The Utility of Energy Therapy for Student Veterans at the University of Arizona
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1. Summary

This report discusses the results from qualitative research on the topic of energy therapy conducted with student veterans at the University of Arizona from July 2010 to March 2012. We reflect on the integration of Healing Touch, a complementary energy therapy, into a comprehensive program that supports veterans dealing with the effects of military service as they transition into higher education. Initial feedback from student veterans who have used energy therapies indicates improvements in depression, anxiety, and sleep. This pilot project considers how complementary energy therapies can expand the range of campus-based services that promote the well-being of student veterans and facilitate their academic success as they integrate into university communities. The report includes a background on the project, a description of our methodology, basic trends in the effectiveness of sessions, narratives data collected through interviews and questionnaires, and implications for research and practice.

2. Background

Since 2008, the University of Arizona has developed a nationally recognized set of initiatives aimed at improving the educational experiences of student veterans. A range of departments and programs that serve student veterans collaborate through Veterans Education and Transition Services (V.E.T.S.). One key effort on the UA campus is the Disabled Veterans Reintegration and Education Project (DVRE). The broader purpose of DVRE project is to create a pilot study that will assist in the successful educational advancement and reintegration of student veterans. The ultimate goal of the DVRE is to develop recommendations to inform higher education in ways to create programs, services, and strategies that promote inclusive learning environments campus environments.

Such a project is important within the larger context of increasing numbers of student veterans enrolling in higher education (Church, 2009), many of them with injuries. As compared to veterans from prior eras, veterans from Afghanistan and Iraq have a much higher rate of injuries. Of the two million veterans that are predicted to enroll in higher education (Radford, 2009), up to one quarter have some type of disability (Tanielian & Jaycox, 2008), and are twice as likely as a non-veteran to have at least one disability (NSSE, 2010, p. 17). This generation of veterans has a high rate of “hidden” or “invisible” injuries, which include Posttraumatic Stress Disorder (PTSD), traumatic brain injuries TBI, and other cognitive or mental effects of service which affects their
needs as college students (Glover-Graf, Miller, & Freeman, 2010). Invisible injuries may or may not be medically legitimated by the Veterans Administration (VA), making identification issues difficult.

Additionally, the unpredictable and often ambiguous symptoms of PTSD and TBIs can be triggered or exacerbated by the campus environment. For example, crowded spaces or anxiety related to test-taking may elicit changes in behavior for which veterans are unprepared for or feel as if they cannot control. In working with student veterans at the University of Arizona through the Disabled Veterans’ Reintegration and Education Project (DVRE) at the University of Arizona, we have documented several health issues that play an important role in the success of student veterans including anxiety, depression, hypervigilance, stress, and sleeping problems. Some student veterans have suggested that PTSD is “rampant”, among their peers and that many of them are unaware that they are suffering from its effects (Kraus & Rattray, 2012). That is, many student veterans who do not have disability ratings for PTSD still experience many of its symptoms which may impact their academic success. Moreover, student veterans have suggested that conventional approaches to addressing mental health needs such as “talk therapy” may have limited efficacy.

3. Methodology and Sample

In an effort to offer alternative methods for helping veterans cope with the symptoms of PTSD and other health issues, DVRE staff implemented a pilot project that uses a complementary energy therapy known as Healing Touch. Healing Touch (HT) incorporates a number of standardized, non-invasive techniques that utilize the hands to clear, energize and balance the human energy fields. This includes both touch and non-touch (above the body) energy balancing techniques that affect physical, emotional, mental, and spiritual aspects of the self, with an emphasis on “self-healing”. Guided imagery is also used during HT sessions. Students are provided a CD with guided imagery for their personal use outside of HT sessions. Healing Touch can help with: relief of pain, anxiety, stress & fatigue reduction, general well-being, headaches/migraines, skin problems, hypertension, wound and fracture healing and decrease symptoms in acute or chronic disease.*

The DVRE project coordinator was a Certified Healing Touch Practitioner (CHTP). After initial interest was expressed by student veterans on campus, project staff began to work with the Student Veterans Center. Healing Touch was subsequently incorporated into the DVRE project following a Professional Roundtable Conference where the technique was demonstrated for attendees. The UA student veterans in attendance requested that Healing Touch be offered on a regular basis. DVRE staff developed a set of research instruments to evaluate the effectiveness of energy therapy for veterans experienced PTSD or similar challenges.

* The Healing Touch program was originally started by Janet Mentgen, a registered nurse who combined various energetic healing techniques to create a program for nurses to learn complementary and holistic techniques of healing. The American Holistic Nurses’ Association endorses Healing Touch. For more information, visit Healing Touch International (http://www.healingtouchinternational.org/).
We provided informational materials, hosted clinics and offered individual appointments in both the Student Veterans Center and the Disability Resource Center (DRC). A permanent space was procured at the DRC for regular individual sessions. In addition, portable tables were used for monthly clinics in the Student Veterans Center.

During the initial year of the program (July 2010 -- May 2011), twelve student veterans agreed to participate in a collection pilot study to measure the impact of HT on their health and wellness. Students in the pilot study completed a survey before their first session and after their fourth session. Students discussed their experience with energy therapy and its anticipated benefits and then rated major health concerns such as sleep, stress, depression, anxiety, and exercise/diet/weight. Following their fourth HT session, they participated in a brief exit interview to reflect on their experience with HT and indicate any positive behavioral changes they had made over the course of the sessions. During the second phase of the study (August 2011 – March 2012), twelve additional participants received HT therapy. Many individuals went on to have 10 to 16 sessions of Healing Touch.

4. **Key Findings/Results**

Participants in the study indicated positive changes in their overall health and wellness. The most significant improvements were associated with depression, anxiety, and sleep patterns. Each of the participants identified improvements in the category of depression, and a majority showed a significant change. Although less drastic, a majority of participants also showed improvement with regard to stress and anxiety, which were areas they had rated as major concerns, as well as anger and classroom issues (such as sitting in class, concentrating, etc.). Several students have noted progress in coping with stress, adopting new techniques for concentration, and increased ability to monitor hypervigilance and other symptoms of post-traumatic stress. Despite an initial hesitancy to participate in an alternative approach to healing such as HT, students overwhelmingly demonstrated positive shifts in their lives as a result of their HT sessions.

While comparative measures of health concerns offer a broad look at trends among the study participants, open-ended feedback presents more complex narratives of the effects of Healing Touch. Several participants maintained that the sessions offered them a “framework” or “toolkit” for controlling stress and anxiety. Here are several examples taken from interviews with student veterans about the impact of healing touch on their life:

“I had lost myself, the person I was before I did my tour of duty. I used to be confident and happy, I just wanted to get some of that back and this helped me to get in touch with who I am and accepting that.”

“After the first session it seemed like the anger just left me, I had a calmness and peace. During the weeks I did the Healing Touch I never had an angry outburst, it really was amazing.”
I felt like the world was caving in on me, like [I was] hopeless. Healing Touch relieved the weightiness and made me feel like everything was going to work out.

Some student veterans emphasized how the focus on relaxation and concentration helped prevent “mental drifting” that many veterans experience when they return from deployment. Others attributed better sleep and a reduction of pain with their HT sessions. Here is a list of selected feedback from students that experienced positive results:

“It completely changed my life”

“Better ability to be aware of mental drifting in class and being able to ‘bring it back’

“Learning to control anxiety and stress levels, and relax”

“I am able to sleep better and my pain levels have gone down”

“Before healing touch I was in a constant state of panic with no hope of relief—medicine, EMDR, and counseling were not proving very effective and sometimes made things worse. Healing touch impacted my health and wellness by changing my attitude towards hoping for an end to my anxiety”

“Overall wellbeing is restored. I can sense how much growth these sessions taught me [and I] feel “spiritually vibrant and physically well”

"Just try it, if nothing else you will get one of the best naps you've ever had!"

“Made me more self aware of how my physical body responds to me mental stressors,”

Case Studies

Looking more in depth at a specific student further demonstrates the potential of Healing Touch to impact health and wellness. Joseph (a pseudonym) is an Army veteran with decades of military experience in multiple combat theatres including Afghanistan and Bosnia. When he first arrived on the UA campus in fall 2009, he had suffered from a series of significant setbacks including a divorce and losing his job. As part of his intake interview, he described his status:

I had a nervous breakdown in July. My world fell apart. I have pent up aggression and pressure. I can’t focus in class, I have nightmares. I sleep with a gun under my pillow. I wake up every hour or two. I’m on medication for nightmares, anxiety, pain, blood pressure. Some days are worse than others. It is like I am a rubber band stretched to the limit.

While Joseph had a particularly challenging first semester, many of his behaviors are common to many veterans on campus. During Joseph’s first HT session, he explained
that he felt “drained out,” experienced a feeling of reduced tension, and in listening to
guided imagery, “felt as if I was melting: a melting monster and underneath was me.”
He explained that as the perpetual tension diminished and he was able to relax he felt a
more genuine sense of self. Over the next few sessions he continued to report a decrease
in anxiety, feeling more relaxed, and noted that the audio CD with guided imagery was
helping him to sleep for longer periods. After several sessions, Joseph stopped sleeping
with a gun under his pillow, asked his doctor to reduce his medications, and explained
that many of the triggers that had been causing stress made less of an impact on him.
Importantly, he achieved several goals that he set during the initial visits: to increase his
uninterrupted sleep from 1.5 hours to 2-3 hours; to reduce his overall anxiety levels; to
reduce shoulder pain; and to maintain a sense of calm for longer periods.

Joseph subsequently got involved as a leader in the student veteran community, and has
been instrumental in recruiting other veterans to participate in Healing Touch. From
the perspective of outreach, the DVRE staff came to realize that the best form of
outreach has been the student veterans who have gone through the study speaking to
other veterans about their positive experience. Because it is an unusual type of therapy
compared to what is offered through the VA system, those who learn about HT from
peers have been most likely to participate. It is clear that students who have been
personally connected through “word-of-mouth” endorsements have been most likely to
participate. Taken together with the experiences of other student veterans, Joseph’s
experience suggest that there has been a cumulative effect to using Healing Touch. Like
other energy therapies such as acupuncture, many people find that repeated sessions
and the use of techniques like guided imagery on their own proves most effective.

Another student named “John” is a veteran who was stationed in Iraq. When he
returned, he was very anxious and desperate for some way to manage his daily life his
panic attacks and the stress of having more than one thing to do at a time. He had a
very supportive wife who has helped talk him through many difficult situations. He
said, “Something as simple as stopping for gas when he is trying to get to an
appointment will send me into a panic attack where I am not able to function. I will call
my wife and she will calm me down enough to be able to get back in the car and get to
my appointment. I don’t know what I would do without her. I would like to not get into
a panic and be able to handle the situations that come up in my life.”

Here, we include a detailed report written by one of the DVRE’s HT practitioners to
provide a sense of the impacts of HT on one individual:

John’s concerns on the initial intake included: anxiety, mental fatigues, stress,
extreme forgetfulness, feeling trapped and an inability to remain focused. He
mentioned that he has chronic right shoulder pain and on the pain scale (a
numerical rating for pain from 0 to 10 with 10 being the most severe pain) he it rated
a 7. What he wanted to get out of the healing touch sessions was an ability to clear
his mind, refocus and be able to handle without anxiety and panic his day to day
activities with renewed energy.

We have a room designated at the university for Healing Touch that has a massage
table, soft lighting, yellow and white walls, music in a very quiet private office area.
When John arrived he was not quite sure what Healing Touch would be like and was nervous and apprehensive about the process. I described what the session would be like before beginning: that he would lie on a massage table face up, fully clothed, the light would be dimmed so as not to be shining in his eyes, soft music would be on and the session would last for 45 minutes at the most. I would be assessing his energy field prior to beginning to see if there were disturbances, which can feel to me like sharp prickly static type electric currents coming off the body or it can be hot, cold, buzzy type energies. I also measured the distance of the edge of the energy field surrounding the body, if it is close in to the body that can possibly mean that the person’s energy is low. Sometimes you can actually feel pain spikes on the edges of the energy field, for example when a person has a headache or migraine you can feel it two to three feet off the body.

In the first session, in the assessment, I found his major energy centers which run up the center of the body were closed as well as the minor centers in his legs and arms were closed. He had a very prickly energy (which feels very similar to what it feels like when a hand or foot has “fallen asleep” and begins to wake up and there is a prickly sensation as the blood comes into the limb) coming off his right neck and shoulder area. The edge of his energy field came to 3 ft off his body which is considered normal and there was only a slight buzz to the edge, as if it was humming like an electric motor. As I began the Healing Touch work I focused on clearing out his energy field to give him more breathing room and to enable him to get a sense of self.

Following the session, John said, he felt relaxed and clam, his shoulder pain had decreased to a 2 on the pain scale, he said he felt as if he would be better able to handle the day without “stressing out”. We talked about ways that he could help himself throughout the week: focusing on his breathing, prioritizing what needs to be done and not giving everything the energy and heightened concern of priority number one. We also talked about guided imagery CD’s and how they can help your thinking processes and can de-stress you as well as using self-talk messages to your adrenals glands that all is well and breathing through the anxiety to a place of peace and calm.

Following the fourth healing touch sessions in his exit interview, he stated that with the techniques he learned how to self-soothe and breathe, it has been a big help to him. He is not relying on his wife all the time but realizing that he can help himself when he gets into a panic situation. As he said, “I am taking control of my stress through alternative approaches and do not feel overwhelmed by life.” He feels as if a weight has been lifted and he is not feeling trapped.

John continues to come in for weekly sessions. He feels it has helped him to make good changes in his life and brings calmness as well as helping him think clearly. He would like to start meditating each day to help him continue to stay in a state of wellbeing. From a practioners point of view I see John as someone who was overwhelmed by life and the responsibilities, along with his trauma from participating in the war he did not think he could function. What Healing Touch did for him was to balance and clear his energy field which has helped him focus and
create a new way of looking at and approaching his life situations. He received tools, such as: learning to breath, prioritize activities; how to achieve a calm state by placing his hands on his adrenal glands and doing self-guided imagery, these are enabling him to improve his life.

5. **Discussion and Implications**

The high rate of “hidden” or “invisible” injuries specific to the current generation of veterans returning from military deployment in Iraq and Afghanistan and entering higher education suggests that taking holistic approaches to supporting wellness and psychological health may be of great benefit. As institutions around the country search for innovative ways to work effectively with disabled veterans on campus, higher education professionals are encouraged to consider a broad range of approaches. Energy therapy such as HT is an alternative approach addressing issues like anxiety, depression, and concentration that can be barriers to academic success and campus integration. Particularly because of the ambivalence that may surround disabled veterans associations with disability and disability-related accommodations and services, the personal, alternative nature of HT may better address their needs.

The emotional, mental and physical weight of PTSD for student veterans creates significant barriers to overcome as they reintegrate into higher education. For example, the inability to focus or concentrate, high anxiety levels, insomnia/disrupted sleep and panic attacks while in class or walking around campus add to the stress of negotiating the new, and life are likely to exacerbate the aforementioned symptoms associated with post traumatic stress. HT presents a gentle non-invasive treatment that addresses some of the stressors. HT may provide student veterans a sense of control over their experience by providing tools or personal strategies to manage stressors that complicate their interactions on campus. HT provides students a quiet space removed from the stress of campus stimuli and strategies for self-healing that they may not have been exposed to elsewhere. The goals of HT sessions are to create the conditions in the body for healing by encouraging students to manage their energy and understand new techniques for overall wellness. Moreover, the focus on body techniques and non-verbal procedures offers personal strategies for individuals who may be less inclined to engage in therapy based on conversation.

Implementing programs for alternatives therapies such as HT will depend on the resources available on particular campuses. In some cases, it may be necessary to partner with community groups or work with campus health programs to identify practitioners and schedule sessions. Working with leaders in the student veteran community is recommended. Because of its alternative nature, the endorsement of other veterans is a powerful way to encourage student veterans to try complementary energy approaches. We must consider that disabled veterans from Iraq and Afghanistan have only recently acquired their disabilities. They may demonstrate ambivalence around disability identity and are therefore less likely to seek out services or accommodations. For these reasons, and others discussed in this article, the alternative nature of HT may appeal to veterans. Beyond practical considerations, what may prove most important is a shift in conceptual approaches away from traditional notions of the separation of mind and body to more integrative models of healing and wellness.
Exploring new methods and expanding service provision may ultimately lead to a healthier student experience.

6. **Acknowledgements**

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7. **References**


