Biofield therapies form a subcategory of energy therapies, as defined by the National Center for Complementary and Alternative Medicine. Specific biofield therapies addressed in this article include Therapeutic Touch, Healing Touch, Polarity Therapy, Reiki, and Qigong. This article will identify core concepts in biofield therapies, review controlled trials of the use of biofield therapies with patients with cancer, describe the process of biofield therapies implementation in one cancer center, and suggest research to benefit not only patients with cancer but also family members and oncology professionals.

Biofield therapies form a subcategory of energy therapies, one of the five complementary medicine domains defined by the National Center for Complementary and Alternative Medicine (NCCAM). The terminology of biofield therapies is diverse because the practices that comprise the field have developed cross-culturally over thousands of years and, in recent decades, have been reformulated, taught, and practiced in a variety of ways. Terms in common use include energy healing, energy medicine, energy therapies, laying on of hands, and spiritual healing. Forms of practice found in North American healthcare systems include Healing Touch (HT), Polarity Therapy (PT), Qigong, Reiki, and Therapeutic Touch (TT) (see Figure 1). Two of the modalities were formulated specifically in the context of nursing: TT in the 1970s by Dolores Krieger, PhD, RN, at New York University, and HT in the 1980s by Janet Mentgen, BSN, RN, in Colorado. Krieger worked with healer Dora Kunz to develop and teach TT, a formal procedure for assessment and treatment of the human biofield. Mentgen compiled a range of biofield healing interventions from her own practice and from other healers and developed HT as a training program. PT was developed in the 1940s and 1950s by Randolph Stone, DO, DC, ND, who combined aspects of ancient healing practice with information from osteopathy and chiropractic. Qigong and Reiki are modalities of Japanese and Chinese origin, respectively. See Figure 2 for resources to learn more about the different types of biofield therapies.

Although the modalities have differences, they share some common assumptions.

- The human body has a subtle energy system that interpenetrates the physical anatomy and extends outward beyond it.
- The subtle energy may be conceptualized as universal energy or vital energy flowing through and available to all beings.
- The normal self-healing capacity of the human body is supported by the free and balanced flow of energy through its subtle energy system.
- Disease or disorder can be detected in the energy system (perhaps before it manifests in the physical body) and can be affected therapeutically by the action of energy practitioners, in support of the self-healing capacity of the body.
- Conscious healing intent and compassion are considered essential to the effectiveness of biofield therapies.
- Practitioners’ hands may or may not touch the physical body (see Figure 3). Practitioners also may carry out healing work, either remotely or in person.

At a Glance

- Biofield therapies used in the North American healthcare system have developed from a number of different sources yet share many core concepts.
- Nurses who want to implement a biofield therapies service can address skepticism with patience; published research; data on patient demand, response, and satisfaction; and physician support.
- Controlled trials of biofield therapies have pointed to improved mood and quality of life and decreased pain and fatigue. Additional well-designed studies should be undertaken to address the needs of patients with cancer, as well as the stresses affecting their families and oncology professionals.

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