An HMO-Based Prospective Pilot Study of Energy Medicine for Chronic Headaches: Whole-Person Outcomes Point to the Need for New Instrumentation

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Abstract

Objectives: The purpose of this study was to evaluate an energy healing treatment for possible inclusion as a Kaiser Permanente Northwest (KPNW) Pain Clinic provided therapy, and to identify the appropriate number of treatment sessions for a Pain Clinic protocol, should the intervention prove successful. In addition, our intent was to document the full range of outcomes experienced by patients undergoing energy healing, including whole-person and transformative outcomes should they occur.

Setting: The setting for this study was Kaiser Permanente Northwest Pain Clinic.

Participants: Thirteen (13) patients with chronic headache who were members of the KPNW Health Plan were recruited through flyers or mailings.

Methods: Thirteen (13) participants received at least three energy healing sessions at approximately weekly intervals. Assessments were based on pre- and post-treatment qualitative interviews.

Intervention: The treatment consisted of three Healing Touch sessions provided by a Certified Healing Touch Practitioner. Treatments contained elements common to all sessions, and elements that were tailored to the individual subject.

Results: Twelve (12) of 13 participants experienced improvement in frequency, intensity, or duration of pain after three treatments. In addition, 11 of 13 participants experienced profound shifts in their view of themselves, their lives, and their potential for healing and transformation. These changes lasted from 24 hours to more than 6 months at follow-up.

Conclusions: Energy healing can be an important addition to pain management services. More in-depth qualitative research is needed to explore the diversity of outcomes facilitated by energy healing treatments. Furthermore, the development of new instrumentation is warranted to capture outcomes that reflect transformative change and changes at the level of the whole person.

Introduction

MORE THAN 50 MILLION Americans endure chronic pain. Forty-five percent (45%) of the U.S. population seeks medical help for pain during the course of their lives, and approximately 4 of every 10 patients with moderate to severe pain report little relief.¹ Chronic severe pain is a condition that

can affect many facets (e.g., emotional, social, and spiritual) of the patient, but often has no or minimal physical signs. Several nonpharmacological treatment models have evolved for chronic pain in addition to physical and manual therapies; these include group support, exercise, relaxation therapy, meditation, and psychologic and educational programs,^{2,3} suggesting that single therapies do not help the majority of

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patients, and physical and pharmacological remedies alone do not work well.

For the health care provider, pain is challenging to treat and manage. It is a subjective experience that is influenced by many factors, including the individual's emotional state and personal threshold, the practitioner-patient relationship, and the larger context of social and cultural factors such as work and family.⁴ Complementary and alternative medicine (CAM) systems recognize chronic pain as a multifaceted condition that needs to be addressed at the level of the whole person. The depth and complexity of chronic pain and the frequent resistance to conventional medical interventions make it a good candidate for CAM, and for evaluating the healing potential of energy medicine in particular. A chronic pain clinic is an ideal setting for piloting innovative CAM interventions. One practitioner (SK) at the Kaiser Permanente Northwest (KPNW) Pain Management Clinic provided occasional energy healing treatments to several patients, with anecdotal success. This success generated interest in a formal evaluation of the intervention.

Methods

The study protocol was approved by the KPNW Institutional Review Board, and was funded as a fellowship pilot research project by a National Institutes of Health–National Center for Complementary and Alternative Medicine (NCCAM) Center grant. All participants were appropriately consented and completed forms in compliance with Health Insurance Portability and Accountability Act regulations. The goals of this study were to (1) evaluate the appropriateness of an energy healing treatment for inclusion in the Pain Management Program at a conventional health maintenance organization; (2) identify the ideal number of treatment sessions for the clinical protocol should the intervention prove successful; and (3) document the full range of outcomes experienced by patients undergoing energy healing including whole-person and transformative outcomes should they occur.

The study was conducted as a single trial with two consecutive waves. For both waves, patients with chronic pain were recruited who had pain of at least 1–2 years' duration. In the first wave, 6 female patients with chronic headache were recruited upon completion of the Pain Management Multidisciplinary Group Visit Program. This is a series of weekly 2-hour visits for 7 weeks, followed by a 30-minute individual appointment with a member of the Pain Team to develop the patient's personalized pain management plan. The purpose of the group is to teach patients about the basic science of chronic pain, and the necessity of utilizing multiple strategies to manage pain effectively. Participants learn about a wide variety of medical, behavioral, psychosocial, and complementary interventions that can be helpful in managing pain. Throughout the series, participants learn a number of strategies to facilitate relaxation.

The second wave of study participants was recruited by direct mail to KPNW members who had received a diagnosis of temporomandibular joint disorder (TMD) by the KPNW TMD clinic in the 18-month period prior to the start of the study. Inclusion criteria for the second group did not require prior completion of the pain management educational program. We chose a different recruitment method for second-wave participants in case previous exposure to information

about CAM in the educational program had in any way primed the readiness to respond of participants in the first wave. The methodology for the second wave of this study, therefore, was based on what we had learned from the first wave. All second-wave participants who were interested in the study completed a brief screening questionnaire that indicated whether headache was a significant part of the symptom picture. Seven (7) patients were recruited by mail. The energy healer for this study (SK) was one of the Pain Clinic staff members who sometimes provide education for the pain group, but she did not know any of the participants in either wave of this study personally.

Setting

Treatments took place in a standard examination room at the KPNW Pain Clinic. Interviews were conducted in a private office at KPNW Center for Health Research.

Healing Touch Intervention

The clinician was a Certified Healing Touch Practitioner who had also been deeply engaged in a personal spiritual practice for over a decade. This is considered important in energy healing, although its impact is still being established.^{5,6} Treatment sessions contained some approaches that were consistent for each subject. The sessions began with a brief Mind Clearance⁷ to aid relaxation and focus the subject's mind for the remainder of the session. This was followed by a Full Body Connection (op cit, pp. 105–114). After this, however, the practitioner followed her intuition and performed energy work based on her perceptions of the subject's individual state. Treatments consisted of both on-body and off-body energy work, were mainly conducted in silence, and had no talk therapy component. Each session lasted approximately 30–40 minutes. Treatments were generally 1 week apart, although participants sometimes requested longer intervals to fit with their personal schedules.

Number of Treatments Received

The number of treatment sessions offered in the first wave was 6. Three (3) participants chose to have no additional treatments after 3 treatment sessions. A fourth participant stopped treatments after 3 treatment sessions due to work conflicts. As a result of this experience, we modified the protocol accordingly in the second wave of the study; second-wave participants were offered 3 treatments with an option for an additional 3 if decided mutually with the practitioner. In total for this study, 13 participants received at least 3 energy healing treatments, with some participants

TABLE 1. TOTAL NUMBER OF PRACTITIONER VISITS BY NUMBER OF PARTICIPANTS

	<i>No. practitioner visits</i>			
	3	4	5	6
No. participants				
Wave 1	4	0	0	2
Wave 2	4	0	3	0

receiving more. Table 1 shows the distribution of practitioner visits by number of participants in each study wave.

Data Collection Time Points

The first wave of the study was designed to collect participant data at baseline, post-third treatment, post-sixth treatments (end of treatment), and 3 months after the end of treatment. Baseline and post-sixth treatment interviews were conducted in person; post-third treatment and 3-month follow-up interviews were conducted by telephone. The second wave of the study was designed to collect participant data at baseline, post-third treatment (end of protocol-based treatment; some participants might receive more than 3 treatments if decided mutually with the practitioner), and 2 months after the end of protocol-based treatment. Baseline and post-third treatment interviews were conducted in person. Two-month follow-up interviews were conducted by telephone. Table 2 shows the distribution of interviews by number of participants in each study wave.

Type of Data Collected

Qualitative data were obtained through open-ended, audiotaped interviews (average duration 1 hour). Interviews were semistructured, beginning with an open-ended question to encourage participants to narrate their own experience. As the interview progressed, the interviewer asked clarifying questions as needed. Probes were open-ended or specific to the participant's responses. All interviews were directed toward eliciting the participant's story of the experience of living with pain in his or her own words to begin to develop an understanding of and language for that individual's internal landscape in the context of the healing process. Quantitative (VAS) data on worst pain were only collected at baseline as part of the eligibility screen. Examples of questions used in baseline and follow-up interviews are shown in Table 3.

The end of treatment (EOT) interview (post-6 treatments for first-wave and post-3 treatments for second-wave participants) consisted of a card sort⁸ of 37 phrases developed from validated questionnaires already in use at the Oregon Center for Complementary and Alternative Medicine. Each card contained a short sentence that could potentially describe an experience of the healing process (for example, I feel a restored sense of self; I feel more connected with myself/my life; I don't feel any different) that did not refer specifically to pain levels. Participants were instructed to take a first pass through the cards and choose any they felt applied to their experience in this study based on a visceral rather than a mental response to the phrases they saw. Next, they were asked to look for a second time through the cards

they had *not* chosen to see whether, on reflection, they would choose any of them now. They were then invited to talk about both the cards they chose and the cards they did not choose. The rationale behind using a card sort was our belief that participants would be stimulated to converse more freely and be able to access a wider array of experience than they would if probed directly by the interviewer. Its purpose was not to rank the importance of experiences, but rather to serve as a standardized basis for reflection, in much the same way as traditional open-ended questioning.

Data Analysis

The overall goal of this content analysis was to obtain direct information from study participants regarding their experience of the healing process, and to begin to assess the effectiveness of the therapy. Each interview was transcribed verbatim by the interviewer. Once all interviews were completed, all transcripts were read several times open-mindedly to obtain an overall impression. The goal of this approach is to achieve immersion and gain a sense of the whole context.⁹ Two (2) experienced qualitative researchers participated in analyzing and coding the data. Each researcher analyzed the data independently to identify aspects of the participants' experience. One (1) of these researchers also conducted the interviews and applied her personal impressions to the analysis. Transcripts were read word by word for the identification and coding of units of meaning that represented the subject's experience.^{10–12} This was achieved by highlighting exact words that captured key concepts and thoughts. These units of meaning consisted of phrases, a sentence, several sentences, or a paragraph. The next step in the data analysis involved the interviewer making notes of her initial and subsequent impressions. Codes came directly from the text and were sorted into categories that emerged from organizing codes into related clusters.¹³ Given the shift in study design between the two waves, data from post-third treatment interviews were combined from both waves (and reported here) as the most comparable time point.

Whole-person and transformative outcomes had been observed in other CAM contexts but were only just beginning to be studied^{14,15} at the time this study took place (2002–2004). In addition, the emphasis of conventional care on objective biomedical measures might be construed to inhibit patients from even being able to identify transformative and whole-person experiences.¹⁶ Our intention, therefore, was to maximize the possibility of capturing these kinds of outcomes should they occur, by giving participants the opportunity to speak freely about their experience.

No mention of transformative changes was made in the recruiting, consenting, or treatment process as we had no preconceived notion that they would occur, or if they did, what they would look like or how frequently they would happen. The consent form explained only that the study would explore the effects of a complementary therapy called Healing Touch for headache of all types. The benefits paragraph stated: "As a result of Healing Touch treatments your pain may decrease. You may or may not have other benefits as well. There is also a chance that you may experience no change." At the initial visit, the study practitioner told participants that generally people experience relaxation during treatment sessions and that many experience some pain relief

TABLE 2. TOTAL NUMBER OF INTERVIEWS BY NUMBER OF PARTICIPANTS

No. participants	<i>No. interviews</i>			
	1	2	3	4
Wave 1	0	4	0	2
Wave 2	0	0	7	N/A

N/A, not applicable.

TABLE 3. EXAMPLES OF INTERVIEW QUESTIONS

Sample baseline questions	<ul style="list-style-type: none"> • What do you think will help you be free of headaches or much improved? • What do you hope will happen as a result of the treatment you receive in this study? • Sometimes people have a sense of what it is that caused their headaches. Can you tell me something about that for you?
Sample follow-up questions	<ul style="list-style-type: none"> • What has having the treatment been like for you? • What changes have you noticed since you began treatment in the study? • Have there been any other changes in the way you feel? Please describe. • Has anything else changed in your life as a result of the treatment? Please describe. • (If changes reported) How do you think the treatment causes changes to happen? • You were asked at the start of the study if you had any sense of what was the cause of your headaches. How would you answer that question today? • Where do you see things going for you in the future?

as well. In follow-up visits, she asked participants if they had noticed any changes that persisted during the time between sessions.

Results

Participant characteristics

All participants were KPNW patients. In addition to chronic headaches, each subject had multiple pain and related diagnoses. Information about these diagnoses was obtained with participants' consent from the KPNW electronic clinical records system and is summarized in Table 4.

Average duration of pain for participants in the first wave was 14 years (range: 4–25 years). Average duration of pain for participants in the second wave was 14.5 years (range: 3–30 years). On a 0–10 visual analog scale (0 no pain, 10 unbearable pain) adapted from the Wisconsin Brief Pain Questionnaire¹⁷ administered at baseline, "worst pain in the past week" was rated between 6 and 10 by participants in the first wave, and between 6 and 9 by participants in the second wave. Individual demographic and baseline pain characteristics are reported in Table 5.

Post-Treatment

In the first wave of the study, all participants ($N=6$) reported at least some improvement in headache pain (reduced

frequency, intensity, or duration of headaches) by the post-third treatment interview (a telephone interview). At that time, each participant also reported more subtle yet dramatic experiential changes (such as shifts in awareness about her sense of self or toward her life) that she could not have predicted at baseline when asked what she hoped to get from being in the study. In all cases, these changes were noted by others (for example, health care providers or family members reportedly made comments to participants about how "different," "relaxed," or "calm" they seemed), and their effects were still noted at the EOT card-sort interview (post-6 treatments) in 2 of the 6 participants we were able to follow. In these same 2 participants, pain reduction and the effects of experiential changes persisted 3 months after EOT.

In the second wave of the study ($N=7$), 6 participants reported at least some improvement in pain by the post-third treatment interview, which was the EOT card-sort interview for this wave of the study. For 3 of these 6 participants, improvements in pain were still noted at the 2-month follow-up interview. At the time of the post-third treatment interview, 5 of 7 participants also reported experiential changes such as shifts in awareness regarding oneself or one's relationship to life of similar quality to those noted by participants in the first wave. Two (2) of these 5 participants also reported that their spouses and work colleagues had spontaneously commented on how much happier they seemed. Of these 5 participants, 2 reported that the experiential

TABLE 4. SUMMARY OF FREQUENCIES OF RELEVANT DIAGNOSES BASED ON KPNW ELECTRONIC MEDICAL RECORDS

Diagnosis	Frequency: wave 1 ($N=6$)	Frequency: wave 2 ($N=7$)
Chronic fatigue syndrome	1	0
Fibromyalgia	2	5
Depression/anxiety disorder	6	6
Myofascial pain	2	3
H/A migraines	6	7
Temporomandibular dysfunction	0	7
IBS/colitis	2	1

KPNW, Kaiser Permanente Northwest; H/A, headache; IBS, irritable bowel syndrome.

TABLE 5. PATIENT DEMOGRAPHIC CHARACTERISTICS AND PAIN AT BASELINE

Wave	Age	Gender	Baseline pain ^a
1	42	F	8–9
1	61	F	8
1	25	F	10
1	41	F	10
1	39	F	7
1	56	F	6–7
2	57	F	7
2	58	M	7
2	59	M	9
2	54	F	7–8
2	61	F	6
2	49	F	8
2	54	M	7

^aWorst-pain scores at baseline using a visual analog scale (0 no pain to 10 unbearable pain) adapted from the Wisconsin Brief Pain Questionnaire (Daut et al., 1983).

changes were still having an effect at the time of the 2-month follow-up interview; 1 was uncertain; 1 believed she needed more treatments to reconnect with the experience; and 1 was lost to follow-up.

Table 6 provides outcome data for each participant in regard to the spontaneously reported changes in pain and experiential changes relating to shifts in self-awareness reported at the post-third treatment interview (by telephone interview for first-wave and by in-person card-sort for second-wave participants). In addition to Pain-Associated Characteristics, three overarching domains relating to self-awareness emerged from analysis of interview data: Different Orientation Toward Oneself; Different Orientation Toward One's Life; and Quality of Transformation.

Table 7 lists key themes and exemplary quotations for shifts in self-awareness and other diverse outcomes relating to treatment efficacy that emerged from the analysis of interview data.

Discussion

Self-report by the 13 participants in this study suggests that the energy healing treatment improved various pain parameters, including frequency, intensity, and duration of headaches by or before the third session. Six (6) participants also reported a decreased need for pain medications during the trial. Other results suggest the existence of outcomes not currently tapped by standardized assessment instruments, which relate to participants' descriptions of their healing process, and which broadly fall into the categories of a transformative shift in attitude to oneself and in one's view of the world.

Participants' descriptions contained both common and highly individualized elements, and reflect the kinds of outcomes at the level of the whole person that are reported by CAM clinicians, especially those who practice some form of energy therapy.¹⁶ Improvement in pain parameters and dramatic shifts in self-awareness both emerged by or before the third treatment session. This leads us to speculate that three successive treatments may be an adequate number to offer to evaluate the effect of an energy healing protocol.

In doing this trial, we had hoped to maximize the possibility of capturing whole-person and transformative changes, should they occur, and to begin to record them in participants' own language and conceptual framework. Even with this goal in mind, we were taken aback by the extent of changes in self-awareness that participants experienced in the first wave of the study. In case these findings were an artifact of somehow being primed by the educational pain group, we decided to try to decrease any potential readiness to respond by changing recruitment criteria for the second wave. The methodology for the second wave of this study, therefore, was based on what we had learned from the first wave. The potentially transformative changes of participants in the second wave are perhaps less dramatic than those for participants in the first wave, but still noteworthy and similar in quality. This suggests that while the group visit may play a priming role, it is not essential to the process. It is also worth noting that the examples of shifts in self-awareness and orientation to life reported here for participants in the first wave were initially spontaneously given during a telephone interview (the card-sort happened later) without the implicit openness to such changes that a card-sort interview might provide.

In general, studies of transformation, such as the quantum change studies,¹⁸ are retrospective, and do not examine transformation in the context of the practitioner-patient encounter. In addition, literature on addiction treatment and first-person accounts report quantum breakthroughs that occur in environments that are highly charged in the direction of transformative change, and which have concrete expectations around what will bring healing and how healing should look.¹⁹ In the foreword to "Developing Healing Relationships," Chez and Jonas²⁰ state "Relationships and the communication associated with them are the key to the delivery of caring and healing. Trust, honesty, and compassion form the primary components of healing relationships. Their delivery in the therapeutic alliance requires skills in communication." This conclusion, while undeniably important, does not do justice to the profoundly effective healing relationship of a type illustrated in this current study, in which

TABLE 6. OCCURRENCE OF SPECIFIC DOMAINS OF CHANGE AFTER THREE TREATMENTS (N=13)
REPORTED FROM CONTENT ANALYSIS OF OPEN-ENDED INTERVIEWS^a

Domains	Subjects												
	1	2	3	4	5	6	7	8	9	10	11	12	13
<i>Pain-Associated Characteristics</i>													
Decrease in duration			X				X						
Decrease in intensity	X	X	X	X	X	X	X	X	X		X	X	X
Decrease in frequency			X	X	X	X	X						
Decrease in use of pain medication			X			X	X				X	X	X
Increase in relaxation		X				X			X	X	X		X
Improvement in sleep						X			X	X	X		X
<i>Other major changes associated with treatment</i>													
Different Orientation Toward Oneself	X			X	X	X		X		X		X	
Different Orientation Toward One's Life	X	X	X	X	X	X		X					
Quality of Transformation	X	X	X			X	X	X			X	X	

^aResults are based on telephone interviews for participants 1–6 and on in-person card-sort interviews for participants 7–13.

TABLE 7. KEY OUTCOME THEMES AND EXEMPLARY QUOTATIONS

<i>Outcome themes</i>	<i>Exemplary quotations</i>
Reduced Pain Levels	<ul style="list-style-type: none"> • Subject 1 “Before [the study], pain seemed out of control . . . The [pain education] group helped me accept what’s going on in my body. The study took it a step further. It changed my attitude . . . It [the treatment] made me understand more fully how I needed to take steps to help myself and that I could.” • Subject 11 “I’m taking less pain medication.” • Subject 5 “[The treatment] helps me get beyond spasms to a quieter place.”
Relaxation	<ul style="list-style-type: none"> • Subject 1 “I have a better grasp on what it means to relax.” • Subject 4 “My body can relax! I’ve never been so relaxed.”
Different Orientation Toward Oneself	<ul style="list-style-type: none"> • Subject 1 “I feel I can’t change the physical part of me but I know I can have more mental/emotional control.” • Subject 7 “I have definitely turned a corner and headed in a new direction. I’ve known for a long time I have to be responsible for my own healing. In my gut I’ve understood that but I really didn’t get fully what it meant . . . I’ve figured out that I’ve never really trusted that I could heal myself . . . I’ve used bodywork so much, trying to get my muscles to unlock their secrets, and that was such hard work and this stuff just opened [me] . . .” • Subject 9 “I just felt bigger. I’ve been feeling very shrunk because I feel like I’m aging. Ability and sense of self shrunk—it [treatment] got me to walk a little taller, feel more like person I used to be.” • Subject 12 “[My husband] likes the new me . . . I feel like my old self. I’ve been in this pain/fog sleep for many years. It’s [the treatment] helped tremendously. When I’m focused and centered my perception is more accepting of who I am.”
Different Orientation Toward One’s Life	<ul style="list-style-type: none"> • Subject 1 “I know there are things in my life I’m not going to get rid of, but I know I can do something to counteract this that isn’t taking [pain] medications . . . Being in the study has made me more mindful – even when something happens to me, there are others who are worse off. It helped me get outside of myself.” • Subject 5 “In the last 4 months I have become more social than I have been in the last 3 years . . . when you have a chronic illness . . . people don’t know what to say anymore, so they shift away. I make an effort now to maintain contacts . . . These treatments and experiences have helped me bring light into places in my life where there was darkness . . . Some harmony has entered into this [my life], which I haven’t experienced in years. I didn’t realize that I’d lacked that sense of harmony.” • Subject 7 “I just turned 58. I have spent all my life, probably from the minute I came out, trying to please everybody else . . . I’ve been so careful trying to have my body do all the things everybody else wanted it to do. So I’ve been like a puppeteer . . . I don’t think I’ve ever lived in my body before . . . It’s a presence that’s very different for me . . . I get it. I just get it . . .”
Quality of Transformation	<ul style="list-style-type: none"> • Subject 5 “Treatments were for me beyond just helping me have headaches lessened . . . It’s been an absolutely phenomenal experience . . . like finding inner peace . . . helps me get beyond spasms to a quieter place. The pain is still there but it mutes the pain . . . This [study] has been an oasis for me. It’s enabled me to use tools I learned at the [pain education] group. I knew about them [the tools], but until the energy work, I couldn’t utilize them. I had a framework but it was wobbly. Energy work makes my framework strong.” • Subject 6 “. . . something locked up inside of me. It’s opening up. I had an abusive childhood. I’ve been told by a lot of doctors the pain was probably brought on by abuse as a child. I feel [the practitioner] was unlocking that . . . to relieve that hold on my body . . . so it can be at peace.” • Subject 7 “I feel the change is continuing, very much so. I still have the headache, but instead of 6,7,8,9 it’s a 1,2,3 . . . I caught myself responding to pain at a 3 level emotionally and behaviorally the same way I would have if it had been a 7, and I could see it. So I did a ritual and Healing Touch stuff. There are holdover pieces, maybe psychologically or spiritually that hang on a bit to being sickly. I don’t know what it’s about, but it’s out there now, I can see it. I’ve known it was there, but it’s been buried under being sick and now it’s out and I can move on.”
Optimism about the Future	<ul style="list-style-type: none"> • Subject 2 “I’m definitely optimistic about the future.” • Subject 3 “Things feel really up in the air. I think about the future now—that’s up in the air too.” • Subject 12 “The future looks very good.” • Subject 11 “I’m more hopeful in general . . . I’m more optimistic that this [pain] is not going to stay around for the rest of my life.”
Metaphysical/Spiritual	<ul style="list-style-type: none"> • Subject 2 “Something was not right and [practitioner] has helped make it right . . . There’s something other than physical that [the practitioner] worked on.” • Subject 12 “I’m more spiritually aware, it relates to being centered. I feel closer to my guardian angels and God—it just brings me a little closer . . .”
Psychologic Outcomes	<ul style="list-style-type: none"> • Subject 1 “. . . I can have more mental/emotional control.” • Subject 12 “I’m not as depressed . . . more positive in thinking. I feel I can accomplish more . . . I’m just in higher spirits all the way around.”

"communication" is fundamentally silent, but can be the catalyst for transformative change in the recipient and apparently can produce the experience of wholeness and integration. This is very different from an emphasis on the chronic pain patient struggling to survive and not suffer^{21,22,23} and even from the notion of group support.²⁴

Experiences at the level of the whole person are routinely reported by CAM clinicians²⁵ but little systematic documentation of these outcomes exists, and no instruments have been developed to routinely assess them in CAM studies. To begin to address this, a group of investigators have pooled qualitative data (including the data set from this study) to develop a draft transformative and whole-person outcomes questionnaire, which will be fully validated under an NCCAM grant (R01AT0033114). Capturing and evaluating the nature of transformative outcomes can only serve to deepen our understanding of the complex, interactive systems that form the basis of health and disease, and to allow us ultimately to provide improved support and therapies for patients.

Study Limitations

Participant follow-up did not go beyond 3 months (for the first wave) and 2 months (for the second wave) after the end of treatment. The focus of this pilot study was on the participant's and not the practitioner's process. Our attention was also not directed at patient characteristics. This study makes no attempt, therefore, to correlate outcomes with patient characteristics. Other limitations include a small sample size and the use of only 1 practitioner, the lack of a no-treatment or usual-care comparison group, and the potential for social desirability and response bias to have influenced participants' reports. It is worth stressing, however, that these participants were regular health maintenance organization chronic pain patients who were not actively seeking energy healing. This was a small study done as part of a research fellowship.

Clinical Implications

This study took place in the context of the KPNW Pain Clinic with the goal of providing a report to the Clinic director on whether or not there was evidence to support the benefit of energy healing treatments for pain patients, and if so, how many treatments seemed reasonable. Based on our data, we recommended that benefit appeared likely, and three energy healing visits seemed sufficient as part of a comprehensive pain management program. This study is an example of how collecting and reporting data led to operational changes. One of us (CE) included the results of this study in a presentation to KPNW administrative leadership, who subsequently agreed to provide support for, among other things, the expansion and inclusion of an Integrative Medicine Clinic within the Pain Clinic. At the time of this writing, SK and a Pain Clinic staff physician offer energy healing 1 half-day a week. Three (3) KPNW clinicians provide acupuncture services for patients with chronic pain (with the overflow sent out to Acumednet). A Certified Registered Nurse Anesthetist provides hypnosis, and a family medicine physician offers Bowen Technique treatments for chronic pain. The expansion of services in the Pain Clinic was helped in part by this study and others conducted at

KPNW.^{26,27} However, while evidence from small studies to support the use of CAM modalities for pain management may be compelling to the institutions where the studies occur, conventional health care organizations and insurers may require evidence of efficacy prior to considering such modalities for third-party reimbursement.

Conclusions

Clinical evidence suggests that some individuals who receive CAM therapies, especially therapies with energetic components and whole-person focus (for example, different kinds of energetic touch therapy, homeopathy, mindfulness meditation),* report having what may be called transformative experiences in realms such as sense of wholeness, freedom, and connectedness. Conventional medicine's focus on specific symptoms, diseases, and organs to define mechanisms and target therapies means that any transformative changes are usually missing as reported study outcomes. Two obstacles hinder exploration of the phenomenon of transformative change: (1) the existence of few empirical studies of the wide range of outcomes experienced by patients who receive CAM therapies to guide the choice of outcomes for evaluation; and (2) the lack of tools to collect consistent information on the types of experiences that have been reported in qualitative interviews.

A brief (three-session) Healing Touch intervention by a spiritually attuned practitioner resulted in improvements in headache pain as well as potentially transformative shifts and whole-person outcomes, among a group of patients with chronic headache at KPNW. The magnitude and types of change, particularly in participants' orientation toward themselves and their lives, was not anticipated by either participants or investigators. The challenge for future research is to develop instruments to collect consistent outcome information on the various aspects of whole person, transformative change (when, by its nature, transformative change cannot be predicted at baseline). The nature of the changes our participants experienced will hopefully inspire others both to replicate this study and to further investigate other aspects of the process, including the characteristics of patients, practitioners, and their interaction.

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Disclosure Statement

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