other good thing about doing guided imagery, the magnetic pieces that hold the glass and you bring it in. So she directed us as to how to hold the glass and how to seat it into the window. We got that all done. Then she let me know that we needed to now recaulk it. So we had to go around and do all of that. By now I'm exhausted, and I look at my watch and I'm thinking we've been here probably for an hour, and I look at my watch and we've there for like 10 minutes. So I said, what do we need to do next? Is there anything else? It's all caulked. Everything is done. She said, well, of course we have to clean it. You've got your fingerprints all over it. Okay, let's clean it. Do we clean it with anything special? Windex will do fine. So we did that. So I said, are we done? How is it going? Is it okay now? She says, no, there's one last thing we need to do, and I couldn't imagine what it was. She said, we need to take that little sticker off so nobody knows it's a new window. We did that, and she said, well, that's fine. She said, don't you have something else you have to do now? I said, well, yeah, but I just need to ask you one more question. On a scale of 0 to 10, how's your pain? She says, what pain? She didn't have any pain then. So I came back later just to check, still no pain, and the next day she had no pain. So how do you explain that? I think it's in part what you were just saying. There's a physiological thing that happens. So I encourage you to do more of that in your practices. We wanted to also give you an experience, a short experience, of mindfulness meditation. I'm feeling like I probably should defer to you because you probably have more practice. What we'd like to do is just give you a short experience of this. Mindfulness meditation is very, very different from the relaxation response that you're probably all familiar with. The relaxation response and other kinds of interventions would invite you to be distracted or invite you to do something else or something instead of. In mindfulness meditation, the invitation is to stop doing and simply be. As a way of helping to do that, and as a way of helping to pay attention on purpose to what's happening right here and right now, we can begin by using the discipline of focusing our attention on our breath. Initially that's going to help us develop focus and concentration. So I invite you to do that. Just simply find a way of sitting in your chair, and I would suggest both feet flat on the floor so that one leg doesn't fall asleep and distract you, and assuming a position for you that's dignified, one that's worthy of you. Allowing your back to be straight but not rigid, and your belly soft. Now bringing your awareness to your breath, coming back home right here, right now, simply noticing your breath. There's nothing to do to it. There is nothing that needs to change. The invitation is a simple awareness of what's happening with the breath. Perhaps you notice the breath at your nose. You might notice some cool air at your nose as it's being drawn in with the breath. Perhaps the physical sensation for you is more clearly in the chest as the lungs fill and empty, as the ribs move. Whatever your experience is, is fine. There is no judgment here. It

simply is. Perhaps the physical sensation for you is more pronounced in your belly, in your abdomen, with the gentle rising and falling, emptying and filling. Wherever it is, simply settle in and notice it. When your mind is distracted by sounds like the fan overhead, opening and closing of doors, whatever it is, noticing that, acknowledging that, and then gently but with determination returning to the breath, noticing this breath, and now this breath. Whenever distracted, always coming back to the breath, coming back home. And noticing with great curiosity your next in breath, noticing what happens to the body even before the in breath beings. How does the body know to begin to breathe in? Just noticing that process and what it feels like right here, right now. Noticing that every in breath has a beginning, and a middle, and an end, and they're all different from every other one. And paying the same attention to the out breath. What does the body do as it breathes out? Watching, observing, returning the awareness to the breath. And noticing too what happens between the breaths at the end of the out breaths, at the end of the in breaths. Noticing that point of stillness. Paying attention as if this is the very first time you've ever seen this breath, because of course it is. You've never seen this breath before, and you will never breathe this breath again. And noticing how the mind wanders perhaps to things to do or things that have already happened, or to physical sensations you're having. When that happens, just noticing, thinking, feeling, and returning to the breath. Now allowing yourself to recall an event or a situation or a person or something that brings to you feelings of great compassion and love, and feeling that compassion in your heart. Then your next in breath, breathing in an awareness of someone or some situation or some place that needs healing or peace or calm, and breathing in whatever it is that you're aware of. And then on the out breath, breathing out that peace and calm and love, sending it out, and doing that for the next couple of breaths. I'm going to suggest a couple of affirmations or prayers that you can use as you continue to breathe, that you can use in your clinical practice or in your personal practice at home. So breathing in, I see you're suffering, and breathing out, I send you healing and peace. Breathing in, I see you're suffering, and breathing out, I send you healing and peace. Or perhaps you're working with someone who's now leaving, or you're working with someone who's dying. Breathing in, I see you are leaving, and breathing out, I bless you in your journey. Breathing in, I see that you are dying, and breathing, I bless you on your journey. Or breathing in, I see your anger and your pain, and breathing out, I send you wisdom and peace. And how with each breath, allowing that peace and that love to expand out ever further, much like the ripples in a pond, so that it fills this entire building and moves out beyond this building in space, through all of the D.C. area, New York, Pennsylvania, New England, the West, so that this peace and love and healing enfolds the whole world, this planet Earth we call home, and through the whole universe. Then as you're ready in your own time, perhaps deepening the breaths, making small muscle movements, adjusting your posture, and opening your eyes and your awareness to those around you, being fully present right here, right now in this room at this time.

DR. POST-WHITE: We do have time for questions, answers, dialogue. I know it's late, but it would be great.

SPEAKER: -----

DR. POST-WHITE: Should not have Reiki? I do not believe there's been any research. I can confidently say that there has not. Anecdotally, I've never seen anybody get hurt by doing it.

MS. OTT: We're definitely working on that. Right now we're right in the midst of a sixth session, 16.8 CEUs for therapeutic touch beginning level one, or just level one, and anticipate progressing through to level three, so, yes. And also working with folks in terms of Reiki and wanting to set up rotating, ongoing classes. We're holding them as interdisciplinary, so we have physicians in class, social workers, psychologists, nurses, nursing assistants, unit clerks, even people that are doing "bench research" on DNA sequencing.

DR. POST-WHITE: Did you have a comment?

SPEAKER: ----- she recently ran into a client that you had done treatment on, and the client said I've been in terrible shape ----- so occasionally I think people walk away ----- don't necessarily let the practitioner know what's going on, and then as in this situation my friend -----
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DR. POST-WHITE: Let me just clarify. The person was feeling badly, but after -- and she was blaming the Reiki treatment?

SPEAKER: Yes.

DR. POST-WHITE: Then at a later point she was diagnosed?

SPEAKER: ----- had cancer. My friend knew the practitioner ----- cancer and done Reiki and touch. She felt that it had been an okay session and months later ran into this person ----- whereupon this person ----- all this stuff saying I felt terrible ever since that experience, that somehow she had gotten in touch with not feeling loved and not feeling lovable and whatever --- ----- and had all this anger ----- my friend had been going for a biopsy for maybe more cancer ----- said the person is actually angry ----- again ----- doing something that screwed up --- -----

DR. POST-WHITE: That may very well happen. If we're altering energy levels, that definitely is possible to have such experiences, but it hasn't been well documented.

SPEAKER: -----

MS. OTT: Yes.

SPEAKER: ----- some people just want to climb towards it because -----

MS. OTT: Let me answer that in a couple of ways. I can't speak to healing touch because I don't do that, but therapeutic touch and Reiki, for some people they have a kinesthetic sense of the energy, so they do have a physical sensation of something. It may feel like warmth in their hands, it may feel like tingling, it may feel like pressure like a balloon between your hands that you're kind pushing on. Other people who have practiced for years and years will tell you they don't have any physical sensation whatsoever. But what we do know from some other studies that have been done by Valerie Hunt and a lot of people in labs where they can actually measure this kind of thing, that what seems to be very important is a person's intention, that energy

follows intention. So the importance here is that a person have a clear intention of what they're about and what they're doing and that they allow themselves to be open to whatever they understand that universal life energy to be, that universal force. Different cultures call it different things. So that you are then open to that so that it can flow through you so that you're not using your own energy.

SPEAKER: ----- when you do meditation?

MS. OTT: Yes. People who have a regular practice of energy work, of therapeutic touch, and/or Reiki have a regular meditation or prayer practice. You cannot continue to do the work over time without doing that.

SPEAKER: -----

MS. OTT: No, because of the importance of being very calm and peaceful and centered and clear about your intention when you're with the other person. So that if I'm a person who is totally frenetic in my life and I never allow myself any time out so to speak, or any time where I can make that connection with what I understand to be that source greater than myself, and where I allow myself that time and space for quiet and for healing, for meditation, whatever I understand that to be, whether it's meditation or prayer or chi gong or tai chi or whatever, that then it's not going to be possible for me in the moment when I'm with a patient to center down to that place where deep inside I feel the most healed, the most whole, the most open, the most compassionate. Does that make sense? And it's a practiced response, yes.

DR. POST-WHITE: That place of where you start, does that facilitate the energy flow?

MS. OTT: Yes.

DR. POST-WHITE: Especially with Reiki, the energy flow is through you as a practitioner.

MS. OTT: Did you have a comment?

SPEAKER: -----

DR. POST-WHITE: There are a few tapes you can buy that are available. I could give you some if you wanted.

SPEAKER: Someone that's got kind of a little bit more of a nice calming voice that is -----

DR. POST-WHITE: Right. I have one that is focused toward mindfulness meditation for cancer patients with some gentle guided imagery with that. So I can give you -- if you gave me your --

SPEAKER: -----

DR. POST-WHITE: I don't, but my colleague Elana Rosenbaum (?) has created them. She's formerly a transplant survivor medication teacher.

MS. OTT: The Oncology Nursing Society in this next year will be publishing a small book that's going to be guided imagery, and part of it will be a review of the research. There will be a number of scripts in the book. Then there's also a chapter on resources, and there will be a whole listing of tapes and Web sites and books and articles.

MS. OTT: Thank you all for coming.

DR. POST-WHITE: Thank you. Have a safe trip home.

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